

**Management Of internal Haemorrhoids by *Kshara* application –
A Case report**

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ABSTRACT

Arsha is the one of the commonest disease of anorectal region, which is included under the *Ashtamahagada*. According to Ayurveda *Arsha* is the gift of sedentary life style. *Acharya Sushruta* had been described various treatments of *Arsha* which include 1) *Shastrakarma* 2) *Ksharakarma* 3) *Agnikarma* and 4) *Bheshaja*. *Arsha* often correlated with Haemorrhoids. A male patient of 27 years old come to the opd of *shalyatantra* with complaint of mass per anum during defecation, constipation, and per rectal bleeding while passing stool. The case was diagnosed as *Abhyantra Arsha* at 3 And 11 O'clock position II Internal Haemorrhoids this case was treated with application of *Saptacchada pratisarniya kshara*, sit'z bath in luke warm water and *Triphala churna* with luke warm water internally. The mass per anum and per rectal bleeding resolved in 8 days and patient was relieved from all symptoms within 21 days. No any other complaints was reported after this procedure.

Keywords:

Arsha, Internal Haemorrhoids, *Saptacchada Kshara*, *Pratisarniya*

INTRODUCTION

A disease which anguishes patients vital force or *Prana* is a *Arsha*. According to Ayurveda *Arsha* is a *maharoga* (major disorder) described as *Dirghanubandhi* (chronic) and *Dushchikitsya* (difficult to treat) in nature along with *Tridoshik* (*vata*, *pitta*, *kapha*) and *Marmashri* (vital weak spot) (*Guda* and *Bhaga*) Conditions out of which *Guda* is *Sadyapranahar marma* so *Shastrakarma* should be avoided.

Patient coming in the hospital suffer from the symptoms of *Arsha*, vitiation of *dosha* adversely affect the digestive system resulting *mandagni*. Which turn leads to constipation, prolonged contact of accumulated mala or excretory taints *gudavali* and *Arsha* develops. Dilatation of the veins of the internal rectal plexus constitutes the condition of Internal Haemorrhoids which are covered by mucous membrane. Now a day nobody wants to undergo surgical procedure and they expect relief

without surgery. Because surgical procedure causes many complaints such as anal stenosis, incontinence of stool, infection etc, which makes many people afraid of the procedure.

Acharya Sushruta who is father of surgery had described the four types of treatments of *Arsha*

- 1) *Shastrakarma* (Surgery)
- 2) *Ksharkarma* (Alkaline Ayurvedic Preparations)
- 3) *Agnikarma* (Cauterization)
- 4) *Bheshaja* (Medicinal Treatment)

Ksharakarma (application of *pratisarniya kshara*). It is a non surgical procedure of Ayurveda. Indicate for management of *Arsha*. A medicine (alkaline in nature) derived from *Saptachada* herbs is applied to the pile mass with the help of special slit proctoscope. It is a type of chemical cauterization. The *Ksharkarma* method of treating piles has been described in details in an ancient text *Sushutra Sanhita*.

In this case study, *Saptachada pratisarniya kshara* followed by *awagaha sweda* and *Triphala churna* in luke warm water internally a setting of *pratisarniya kshara* done on 1st and 4th day.

Aims:

To study the effect of *Saptachada pratisarniya kshara* in the management of *Abhyantar Arsha* – II nd degree Internal Haemorrhoid.

Objectives

- 1) To evaluate the effect of *Saptachada pratisarniya kshara* in the management of *Abhyantar Arsha* with special reference to II nd degree Internal Haemorrhoid

to reduce size of Haemorrhoids and per rectal bleeding.

- 2) To avoid the surgical management of Haemorrhoids and their complications.

METHODOLOGY

Based on clinical presentation and examination the case was diagnosed as *Abhiyantar Arsha* (II nd degree Internal Haemorrhoids). Informed written consent of patient for application of *pratisarniya kshara* was taken and treatment has been done.

A CASE REPORT

A 27 years male patient came to the opd with complaints of mass per anum during defecation, constipation, per rectal bleeding occasionally since 5 months proctoscopic examination confirmed the diagnosis as a case of 3 and 11 o'clock position Internal Haemorrhoids.

After careful interrogation of the patient the following causative factors were identified as mentioned in classical text occupation auto driver, intake of more spicy and non vegetarian diet (*vidahi*), Irregular food habit (*Ajirna bhojana*) and straining to pass stool. This is a primary disease with impaired digestion (*Agnimandya*) as underlying pathogenesis.

