

EFFICACY OF KSHARKARMA IN GRADE II AND III INTERNAL HAEMORRHOIDS - CASE SERIES

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ABSTRACT

Arsha rogas are the anorectal conditions mentioned in Ayurveda which are similar to haemorrhoids mentioned in modern medicine. Treatment includes conservative and surgical. In Ayurveda one of the anushalya procedure mentioned for arsha rogas is ksharkarma which is minimal invasive and less complicated outpatient basis procedure and can be done under local anaesthesia. The success of the procedure lies in quality of kshara and skill of the surgeon. 2 cases of internal haemorrhoids treated are with ksharkarma and immediate reduction in the protrusion of pile mass were seen after 24 hours of the procedure. There was no any post operative complications were seen.

KEYWORDS: Arsha rogas, Ksharkarma, Internal haemorrhoids, Piles.

INTRODUCTION

The word haemorrhoids is derived from the Greek word Haima (bleed)+ Rhoos (flowering), means bleeding. The Pile is derived from the Latin word 'Pila' means Ball. It is the downward straining of anal cushions abnormally due to straining or other causes. Anal cushions are aggregation of blood vessels (arteriole, venules), smooth muscles and elastic connective tissues in the submucosa that normally reside in left, right posterolateral and right anterolateral anal canal. Piles can be vascular or mucosal, mucosal is seen in old and vascular is seen in young patients. Present concept is weakening of Park's ligament which is the lower end of the external sphincter.^[1]

- **Clinical features:**

- **Types:**

- 1) Internal: above dentate line, covered with mucous membrane.
- 2) External: below the dentate line, covered with skin.
- 3) Internal-external: together occurs.

Classification I:

- 1) Primary haemorrhoids: located at 3,7,11' O clock positions, related to the branches of superior haemorrhoidal vessel which divides on the right side into two and left side it continues as one.
- 2) Secondary haemorrhoids which occurs between the primary sides.

Classification II:

- 1) Grade 1: Piles within anal canal that bleed but does not come out.
- 2) Grade 2: Piles that prolapse during defecation and reduces spontaneously.
- 3) Grade 3: Piles that prolapses during defecation and can be replaced back only by manual help.
- 4) Grade 4: Piles that are permanently prolapsed.

- **Causes:**

Hereditary, Straining during defecation due to constipation, hard stool etc, Pregnancy, Portal hypertension, Over purgation, Rectal carcinoma, Low fibre diet.

- **Differential Diagnosis:** Carcinoma, rectal prolapse, perianal warts.

- **Complications:**

Profuse haemorrhage may require blood transfusion, Strangulation of pile mass by anal sphincter, Thrombosis, Ulceration; Gangrene, fibrosis, stenosis, Suppuration leading to Perianal or sub mucosal abscess, Pyle phlebitis (Portal Pyaemia) is rare, but can occur in 3rd degree piles after surgery.

- 1) The prevalence rate of piles is 4.4% in the world, in about 10 million people.
- 2) It may occur at any age but mostly seen in the age between 30-65 years.
- 3) Incidence is equal in both sexes.
- 4) Bleeding- first symptom as 'Splash in the pan'- bright red and fresh – occurs during defecation.

- 5) Mass per anus during defecation
- 6) Anaemia- secondary
- 7) Discharge- mucoid causes Pruritus
- 8) Pain- may be due to prolapse, infection or spasm.
- 9) On Inspection prolapse pile will be visualised.
- 10) On Per rectal digital examination only, thrombosed pile can be felt.
- 11) Through proctoscopy, exact position of the pile mass can be located.

- **Treatment:**

- i. Preventive: fibre rich diet, buttermilk, avoid prolong sitting on uneven and hard surface.
- ii. Medicines:
 - a) Agnidipana and raktasthambak- Arshakuthar ras, Arshoghni vati etc
 - b) Warm water sitz bath for pain
 - c) Mild laxatives – gandarva haritaki churna, avipattikar churna etc.
- iii. Parasurgical- Sclerotherapy, Rubber band ligation, Infra-red coagulation, Cryotherapy, Laser therapy, Ksharkarma, Leech therapy in thrombosed piles.
- iv. Surgical:
 - 1) Haemorrhoidectomy- open and close method
 - 2) Stapled haemorrhoidopexy
 - 3) Chivte's Procedure (Trans anal suture rectopexy)
 - 4) Doppler guided haemorrhoidal artery ligation
 - 5) Finger guided haemorrhoidal artery ligation.

