



MANAGEMENT OF ARSHAS (2ND DEGREE INTERNAL HEMORRHOIDS) WITH APPLICATION OF APAMARGA THEESKNA KSHARA: A CASE REPORT

Dr T Sushendra*PhD Scholar, Dept of Shalyatantra, J S Ayurved Mahavidhyalaya, Nadiad.
*Corresponding Author**Dr Hetal Nakrani**

Associate Professor, Dept. of Shalyatantra, J S Ayurved Mahavidhyalaya, Nadiad.

Dr Ponnulekeshmi

Assistant professor, Dept. of Shalyatantra, J S Ayurved Mahavidhyalaya, Nadiad.

Dr. Kalapi B Patel

Professor and HOD, Dept. of Panchakarma, J S Ayurved Mahavidhyalaya.

ABSTRACT

Arshas more commonly referred to as hemorrhoids, represents a widespread pathological condition distinguished by the engorgement of vascular structures within the ano-rectal region, which may result in symptoms including hemorrhage, discomfort, mucous discharge, and pain. The contemporary therapeutic approach to Arshas necessitates surgical interventions, including techniques such as haemorrhoidectomy and rubber band ligation however, there exists a considerable likelihood of disease recurrence following surgical excision. In contrast, Ayurveda advocates a comprehensive fourfold therapeutic strategy for Arshas, delineated as Bheshaja, Kshar karma, Agni karma, and Shastra karma. Kshara Karma is a unique, minimally invasive procedure in Ayurveda mentioned by Acharya Sushruta. In this case study a 30-year-old male patient presented with complaints of protrusion of mass, bleeding, pain and itching around the anal region to Shalyatantra opd of J S Ayurved Mahavidhyalaya, Nadiad. Patient was treated with kshara karma by applying theeskna apamarga kshara and oral medication and the findings suggested that there was excellent outcome which is shared in this case study.

KEYWORDS : Arshas, Hemorrhoids, Ksharakarma**INTRODUCTION**

Hemorrhoid disease constitutes a pathological state characterized by the atypical engorgement of the vascular plexus located beneath the anal mucosa. Currently, it persists as the predominant anorectal disorder and is routinely observed in primary care facilities, emergency departments, gastroenterology divisions, and surgical practices. It is projected that more than fifty percent of the population will, at some juncture, experience symptomatic hemorrhoids [1]. Hemorrhoids constitute one of the most prevalent anorectal disorders worldwide, affecting approximately 4.4% to 36.4% of the general population. The condition manifests as engorgement of the hemorrhoid venous plexus, characterized by bleeding per rectum, pain, prolapse, discharge, and constipation [2]. The progressive increase in anorectal disorders in contemporary society has been attributed to sedentary lifestyles, irregular and inappropriate dietary habits, prolonged sitting or standing, and psychological disturbances [3]. Acharya Sushruta has considered Arshas as one among the Ashtamahagada (Eight grave diseases). According to Acharya Vagbhata, when muscle like fleshy projections kills a man like an enemy and creates hinderance in Guda marga (ano rectal passage) is called Arshas (haemorrhoids) [4]. Prolonged durations of sedentary or upright positions, excessive exertion during defecation or urination, obesity, disrupted lifestyle patterns or daily activities, inadequate or inconsistent dietary practices, gestation, and a lack of physical activity, among other factors. This culminates in the dysfunction of Jatharagni, thereby perturbing the Tridosha, with particular emphasis on Vata dosha [5]. These disturbed doshas become localized within Guda vali and Pradhana dhamani, which subsequently leads to the impairment of Twak, Mamsa, and Meda dhatus due to Annava ha srotodushti, resulting in the manifestation of Arshas. This condition can be delineated into two principal categories: Internal and External. Internal hemorrhoids arise within the rectum, whereas external hemorrhoids manifest beneath the dermis surrounding the anus. A thorough comprehension of the etiological factors, clinical manifestations, and therapeutic modalities for Arshas is imperative for individuals in pursuit of effective management [6]. In instances of increased severity, clinical interventions

including rubber band ligation, sclerotherapy, or surgical procedures may be incorporated [7]. In the field of Ayurveda, Acharya Sushruta delineated four therapeutic modalities for the management of Arshas, namely Bheshaja, Kshar karma, Agni karma, and Shastra karma, which are determined by the chronicity and clinical manifestation of the ailment [8]. Among these, Bheshaja chikitsa and Kshar karma have excellent outcomes in the approach towards Arshas. Kshara is a caustic chemical, alkaline in nature, derived from medicinal plant ashes. Apamarga theeksna kshara was prepared as per the classical method and was also physiochemical and phytochemical analysis was done after the preparation. The effect of Kshara karma is highly commended, it can replace the Shastra karma as it does the functions of Chedana, Bhedana, Lekhana karmas without using Shastra's [8].

