

Dr. Krishan Verma Piles Clinic Dadri Since 1998

[Opposite Bus Stand, Charkhi Dadri, Distt. Bhiwani, Haryana \(India\).](#)



[Dr. Krishan Verma](#)

[B.A.M.S., M.D.\(A.M.\), LL.B](#)

Mob. +91 9996405464, +91 9416126910

Visit – <http://www.pilesclinicdadri.com/> for detailed information.

Our Piles Clinic is amongst Haryana's leading and most preferred providers of advanced treatment of piles and fissure. As pioneers in this field, we believe in constantly innovating and setting new benchmarks. With many years of experience in bringing together personalized care, unparalleled cutting edge technology and our outcome-oriented programmes, we offer you the most professional and advanced treatment of piles.

HEMORRHOIDS

Hemorrhoids, **emerods**, or **piles** are swelling and inflammation of veins in the rectum and anus. The anatomical term "hemorrhoids" technically refers to "Cushions of tissue filled with blood vessels at the junction of the rectum and the anus." However, the term is popularly used to refer to varicosities of the hemorrhoid tissue. **Perianal hematoma** are sometimes misdiagnosed and mislabeled as hemorrhoids, when in fact they have different causes and treatments

- External hemorrhoids are those that occur outside the anal verge (the distal end of the anal canal). Specifically they are varicosities of the veins draining the territory of the inferior rectal arteries, which are branches of the pudendal artery. They are sometimes painful, and can be accompanied by swelling and irritation. Itching, although often thought

to be a symptom of external hemorrhoids, is more commonly due to skin irritation.

- External hemorrhoids are prone to thrombosis: if the vein ruptures and/or a blood clot develops, the hemorrhoid becomes a **thrombosed hemorrhoid**.
- Internal hemorrhoids are those that occur inside the rectum. Specifically they are varicosities of veins draining the territory of branches of the superior rectal arteries. As this area lacks pain receptors, **internal hemorrhoids are usually not painful** and most people are not aware that they have them. Internal hemorrhoids, however, may bleed when irritated, usually due to constipation.
- Untreated internal hemorrhoids can lead to two severe forms of hemorrhoids: *prolapsed* and *strangulated hemorrhoids*:
 - **Prolapsed hemorrhoids** are internal hemorrhoids that are so distended that they are pushed outside the anus.
 - If the anal sphincter muscle goes into spasm and traps a prolapsed hemorrhoid outside the anal opening, the supply of blood is cut off, and the hemorrhoid becomes a **strangulated hemorrhoid**.

Classification by degree of prolapse

The most common grading system was developed by Banov:

Grading of Internal Hemorrhoids

- **Grade I:** The hemorrhoids do not prolapse.
- **Grade II:** The hemorrhoids prolapse upon defecation but spontaneously reduce.
- **Grade III:** The hemorrhoids prolapse upon defecation, but must be manually reduced.
- **Grade IV:** The hemorrhoids are prolapsed and cannot be manually reduced.

Symptoms

Many anorectal problems, including fissures, fistulae, abscesses, anal melanoma or irritation and

itching, also called pruritus ani, have similar symptoms and are incorrectly referred to as hemorrhoids.

Hemorrhoids are usually not dangerous or life threatening. In most cases, hemorrhoidal symptoms will go away within a few days.

Although many people have hemorrhoids, and hemorrhoidal radiation, not all experience symptoms. The most common symptom of internal hemorrhoidal radiation is bright red blood covering the feces (hematochezia), on toilet paper, and/or in the toilet bowl. However, an internal hemorrhoid may protrude through the anus outside the body, becoming irritated and painful. This is known as a **protruding hemorrhoid**.

Symptoms of external hemorrhoids may include painful swelling or a hard lump around the anus that results when a blood clot forms. This condition is known as a **thrombosed external hemorrhoid**.

In addition, excessive straining, rubbing, or cleaning around the anus may cause irritation with bleeding and/or itching, which may produce a vicious circle of symptoms. Draining anal mucus, produced by the dentate line may also cause itching.

Causes

Sitting for long periods of time can start the hemorrhoidic process. Increased straining during bowel movements caused by constipation or diarrhea may lead to hemorrhoids. It is thus a common condition due to constipation caused by water retention in women experiencing premenstrual syndrome or menstruation.

Hypertension, particularly portal hypertension, can also cause hemorrhoids because of the connections between the portal vein and the vena cava which occur in the rectal wall - known as portocaval anastomoses

Obesity can be a factor by increasing rectal vein pressure. Poor muscle tone or poor posture can result in too much pressure on the rectal veins.

