

A COMPREHENSIVE CASE STUDY ON THE ROLE OF MOCHRASA KSHARASUTRA IN THE MANAGEMENT OF GRADE 4 HEMORRHOIDS WITH THROMBOSIS

¹*Govind Meghvansi and ²Vishnu Dutt Sharma

¹Pg Scholar Department of Shalya Tantra, Post Graduate Institute of Ayurved, Dr S. R. Rajasthan Ayurved University, Jodhpur.

²Associate Professor Department of Shalya Tantra, Post Graduate Institute of Ayurved, Dr S. R. Rajasthan Ayurved University, Jodhpur.

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*Corresponding Author

Govind Meghvansi

Pg Scholar Department of
Shalya Tantra, Post
Graduate Institute of
Ayurved, Dr S. R. Rajasthan
Ayurved University,
Jodhpur.

ABSTRACT

Hemorrhoids are enlargement and inflammation of anal cushions, Grade 4 hemorrhoids are the most advanced and severe stage, often associated with complications. In the Presented study, Mochrasa Kshar sutra ligation was performed on 58 years patient suffering from internal-external piles at the 3, 7, and 11 o'clock positions with total prolapse. Mochrasa Ksharasutra ligation effective in the management of Grade 4 hemorrhoids with thrombosis.

INTRODUCTION

Hemorrhoids, commonly referred to as piles, are a prevalent medical condition characterized by the enlargement and inflammation of veins located in the anal and rectal regions. These vascular structures, composed of blood vessels, connective tissue, and some muscle, are typically found in the human body. However, with advancing age, they become increasingly prone to enlargement and distension, leading to the formation of hemorrhoids.

This article explores the role of Mochrasa Ksharasutra, a traditional Ayurvedic therapeutic approach, in the treatment of Grade 4 hemorrhoids associated with thrombosis. Hemorrhoids are often linked to several factors, most notably the strain exerted during bowel movements, although they can also develop due to heavy lifting, pregnancy, and obesity.

Grade 4 hemorrhoids are the most advanced and severe stage, often associated with complications. In this stage, hemorrhoids protrude from the anus, warranting surgical intervention due to the risk of potential complications.

Ayurvedic Perspective

In the ancient Ayurvedic text, the Susruta Samhita, hemorrhoids, known as "Arsha," are categorized as one of the Ashtamahagada or eight major diseases. These maladies have afflicted humanity since the Vedic age. The term "Arsha" is also referred to as "Durnam" in the Bhaishajyaratnavali. Yogaratnakara characterizes Arsha as Mansakalika, which obstructs the Gudamarga. The Ayurvedic system further classifies Arsha into various categories, encompassing vataja, pittaja, kaphaja, sannipataja, raktaja, and Sahaja, each representing distinct etiologies and characteristics.

CASE HISTORY

A 58-year-old male patient sought medical attention at the Shalya Tantra OPD with a history of severe pain during bowel movements. He reported the presence of a protruding mass associated with thrombosis in the anal region over the past seven days, jet-like bleeding persisting for two months, and a persistent burning sensation for one month. Upon examination, the patient exhibited internal-external piles at the 3, 7, and 11 o'clock positions with total prolapse. The diagnosis confirmed Grade 4 hemorrhoids. Prior allopathic treatment had failed to alleviate his symptoms, prompting his visit to the Shalya Tantra department at Sanjivani Hospital, DSRRAU Jodhpur, for further management.

MEDICAL HISTORY

The patient had a history of hypertension, with recorded blood pressure levels at 160/100 mmHg. He had not undergone any previous surgical procedures. His daily routine included having bowel movements 2 to 3 times a day and urinating 3 to 4 times a day. Sleep patterns were regular, and his diet consisted of non-vegetarian foods. Additionally, the patient disclosed the use of opium and alcohol, with no reported engagement in regular exercise.

Physical Examination

During the physical examination, the patient displayed a stable general condition, with a body temperature of 98.8°F. Blood pressure was measured at 160/100 mmHg, and the pulse rate stood at 90 beats per minute. Oxygen saturation levels were recorded at 99%. The patient's

weight was 65 kg, and although pallor was observed, there were no signs of icterus, cyanosis, or clubbing.