- **Ksharkarma:**

Kshar is the one that causes ksharana (destruction) of the tissue. There are two types-1) paniya – for internal use and 2) Pratisarniya- for external application.

Pratisarniya kshar preparation-

- i. The ingredients used in the preparation of teekshna kshara are Apamarga (*Achyranthes aspera*), Gomutra (*cow urine*), Suktika (*pearl-oyster or oyster-shell*), and Citraka (*Plumbago zeylanica*).
- ii. In Sushruta Samhita, 11th Chapter of Sutrasthana deals with kshara, its guna, method of preparation etc. After reviewing all texts, Sushruta's technique is found to be ideal in apamarga kshara preparation.

- iii. During Sharad Ritu, according to the specifications given in the Samhita, the panchangas of the Apamarga plant are collected, dried up and cut into small pieces.
- iv. In the area devoid of air, the heap of dried Apamarga is burnt till completely reduced to greyish ash.
- v. The ash after self-cooling is collected and measured in volume.
- vi. In a vessel containing above ash, fresh Gomutra is added in the ratio of 1:6 i.e one part of ash and 6 parts of Gomutra.
- vii. The mixture is stirred well.
- viii. It is then filtered 21 (Twenty One) times in a big vessel with the help of mousseline cloth. After every filtration the cloth should be washed thoroughly.
- ix. The obtained filtrate is heated on mandagni with continuous stirring till it becomes accha, raktavarniya, picchila or gets reduced to 1/3 rd.
- x. Once the ksharodaka is formed so, it is filtered once with cloth and again kept for heating.
- xi. From the above obtained ksharodaka, a quantity of it is kept separately.
- xii. Now In an iron vessel, the Suktika in the proportion of 1/10th to that of Apamarga bhasma is subjected to extreme heat flame. And heated till it turns red hot.
- xiii. Once the Suktika turns red hot, the above ksharodaka is then poured over it (Prativapa). The mixture is stirred well, with the help of peshani the granules of suktika are triturated. This will form a solution which is neither too thick nor too liquid i.e a semi-solid consistency is obtained. (madhyama kshara).
- xiv. This madhyama kshara is heated up again by adding Citraka mula kalka mixed with the separated ksharodaka in the initial procedure. Finally, the thick solution obtained is known as teekshna kshara.
- xv. The kshara is stored in an air tight glass container.

- **Method of application of kshara in haemorrhoids**

- **Preperative:**

1. Blood investigation for complete haemogram, bleeding and clotting time, HIV and HBSAg screening, liver and kidney function test were done. They were all within normal limits and patient tested negative for HIV and HBSAg.
2. Written and informed consent were taken for anaesthesia and procedure.
3. Injection lignocaine 2% skin test dose were given on left forearm.
4. Part preparation was done.

▪ Intraoperative

1. Patient in lithotomy position.
2. Part painting and draping done.
3. Injection lignocaine 2% + Adrenaline, 1:200000 25 ml septa block given.
4. Gull proctoscope inserted in the rectum.
- 5 Haemorrhoid was identified and rest of the anal mucosa were covered with sterile gauze pad.
6. Apamarga kshar was topically applied on the pile mass till it was covered fully. It was kept for 1.5 minutes (100 matra kaala).
7. Then kshar was washed with freshly extracted lemon juice.
8. Pakwa jambufala – dark bluish discolouration of the pile mass was observed.
9. Yashtimadhu ghrita 30 ml matra basti was given.
10. T bandage was given.

▪ Post operative:

1. Tab Amoxicillin 500mg BD for 10 days.
2. Tab Diclofenac BD for 10 days.
3. Cap GRAB 500mg BD for 10 days.
4. Tab Praval panchamruta 500mg for 10 days.
5. Tab Mahasurdarshan Ghana 500mg for 10 days.
6. Gandarva haritaki Powder 2 gms at bedtime with warm water after dinner for one month.
7. Yashtimadhu ghrita matra basti 30 ml for 10 days.

