

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.074

Volume 7, Issue 18, 1546-1551.

Case Report

ISSN 2277-7105

ROLE OF UDUMBER KSHARSUTRA INMANAGEMENT OF ARSHA: A CLINICAL CASE REPORT

Dr. Shailesh Jaiswal*1 and Dr. Amol Thote2

¹Assistant Professor and PhD. Scholar Department of Shalya Tantra, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat.

²PG Student, Department of Shalya Tantra, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat.

Article Received on 21 September 2018,

Revised on 11 October 2018, Accepted on 31 October 2018

DOI: 10.20959/wjpr201818-13846

*Corresponding Author Dr. Shailesh Jaiswal

Assistant Professor and PhD. Scholar Department of Shalya Tantra, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat.

ABSTRACT

Kshara sutra therapy is a minimal invasive ayurvedic Para surgical procedure and time-tested ayurvedic technique in the management of ano-rectal disorders, it is safe sure and cost effective method, in this study patient suffering from internal piles at 3'0, 7'0, 11'0 clock piles was treated with Udumbara ksharasutra, post operative assessment was done daily by recording the relief observing the signs and symptomsgood result were obtained after postoperative and no adverse effects were noted during the follow-up period.

KEYWORDS: Arsha, Udumbarkshara sutra, parasurgical procedure.

INTRODUCTION

In *sushruta Samhita*, *Arsha* is considered as one of the *Ashtamahagada*, notorious for its troublesome pain like enemy, which afflicting mankind for thousands of years since Vedic period. *Arsha* is one of the commonest diseases which occurs in ano-rectal region and its incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of symptoms related to haemorrhoids. The present lifestyle is totalling to the prevalent rate of this. The term "Haemorrhoid" derived from the Greek words*haem* means "blood" and *rhoos* means "flowing" i.e. blood to ooze & term "Piles" is derived from the Latin word Pile which means "a ball" i.e. round mass.

Arsha (haemorrhoids) is engorgement of the haemorrhoidal venous plexus i.e. the dilated veins within the anal canal and in the subepithelial region formed by radicles of the superior,

middle and inferior rectal veins characterized by bleeding per rectum, constipation, pain, prolapse and discharge. It is manifested due to improper diet, prolonged standing and faulty habits of defecation causing derangement of *Tridosha*, mainly *Vata Dosha*. Vitiated *dosha* localizes in *Gudavali*, Pradhana Dhamani and Mansdhara Kala and vitiates Twak, Mansa, Meda and Rakta, resulting in the Annavaha Sroto Dushti.

CASE HISTORY

A 20 yrs. male patient came in OPD of shalya tantra, for complaint of pain during defecation, and palpable mass at anal region since 8-year, Bleeding in drops since 6months, andburning pain during defecation for 2 months. During examination, interno-external pile mass at 3, 7 and 11 o' clock positions were noticed. Proctoscopy examination was done and internal piles at 3, 7 and 11 clock positions were observed (Fig-1). Patient had tried conservative Ayurvedic treatment for 2 months but did not got relief. Hence, he visited in OPD for Ksharasutra treatment. Routine laboratory investigation for blood, urine and stool were done and found within normal limit

Past History

No H/O - HTN, DM, TB K/C/O – CEREBRAL PALSY

No H/O- previous surgery

Personal History

Bowel: irregular,

Appetite: Reduced,

Micturition: Normal

Sleep: disturbed,

Addiction: no any

Physical Examination

General condition - Average

Temperature – 99F

B.P -120/80mmhg.

PR-75min

Pallor - (++), No icterus, cynosis, clubbing

Lab Investigations

TLC -8000

DLC- N58L32M08B02E00

Hb- 9.6

ESR-18

RBS-112

Systemic Examination

CVS – S1 S2 sound normal

CNS – Well conscious, well oriented to time and place.

Preoperative Procedures

The informed written consent was taken from patient. Shaving and cleaning of peri-anal area was done on one day before operation. proctoclysisenema in morning on the day of operation was given. Inj. Tetanus Toxoid, 0.5ml IM was given as prophylactic measure and sensitivity test was done with Inj. Xylocaine on one day before operation. Erand Bhrishta Haritaki, 5 gm was given at night with Luke warm water. The patient was advised nil by mouth from 12:30am on previous day of surgery.