Case Report

A 30 yrs. old male patient visited to our OPD with complaints of protrusion of mass during defecation with bleeding per rectum in drop wise after defecation associated with pain since past 4 to 5 months. after detail history ano rectal examination was done which revealed 2 degree internal hemorrhoids at 3,7,11 o clock position and was confirmed by proctoscopy examination.

Past History

There was no any major illness or any surgical history in the past and not a K/C/O DM and HTN.

Personal History**Table No 1**

Diet	Mixed
Appetite	Reduced
Bowel	Constipated
Sleep	Disturbed
Addiction	Chewing tobacco daily 3 to 4 times

General Examination**Table No 2**

GC	Fair
Built	Normosthenic
Weight	70kgs

Height	5 ft 6 inches
Blood pressure	120/80 mm hg
Pulse	82/min
Respiratory rate	18/min
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Oedema	Absent
Lymphaedenopathy	Absent

DRE Findings

Perianal region - NAD

Sphincter tone – Normal

2nd degree internal hemorrhoids present at 3, 7, & 11 o' clock position and confirmed by proctoscopy examination.

Investigations showing in table no 3

Table No: 3

Hemoglobin	11.80gms%
RBC	4.16 ml/cu/mm
WBC	8,600 /cu/mm
Platelets	2,78,000/cu/mm
Monocytes	2%
Eosinophil	8%
Basophil	0%
Neutrophil	56%
Lymphocytes	32%
RBS	100.2mg/dl
HBsAg	Negative
HIV	Negative

MATERIALS AND METHODS

Pre-operative

All the pre-operative procedures like informed consent was taken, preparation of perianal part, enema, xylocaine test dose and Inj Tetanus toxoid was given.

Operative Procedure

Patient was lied down in lithotomy position. Painting and draping were done. Digital rectal examination and anal dilation was done using xylocaine jelly (2%). Under local anesthesia, Apamarga pratisarneeya kshar application was done and washed with Nimbu swaras after achieving Pakwa Jambuphala varna. Post-operatively, oral analgesics only during pain and Ayurvedic medications were administered for 15 days.

Internal medication like Tab Triphala guggulu 250mg 2 tid and Erandabristaharitaki choorna 5gms HS with luke warm water and sitz bath with Panchavalka kwatha was given 2 times a day for 15 days.

Observation and Outcome

Table No 4

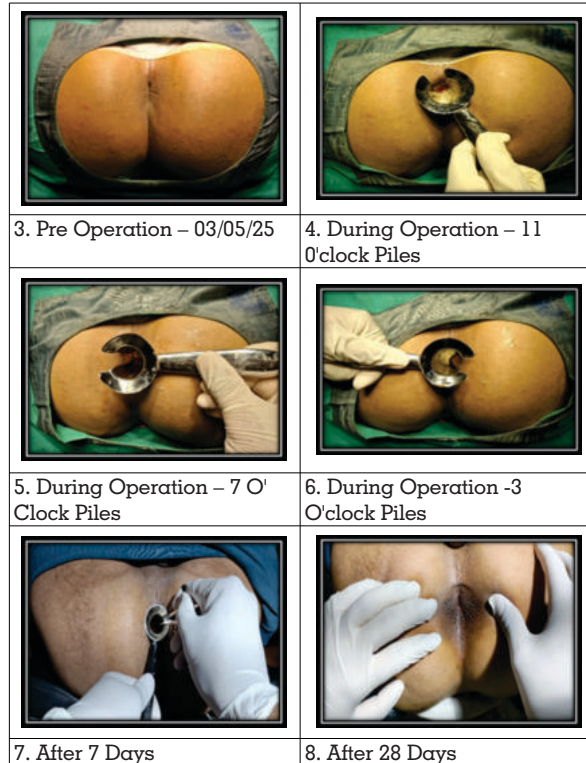
Observation	BT	1st day	7thday	14th day	21st day	28th day
Bleeding	5 -10 drops	0-5 drops	Nil	Nil	Nil	Nil
Pain	Moderate (vas score 4)	Moderate	Moderate	Mild	Nil	Nil
Pruritis ani	Mild	Mild	Mild	Mild	Nil	Nil
Post Discharge	Nil	Moderate –patient notices slough in undergarments	Mild – slight slough during examination	Nil	Nil	Nil
Complications	Nil	Nil	Nil	Nil	Nil	Nil

Physicochemical and Phytochemical Analysis of Apamarga Kshara.

Standardization and safety assessment of Apamarga Kshara were ensured through physicochemical, heavy metal, microbiological, and mineral analyses as per the Ayurvedic Pharmacopoeia of India (API). The analytical findings substantiate both the safety profile and therapeutic plausibility of the formulation.

All tested heavy metals lead, cadmium, arsenic, and mercury were found to be Below the Limit of Quantification (BLQ), indicating absence of toxic contamination and compliance with API safety limits and microbial test showed no growth of any organisms and also showed multi mineral composition like sodium, potassium, zinc etc .