Case 1:

A 53 years male, working as businessmen (sedentary life) presented with mass per rectum which he used to manually push inside, bleeding as fresh bright red colour- splash of blood during defecation since 15 years. He was getting hard stool and unsatisfactory bowel movements since 15 years for which he took conservative treatment but no complete relief was seen. There is no history of any other systemic illness. There is no any surgery history. Patient is thin built.

Per rectal examination showed 3'O clock grade III internal haemorrhoid. His vitals were within normal limit.

Treatment- Apamarga kshar pratisarana karma was done under local anesthesia.



Fig.1: Internal haemorrhoid at 3'O clock position.



Fig. 2: Haemorrhoids after Ksharkarma intra op.

Case 2:

Male 30 years presented with per rectal bleeding (haematochezia) and mass per rectum during defecation which reduces on its own since 3-4 months. It was associated with hard stools and patient has to strain a lot.

On Per rectal examination there was 3 & 7'O clock grade 2 internal haemorrhoids. Treatment -Apamarga kshar pratisarana karma under local anaesthesia.



Fig. 3: Internal haemorrhoid at 3'O & 7'O clock position.

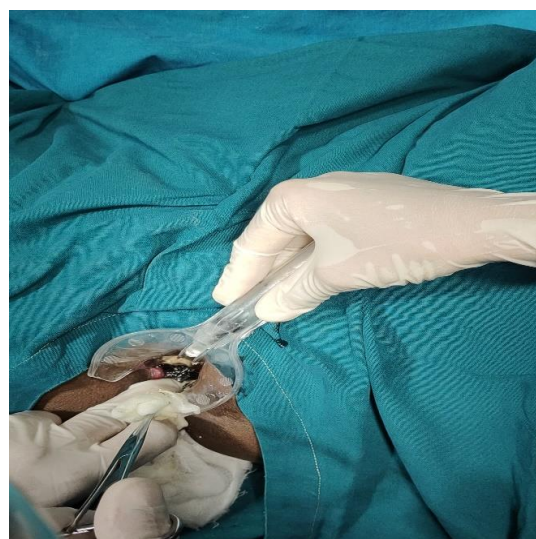


Fig. 4: Haemorrhoids after Ksharkarma intra.

RESULT

Pile mass gets reduce immediately after ksharkarma. No prolapse of pile mass can be seen on next day during defecation. Mild discharge of red brown colour can be seen.



Fig. 5: Case 2 - After 1 month of Post Procedure.



Fig. 6: Case 1 - After 1 month proctoscopy view



Fig. 7: Case 2 - After 1 month proctoscopy view

DISCUSSION

Kshar being alkaline in nature (pH 11-14), causes fat saponification and formation of alkaline proteinates which subsequently results in liquification necrosis when applied over the tissue. Being hygroscopic in nature causes it also extracts considerable water from the cells causing cell death. It also causes fibrosis of the mucosa and there by results in the shrinking of the mucosal prolapse thus reducing the pile mass.

Thus, the management of the haemorrhoids in this case has been attributed to the success of Kshara karma administration. This process involves use of a caustic paste, which is alkaline on the area that is infected. In this case, the paste leads to the coagulation of the proteins within the hemorrhoidal plexus. At the same time in the hemorrhoidal vein, tissue necrosis occurs, the natural shedding of which within seven days stands out, the color of which is given by hemoglobin. Fibrotic tissue formed helps to develop a scar. The ligation of the

hemorrhoidal vein removes and shrinks down the size of the haemorrhoids and all related symptoms.^[7,8,9]

CONCLUSION

Hence, these cases illuminates the success of Ayurvedic treatment in the management of haemorrhoids, thus providing an alternative non-surgical approach for patients who would like to shun contemporary surgery in the management of haemorrhoids. The remedy becomes exceptionally effective when it comes to internal haemorrhoids, and this implies that Kshara karma could assume the role of an effective surgery. The findings reveal, among others: reduced hospital stay, no intra- and post-procedural haemorrhage, low post-operative complications, cost-efficiency, and general permissiveness. There were no signs or complications noting during the follow up of the patient suggesting it was safe and effective to use Kshara karma in managing hemorrhoids.

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