Pregnancy may lead to hypertension and increase strain during bowel movements, so hemorrhoids are often associated with pregnancy.

Insufficient liquid can cause a hard stool, or even chronic constipation, which can lead to hemorrhoidal radiation. An excess of lactic acid in the stool, a product of excessive consumption of dairy products, such as yogurt, can cause radiation; reducing such consumption can bring relief. Vitamin E deficiency is also a common cause. Eating spicy food does not cause hemorrhoids, though spicy foods may aggravate the condition.

Prevention

Prevention of hemorrhoids includes drinking more fluids, eating more dietary fiber (such as fruits, vegetables and cereals high in fiber), exercising, practicing better posture, and reducing bowel movement strain and time. Wearing tight clothing and underwear may also contribute to irritation and poor muscle tone in the region and promote hemorrhoid development.

Women who notice they have painful stools around the time of menstruation would be well-advised to begin taking extra dietary fiber and fluids a couple days prior to that time.

Fluids emitted by the intestinal tract may contain irritants that may increase the fissures associated with hemorrhoids. Washing the anus with cool water and soap may reduce the swelling and increase blood supply for quicker healing and may remove irritating fluid.

Many people do not get a sufficient supply of dietary fiber (20 to 25 grams daily), and small changes in a person's daily diet can help tremendously in both prevention and treatment of hemorrhoids.

Treatments

Treatments for hemorrhoids vary in their cost, risk, and effectiveness. Different cultures and individuals approach treatment differently. Some of the treatments used are listed here in increasing order of intrusiveness and cost.

Home treatments

For many people, hemorrhoids are mild and temporary conditions that heal spontaneously or by the same measures recommended for prevention.

Temporary relief from symptoms can be provided by:

1. Hydrotherapy with a bathtub, bidet, or extend-able shower head. Especially in the case of external hemorrhoids with a visible lump of small size, the condition can be improved with warm bath causing the vessels around the rectal region to be relaxed.
2. Cold compress.
3. Topical moisturizer.

Ayurvedic Kshar-sutra application

These days Ayurvedic Kshar-sutra treatment is in trends. This is the method of treatment of hemorrhoids which is described in ancient Ayurvedic grantha. It is showing high successful rate and negligible reoccurrence. This is non surgical treatment and can be done by experienced physician. In this treatment Kshar-sutra is applied in the hemorrhoids under local anesthesia/general anesthesia and the pile mass sheds off within seven to ten days with stool. **Indian Council of Medical Research (ICMR)** has tried this technique in Hospitals in Metro Cities for ten years and then declared this technique the most successful procedure for treatment of hemorrhoids. In fistula in ano Kshar-sutra is showing tremendous results. Most surgeons are also treating fistula in ano with Kshar-sutra because surgery can cause incontinence and some chances of reoccurrence are always there after surgery.

Natural treatments

- Eating fiber-rich diets, including water, helps create a softer stool that is easier to pass, to lessen the irritation of existing hemorrhoids.
- Using the squatting position for bowel movements.
- Dietary supplements can help treat and prevent many complications of hemorrhoids,

ANAL FISSURE

Anal fissures are a natural crack or tear in the skin of the anal canal. Anal fissures may be noticed

by bright red anal bleeding on the toilet paper, sometimes in the toilet. If acute they may cause severe periodic pain after defecation but with chronic fissures pain intensity is often less. Anal fissures usually extend from the anal opening and are usually located posteriorly in the midline, probably because of the relatively unsupported nature of the anal wall in that location. Fissure depth may be superficial or sometimes down to the underlying sphincter muscle.

Causes

Most anal fissures are caused by stretching of the anal mucosa beyond its capability. For example, anal fissures are common in women after childbirth, after difficult bowel movements, and in infants following constipation.

Superficial or shallow anal fissures look much like a paper cut, and may be hard to detect upon visual inspection, they will generally self-heal within a couple of weeks. However, some anal fissures become chronic and deep and will not heal. The most common cause of non-healing is spasming of the internal anal sphincter muscle which results in impaired blood supply to the anal mucosa. The result is a non-healing ulcer, which may become infected by fecal bacteria.

Be advised that anal fissures can be confused with a rare cancer such as anal cancer. It is wise to visit your family doctor or a general surgeon if you experience rectal bleeding.