Operative Procedures

Patient was laid in lithotomy position after giving spinal anaesthesia. Peri-anal and gluteal regionwas painted with Betadine solution and Draping was done. Up to four fingers anal dilatation was carried out. First of all, the internoexternal pile mass at 3 o'clock was hold by piles holding forceps and skin of external part of piles was incised by cutting scissors up to mucocutaneous junction with saving the sphincter muscles and mucosal part. Then trans fixation and ligation was done at the base of pedicle by Udumbara Ksharasutra with help of a round body curved needle. The thread then placed along the incised part of internal piles mass and surgical knot was applied. Same procedure was adopted for piles situated at 7 and 11 o'clock positions of anal canal (Fig-2). After achieving proper haemostasis, the part was cleaned by Betadine solution and a diclofenac suppository was inserted inside rectum. Finally, T-bandage was applied and patient was shifted to the recovery room with stable vitals.

Post Operative - Patient was kept nil by mouth for six hours and intravenous fluid of Ringer Lactate and Dextrose Normal Saline one litre each was given. Liquids allowed after six hours

of operation. Intravenous injection of ceftriaxone 1gm two times, intravenousinjection diclofenac as per need was given for two days. as adviced by anasthesist. From next morning Eranda Bhrishta Haritaki, 5 gm at bed time for bowel regulation and Triphala Guggulu, 500mg, thrice in a day was prescribed and hotsitz bath with warm water and Panchavalkala Kwatha for two times in a day was advised. Dressing was done regularly and Matrabasti with 30 ml Jatyadi Taila was given daily after dressing. From next day evening patient advised to take diet like green vegetables, fruits, rice, daal and plenty of water. Patient was also advised to avoid non-veg, oily as well as spicy foods. By 8th post-operative day, some ligated necrosed piles masses were sloughed out and some were required twisting of Ksharasutra so that necrosed piles masses were sloughed out and fresh wounds were observed in the respective places of the pile masses (Fig3). Dressing and Matra Basti with Jatyadi Taila was continued for further 10 days. By the end of 30th post-operative day, all the wound was observed healed and there was no feature of anal spasm / stricture or any complication (Fig-4).



Fig 1: Interno-external piles.



Fig 2: Ligation with Ksharasutra.



Fig 3: On 8th Post-operative day.



Fig 4: After 1 monthPost – operative.

DISCUSSION

Haemorrhoids are one of the painfull disease of anal region in which the person has immerse pain, mostly they are caused due to sedimentary lifestyle of person, and secondary to constipation which is chronic in nature, the treatment mainly dealt for haemorrhoids in 2,3

degree is surgery, but in ayurveda mainly 4 treatment is said by Acharya sushruta are, aushadhi (medicines), kshara (caustic material), agni (therapeutic cauterization) and shastra (surgical procedure)in the modern medicine there are many options like cryo surgery, sclerosant injection, rubber band ligation, and open & closed haemorrhoidectomy etc, these treatment modalities have their own limitation and post-operative complication, and also they are costly, due to considering all above conditions, udumbarkshara sutra was considered for this study in which no complication such as no post-operative haemorrhage, and delayed complication of anal stricture were not observed.

In the above study udumbarakshara sutra was applied under spinal anesthesia, the kshara applied on the thread has an anti-inflammatory, and anti-microbial actions and which helps in healing the post-operative wound, the kshara sutra has cutting effect, and also it reduces the blood supply of the pile mass where it is tied due to its pressure effect, the kshara sutra tied and supported with herbal medicines gives better result.

The medicine given post-operativewere Eranda Bhrishta Haritaki for its laxative action, Triphalaguggulu for its anti-inflammatory action, sitz bath with panchavalkwalkwath helps to relieve the inflammation at site, and matrabasti with jatyadi tail helps in healing of wound and promotes lubrication in passage which reduces pain during defectaion, daily anal dilatation was done with one finger during dressing to avoid anal stricture the patient was advised to consult regularly and after 30 days, and after 30 days patient had no complained of anal pain and bleeding, and without any complications.

CONCLUSION

The cases of arsha (piles) can be well managed by the kshara sutra therapy, with no any complication, though this case showed good result, but more researchers is required with more sample size to give a concrete result.

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