A Local Examination Patient presented with :-

Perianal region:- NAD

At Anal verge:- NAD

Per rectal digital examination -
Palpable mass

On proctoscopic examination :- II nd degree Internal Haemorrhoids at 3 and 11 O'clock position.

Post surgical history:- NAD

General Examinations :-

- GC mode:- Good
- Pulse:- 76/min
- BP:- 120/80 mmHg
- Pallor:- not found
- Icterus:- not found
- Lymphadenopathy:- not found

Systemic Examination

All vital parameter were within normal limits. Patients was haemodynamically stable.

Laboratory Investigations

- Hb% - 12.5 gm%
- BT - 2.10 / min
- CT - 3.40 / min
- Bsl R - 67 mg/dl
- HIV- Non reactive
- HBsAg - Non reactive

Nidanpanchak

1) HETU :-

- Ruksha, Vidahi, Viruddha Annapana
- Ahitkar Vihar (Occupation Driver)
- Vegavidharana

2) POORVAROOP :-

- Krucchat Pakti
- Atopa
- Vishtambha
- Gudaparikartan

3) ROOP :-

जातेष्वेतान्येव लक्षणानि अव्यक्तराणि भवन्ति !! (सु.नि २/१०)

4) SAMPRAPTI :-

Nidan (Hetu)



Agnimandya



Koshtha



Apanavayukopa (Prakopa Stage)



Pradhana Dhamani (Prasara Stage)



Gudavaleetrayam (Sthansanshraya Stage)



Arshotbhava (Vyakti Stage)



Dosha involvement (Bheda Stage)



Vata pitta kapha Shonita Sannipata.

5) UPASHAYA :- Upashayanugami.

CHIKITSA :-

Patient of 2nd degree Internal Haemorrhoid after all investigations and examinations treated with application of *Saptacchada pratisarniya kshara* in two setting. Application of *kshara* done on 1st and 4th day.

METHODOLOGY :- (Procedure)

The *Saptacchada pratisarniya ksharakarma* was performed with the help of slit proctoscope. The caustic alkaline powder was applied on 3 and 11 o'clock position Internal Haemorrhoids one after the other. After application on each Haemorrhoid, the applied *kshara* was cleaned with lemon juice after one minute. The colour of pile mass has turned to blackish brown (*pakwa jambu phalavarna* in *shatamatrakala*). Then proctoscope was removed.

ADJUNCT THERAPY :-

Patient was asked to attend *Shalyatantra* Opd for anal examination once a week for 4 weeks. Diet, lifestyle guidelines and corrections were suggested to the patient. And patient was

expected to follow there guidelines at least 1 year. For this one month period for following treatment were prescribed. Sit'z bath in luke warm water was

advised after each defaecation. And *Triphala Churna* 5gm in luke warm water orally at bed time.

OBSERVATIONS AND RESULT

Follow-up Day	Symptoms		
	Degree Of Haemorrhoids	Per Rectal Bleeding	Constipation
1 st Day	2 nd	+++	+++
4 th Day	2 nd	++	++
7 th Day	1 st	+	+

DEGREE OF HAEMORRHOIDS :-

- **1st Degree Haemorrhoids** :-Piles within that may bleed but does not come out.
- **2nd Degree Haemorrhoids**:- Piles that prolapse during defaecation but returns back spontaneously.

- **3rd Degree Haemorrhoids**:- Piles prolapse during defaecation, can be replaced back only by manual help.
- **4th Degree Haemorrhoids**:- Piles that are permanently prolapse.

GRADATIONS:-

Gradations	Per Rectal Bleeding	Constipation
+++	Splash in a pan or > 20 drops	Hard stool with severe straining
++	Bleeding during defaecation up to 10-20 drops	Hard stool with intermittent straining
+	Bleeding during defaecation up to 10 drops	No straining only hard stool
0	No per rectal bleeding	No constipation



Before Treatment



After Treatment

DISCUSSION AND CONCLUSION:

Saptacchada pratisarniya kshara was applied over 2nd degree Internal Haemorrhoids. It was observed that the pile mass became blackish brown in 40 seconds as described by *Acharya Sushruta* after that the lemon juice was used to neutralized the *kshara* after proper burn of pile mass.

It was observed that *Saptacchada pratisarniya kshara* causes coagulation of Haemorrhoidal plexus necrosis of tissue followed by fibrosis of plexus. Adhesion of mucosal and submucosal coat of anal canal which prevents the further dilatation of Haemorrhoidal plexus and prevents prolapse of anal cusion.

This makes permanent treatment of 2nd Internal Haemorrhoid.

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