Prevention

For adults, the following may help prevent anal fissure:

1. Avoiding straining when defecating. This includes treating and preventing constipation by eating food rich in dietary fiber, drinking enough water, occasional use of a stool softener, and avoiding constipating agents such as caffeine. Similarly, prompt treatment of diarrhea may reduce anal strain.
2. Careful anal hygiene after defecation, including using soft toilet paper and/or cleaning with water.
3. In cases of pre-existing or suspected fissure, use of a lubricating ointment (e.g. hemorrhoid ointments) can be helpful.

4. In infants, frequent nappy/diaper change can prevent anal fissure. As constipation can be a cause, making sure the infant is drinking enough fluids (i.e. breast milk, proper ratios when mixing formulas. NOTE: See physician before giving infants any fluids outside breast milk and/or formula) may thus help avoid fissures. In infants, once an anal fissure has occurred, addressing underlying causes is usually enough to ensure healing occurs.

Treatment

Kshar-sutra application at fissure region along with sentinel pile shows dramatic results. Sentinel pile sheds off like pile mass and the wound heals within a week.

Non-surgical treatment is recommended as first-line treatment of acute and chronic anal fissures. Customary treatments include warm sitz baths, topical anesthetics, high-fiber diet and stool softeners.

ANAL FISTULA

An **anal fistula**, or fistula-in-ano, is an abnormal connection between the epithelialised surface of the anal canal and (usually) the perianal skin.

Anal fistulae originate from the anal glands, which are located between the two layers of the anal sphincters and which drain into the anal canal. If the outlet of these glands becomes blocked, an abscess can form which can eventually point to the skin surface. The tract formed by this process is the fistula.

Symptoms

Anal fistulae can present with many different *symptoms*:

- Pain
- Discharge - either bloody or purulent
- Pruritus ani - itching
- Systemic symptoms if abscess becomes infected

Treatment

There are several stages to treating an anal fistula:

Kshar-sutra Treatment –

This method is most effective non surgical method. This treatment can be done by an Ayurvedic physician. In this method medicated Kshar-sutra is applied through the fistula tract with the help of special probe and it is changed weekly. Within few weeks the fistula tract is cured. Successful rate in this treatment are tremendous. Few surgeons who are aware of this treatment are also suggesting this treatment to the patients.

[Click here to read more about Kshar Sutra](#)

Treating active infection

Some patients will have active infection when they present with a fistula, and this requires clearing up before definitive treatment can be decided.

Antibiotics can be used as with other infections, but the best way of healing infection is to prevent the buildup of pus in the fistula, which leads to abscess formation. This can be done with a seton - a length of suture material looped through the fistula which keeps it open and allows pus to drain out. In this situation, the seton is referred to as a draining seton.

Perianal hematoma

Perianal hematoma is a type of hematoma located in, or on the border of the anus. It can be misdiagnosed as a hemorrhoid, but is sometimes referred to as an external hemorrhoid.

Causes

Perianal hematoma is caused by the rupture of a small vein that drains blood from the anus. This rupture may be caused by heavy lifting, coughing, straining, or bicycle riding. Once the rupture has formed, blood quickly pools within a few hours and, if left untreated, forms a clot.

Symptoms

A burst Perianal Blood Vessel causes an Perianal Hematoma, or "external haemorrhoid".

The symptoms of a perianal hematoma can present over a short period of time. Pain, varying from mild to severe, will occur as the skin surrounding the rupture expands due to pressure. This pain will usually last even after the blood has clotted, and may continue for two to four days.

PILONIDAL CYST

A **pilonidal cyst**, also referred as a **pilonidal abscess**, **pilonidal sinus** or **sacroccygeal fistula**, is a cyst or abscess near or on the natal cleft of the buttocks that often contains hair and skin debris.¹

Symptoms

Pilonidal cysts are quite painful, affect men more frequently than women, and typically occur between the ages of 15 and 24. Although usually found near the coccyx, the condition can also affect the navel, armpit or penis, though these locations are much more rare. Some people with a pilonidal cyst will be asymptomatic.

ANAL ABSCESS

An **anal abscess** (also known as an **anal/rectal abscess**, **peri-rectal/peri-anal abscess**, or **ano-rectal abscess**) is an abscess (a large pocket of infection) adjacent to the anus.