Picture 1 and 2: Showing the Analysis Report of Apamarga Theekna Kshara



Picture 3,4 ,5,6 and 7,8 :Showing the Operative Procedure and During 7th Day Follow up and 28th Day Follow up.

DISCUSSION

According to the disease presentation and chronicity, Acharya Sushruta recommends four different forms of treatment for Arsha: Bheshaja, Kshar karma, Agni karma, and Shastra karma. Two highly popular treatments for hemorrhoids, Kshara sutra therapy and Kshara karma, were developed on the solid basis of Ayurveda [10]. Apamarga theesna Kshara

exerts many actions such as incision, excision debridement, scrapping and dissolution simultaneously to cure the disease Pratisaraneeya teekshna kshara causes coagulation of Hemorrhoid plexus (cauterization of pile mass), necrosis of tissue followed by fibrosis of plexus, adhesion of mucosal, submucosal coat helps in prevention of further dilatation of veins and prevents prolapse of regional mucosa of anus. This makes permanent radical obliteration of Hemorrhoids. The prolapse may diminish due to the liquefaction, purification, absorption, and curetting effects of Kshara.[11] Ingredients of Triphalaguggulu tablets were *Emblica officinalis* (Amla), *Terminalia chebula* (Hareetaki), *Terminalia bellerica* (Vibheetaki), *Piper longum* (long pepper), and *Commiphora mukul* (Guggulu). Triphala is well known for its wound-healing quality. It also soothes the inflamed mucous layer and helps in checking the further infection. Guggulu is one of the best known anti-inflammatory herbs of Ayurveda [12]. *Eranda brista haritaki* is gentle purgative, laxative, promotes appetite & assist digestion. These agents cause copious watery evacuation of bowels, removes impurities through the purgation's. In present day practice, application of Kshara is found to be a safe, efficacious, and cost-effective method for management of internal hemorrhoids. Compilation of case reports and clinical studies are needed to standardize the treatment protocol and define outcome measures. In this way, comprehensive treatment guidelines can be formulated.

CONCLUSION

In this case study of Apamrga theeskna kshara Pratisaraneeya was found effective in treating 2nd degree Internal Haemorrhoid within 28 days of application and no complications were seen in 1 months follow up period. The tissue becomes fibrosed and scar formation seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of hemorrhoids. Combination of Kshara Karma, oral medicines, diet restrictions and life style modifications suggested are effective in curing the haemorrhoid in the initial phase itself and preventing its recurrence.

Conflict of Interest

There is no any conflict of interest.

REFERENCES

1. Villalba H, Abbas MA. Hemorrhoids: Modern Remedies for an Ancient Disease. *Perm J*. 2007;11(2):74-6.
2. Sakr M, Saed K. Recent advances in the management of hemorrhoids. *World J Surg Proced*. 2014;4(3):55-65.
3. Hosseini, S. V. (2023). Lifestyle Modifications and Dietary Factors versus Surgery in Benign Anorectal Conditions; Hemorrhoids, Fissures, and Fistulas. *PubMed*, 48(4), 355.
4. Gupta KA. *Astanga Hridayam*. 2019th ed. Vidyotini of Acharya Vagbhata, editor. Vol. 1. Varanasi: Chaukhamba Prakashan; Page no.331.
5. Chaturvedi Gorakha Nath and Shastri Kasinath Charak samhita (Chikitsa sthana). Varanasi: Chaukhambha Bharati Academy; 2011. p. 419.
6. Shastri Kaviraja Ambikadutta Sushruta samhita (Nidana Sthaana). Varanasi: Chaukhambha Sanskrit Sansthan; 2010. p.306.
7. Sriram Bhat. *SRB's manual of surgery*. New Delhi: Jaypee Brothers; 2019. Page no.963
8. Shastri KA. *Sushruta Samhita, Chikitsa sthana*. 2019th ed. Ayurveda tatva sandipika, editor. Vol. 1. Varanasi: Chaukhamba Sanskrit Sansthan; Page no.46
9. Shastri KA. *Sushruta Samhita, Sutra sthana*. 2019th ed. Ayurveda tatva sandipika, editor. Vol. 1. Varanasi: Chaukhamba Sanskrit Sansthan; Page no.45
10. Dhruv Singh, Vishal Verma, Sheetal Verma. A Case Study on Effective Management of Arsha (II Degree Haemorrhoids) by Teekshna Kshar Pratisarana. *AYUSHDHARA*, 2024;11(1):24-27.
11. Mahapatra A, Srinivasan A, Sujithra R, Bhat RP. Management of internal hemorrhoids by Kshara karma: An educational case report. *J Ayurveda Integr Med*. 2012 Jul;3(3):115-8.
12. Mehra, Raakhi I, Makhija, Renu2, Vyas, Neera3. A clinical study on the role of Ksara Vasti and Triphala Guggulu in Raktarsha (Bleeding piles). *AYU (An International Quarterly Journal of Research in Ayurveda)* 32(2): p 192-195, Apr-Jun 2011.