Laboratory Parameters

Laboratory tests revealed a hemoglobin (Hb) level of 11.7 g/dL, an erythrocyte sedimentation rate (ESR) of 10.5 mm/hr, and a white blood cell count (W.B.C) of 7,770 cells/mm³. The neutrophil count was 59%, while lymphocytes accounted for 37%. Eosinophils and monocytes represented 4% and 3%, respectively. Platelet count was measured at 320,000 cells/mm³, with bleeding time at 1 minute and 7 seconds and clotting time at 4 minutes and 8 seconds. Additional tests, including liver function, renal function, and viral markers, produced results within normal limits.

AIMS AND OBJECTIVES

The primary aim of this study was to investigate the efficacy of Ksharasutra ligation using Mochrasa in the management of Grade 4 hemorrhoids with thrombosis.

MATERIALS AND METHODS

The study utilized Apamarga Ksharasutra, a standardized Ksharasutra consisting of 20 barbour surgical linen threads, snuhi latex, Mochrasa, and turmeric powder.

Selection of patients

Patient, fulfilling the clinical criteria made for the diagnosis of hemorrhoids with thrombosed piles were randomly selected irrespective of their sex, religion, occupation, etc. from the OPD and IPD sections of the Department of *Shalya Tantra* Department, P.G.I.A. DSRRAU Jodhpur, Rajasthan.

Inclusion criteria

Patients having internal piles 4th degree, were included in this study.

Exclusion criteria

Patients were excluded from study if they had pregnancy, Carcinoma rectum, hepatitis, heart diseases, 1st degree piles, tuberculosis, leprosy, inflamed piles, rectal prolapse, piles with fistula in ano and piles with ulcerative colitis.

Procedure

The Ksharasutra ligation procedure was performed under local anesthesia. After obtaining informed consent, the patient's perianal area was prepared with antiseptic solutions. Anesthesia was administered, and the patient was placed in a lithotomy position on the operating table. The hemorrhoidal masses were identified, held with forceps, transfixed, and ligated with Ksharasutra. Following the procedure, the patient received post-operative care, including dietary instructions, sitz baths, and dressing.



Before fig. 1.

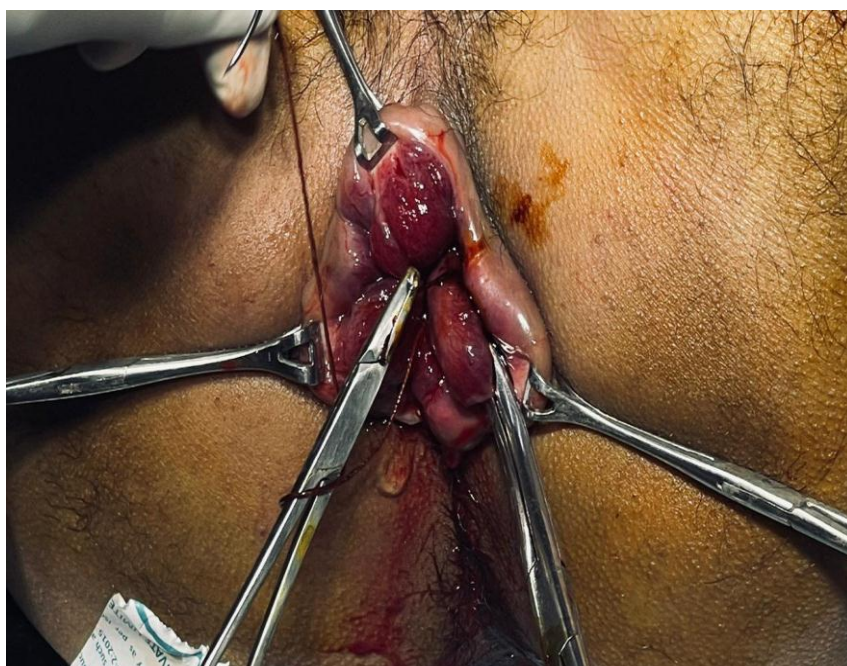


Fig. 2: at Procedure.



Fig. 2: after Procedure.

CONCLUSION

This comprehensive case study illustrates the effectiveness of Mochrasa Ksharasutra ligation in the management of Grade 4 hemorrhoids with thrombosis. The treatment approach demonstrates a minimal recurrence rate and proves suitable for individuals of all ages and genders, underscoring its value as a treatment option for various anorectal conditions.

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