Symptoms

The condition invariably becomes extremely painful, and usually worsens over the course of just a few days. The pain may be limited and sporadic at first, but invariably worsens to a constant pain which can become very severe when body position is changed (e.g., when standing up, rolling over, and so forth). Depending upon the exact location of the abscess, there can also be excruciating pain during bowel movements, though this is not always the case. This

condition may occur in isolation, but is frequently indicative of another underlying disorder, such as Crohn's disease.

Cause

Abscesses are caused by a high density infection of (usually) common bacteria which collect in one place or another for any variety of reasons. All abscesses can progress to serious generalized infections requiring lengthy hospitalizations if not treated.

Treatment

Anal abscesses, unfortunately, cannot be treated by a simple course of antibiotics or other medications.

Generally speaking, a fairly small but deep incision is performed close to the root of the abscess, and **Kshar-varti** is applied to the wound which cures the internal wall of abscess and heals the wound in the course of time. The incision is not closed (stitched), as the damaged tissues must heal from the inside toward the skin over a period of time.

The patient is instructed to perform several 'sitz baths' per day, whereby a small basin (which usually fits over a toilet) is filled with warm water (and possibly, salts) and the affected area is soaked for a period of time.

BENEFITS OF TREATMENT WITH KSHAR SUTRA

1. There is no need of operation.
2. There is no need of hospitalisation.
3. Patient can do mild work during the course of treatment.
4. There is no need of costly antibiotics.
5. There is no threat of side effects like incontinence.
6. Chances of reoccurrence are negligible.
7. Cost of treatment is very less as comparative to surgery.

[Click here to download research paper published by Gujrat Ayurvedic University, Jamnagar.](#)
[Another link to download research paper.](#)

TESTIMONIALS

Views of Risal Singh, aged 70, resident of Sasroli, Distt. Jhajjar, Haryana (India), a patient of hemorrhoids –

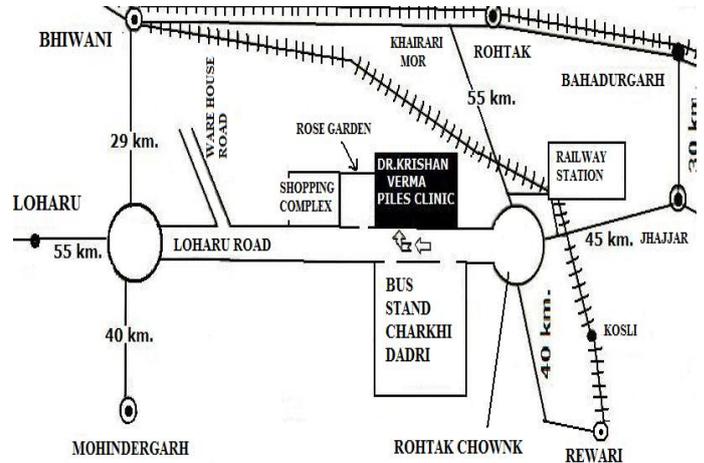
I was suffering from this disease since last 20 -22 years. And during this time I had 10 -12 so called Injections of piles in a famous hospital of Haryana, but all in vein. Then I contacted Dr. Krishan Verma. He examined me thoroughly and explained about the treatment in detail that this treatment is different from the injection of piles. In this treatment Ayurvedic Kshar sutra is applied in the pile mass and the pile mass sheds off within 6 – 10 days. I got treatment from Dr. Krishan Verma and cured completely. Now almost 10 years after the treatment I am living a normal life.

Views of Ravinder, aged 28 years, resident of Subana, Distt. Jhajjar, Haryana (India) –

I was feeling pile mass protruding from anus for a long time. Bleeding was not a major problem but protrusion all the time was irritating. I have heard about the injection of hemorrhoid that it is no more effective. Then I decided to get operated from a Bengali which was famous for this treatment. Unfortunately I could not get rid of pile masses and the problem continued. Afterwards I came to know that most of these Bengalis are not even Doctors, they only make fool of innocent public. I tried to know about the degree of said Bengali but he could not show that.

Then one of my friends, who himself was a patient of pile and got treatment from Dr. Krishan Verma and was OK now, told me about the clinic of Dr. Sahib. On his advice I got treatment from Dr. Krishan Verma and as told by the doctor, pile masses shed off within 10 days of treatment. I am now completely cured.

LOCATION OF DR. KRISHAN VERMA'S PILES CLINIC



[CLICK HERE FOR LARGE MAP](#)

[ANOTHER LINK FOR MAP IN ENGLISH](#)

Email – info@pilesclinicdadri.com
drkrishanckd@gmail.com