



TREMENDOUS ROLE OF *KSHARASUTRA* LIGATION IN THE TREATMENT OF MULTIPLES FOURTH GRADE INTERNO-EXTERNAL HAEMORRHOIDS (*ARSHA*): A CASE REPORT

Ayurveda

Bijendra Shah*

MS (Ayu) Scholar, Department of Shalya Tantra, Institute for Post Graduate Teaching and Research in Ayurved, Gujarat Ayurveda University, Jamnagar, Gujarat, Pin-361008, India
*Corresponding Author

T.S. Dudhamal

Associate Professor, Department of Shalya Tantra, Institute for Post Graduate Teaching and Research in Ayurved, Gujarat Ayurveda University, Jamnagar, Gujarat, Pin-361008, India

ABSTRACT

Haemorrhoids (*Arsha*) are one of the most common ano rectal diseases in which varicosity of haemorrhoidal vein occurs, may be internal or external. In simple understanding, it is defined that piles are dilated or engorged veins within anal canal in the sub epithelial region formed by radicles of superior, middle and inferior rectal veins. *Ksharasuta* (medicated thread) is an alkaline coated thread with different plant alkaline, was prepared with *Apamarga Kshara* (Ash of *Achyranthus aspera* Linn.), latex of *Snuhi* (*Euphorbia nerifolia*) and *Haridra* (*Curcuma longa* Linn.). *Ksharasutra* therapy has revolutionized the treatment of various anorectal disorders. A case of 35 year male was diagnosed as Multiples Fourth Grade Interno-External Haemorrhoids. Induration of whole perianal structure felt, big size protrusion of mass at 1, 3, 5, 7 & 11 o'clock position. During PR examination Interno-External pile mass felt at 1, 3, 5, 7, 11 o'clock position. *Ksharasutra* (medicated thread) ligation on all pile mass was done under spinal anaesthesia. The dressing was done daily with *Panchawalkal Kawath* (decoction of five herbs) and *Jatyadhi Tail* (Medicated oil). The ligated pile masses were sloughed out on fifth to seventh postoperative day and the patient was relieved from all symptoms within two weeks. No complications were reported after the procedure. The patient was followed up regularly onward till date after 1 year and did not reveal any postoperative complication and evidence of recurrence of piles. Thus, *ksharasutra* shows tremendous role with minimum invasive surgical modality for management of Treatment of Multiples Fourth Grade Interno-External Haemorrhoids.

KEYWORDS

Arsha, Interno-external piles, *Ksharasutra*, Haemorrhoids.

Introduction

Haemorrhoids / Piles are certainly one of the commonest ailment that afflict mankind. These are dilated veins within the anal canal in the subepithelial region formed by radicles of superior, middle and inferior rectal veins.^[1] Haemorrhoids / Piles can effect anyone, anytime and anywhere. Its incidence increases with advancing age; at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms.^[2] *Sushruta Samhita* (800-1000 B.C.), *Charak Samhita* (1000 B.C.), and the treatises of *Vagbhata* (7th A.D.) All of them have dedicated separate chapter to describe aetiology, pathogenesis, symptomatology and the management of *Arshas* (Haemorrhoids). As well as the various medical scholars of this era have also described it though not as vividly as in *Samhita* period. One of the contribution during this period is application of *Ksharasutra* described by *Charakpani* (11th A.D.) in his *Chakradatta* in the context of *Arshobhagandar Chikitsa*. A few other important compendia of this period are *Madhava Nidana*, *Sharngadhara Samhita*, *Bhavaprakasha*, *Yogaratanakara* and *Bhaishajya Ratnavali* these all gives equal importance of *Arsha*. Materials used for preparation of *Ksharasutra* are *Snuhi* (Latex of *Euphorbia nerifolia* Linn.), *Apamarga Kshara* (Ash of *Achyranthus aspera* Linn.), turmeric powder (*Curcuma longa* Linn.) and surgical Barbour's linen thread size 20 number.^[3] The *Ksharasutra* used in this case was prepared in department of Shalaya Tantra IPGT&RA Jamnagar, of Ayurved Pharmacopeia of India (API) guidelines. Haemorrhoid, in which varicosity of haemorrhoidal vein occurs, may be internal or external. The internal variety may be of first degree, where the piles remain within anus and that may bleed but do not prolapse, in second degree piles that prolapse on straining during the defecation but return or recede spontaneously, in the third degree piles that prolapsed during stool passing, but can be replaced by manual help or digital pressure and in fourth degree piles that are permanently prolapsed or protruded. External variety occupies the marginal space of external to dentate line. When the both varieties are associated, then they are known as intero-external haemorrhoids.^[4]

Case Report

A 35 years old male patient visited to outpatient department of Shalya on 20th July 2016 with complaints of Protrusion of mass in Ano during defecation and it is not reducible since last 5 yrs. Bleeding in ano occasionally before and after defecation since last 1 yrs. Discomfort in ano with mild pain during walking On per anal examination 1, 3, 5, 7 and 11 O'clock big inflamed interno-external piles were seen. [Fig-1] Proctoscopic examination was done after blood investigations for HIV,

VDRL, HbsAg. Diagnosis was confirmed as a case of fourth grade interno-external hemorrhoids at 1, 3, 5, 7, & 11 'o' clock position. Patient has no any history of HTN, DM or any cardiovascular disorders as well as no any significant family history. The Routine laboratory investigations for blood, urine, stool, chest X-ray and USG of whole abdomen were done and all reports were found within normal limit.^[5] Systemic examinations reveal that patient was physically and mentally fit for surgery under spinal anaesthesia. So this case was planned for *Ksharasutra* ligation interno external hemorrhoids under spinal anaesthesia.

Pre-operative: At first the written informed consent was taken from patient. Local part was prepared on previous day of operation. The patient was kept nil orally from midnight. At night Soap water enema and proctoclysis enema in morning on the day of operation was given. Inj. Tetanus Toxoid 0.5ml IM and inj. Xylocaine sensitivity test was done on previous day of operation.

Operative procedure: Under all aseptic condition patient was taken in OT room and given spinal anaesthesia in sitting position by anaesthesia. After that lithotomy position given, painting and draping of perineal area, four fingers anal dilatation was done by Lord's procedure. First of all interno-external pile mass at 11 O'clock (Right anterior) was hold by piles holding forceps and skin of external piles was incised by scissors up to mucocutaneous junction without injury to mucosa. Then Tran's fixation and ligation by *Ksharasutra* was done at the base of pile. The thread then placed along the incised part of external piles mass and riff knot was applied at four directions. After that Same procedure was adopted for Tran's fixation and ligation of piles situated at 7 O'clock, 3 O'clock position, 1 O'clock position and 5 O'clock position. [Fig-2] After proper haemostatic achieved, part was cleaned by betadine then diclofenac suppositories inserted inside anal canal. T-bandage was applied and patient shift in the male surgical ward.^[6]

Post-operative: Patient was kept in head low position and nil orally for six hours after that allowed liquids only little quantity once. Maintain hydration with intravenous fluid of Ringer Lactate, Dextrose, and Normal saline. Appropriate antibiotics and analgesic were given as injectable for initial two days and then orally for further five days.

Ayurveda medicines were prescribed from next morning for two weeks like Sitz bath with warm water and *Panchavalkala*

(combination of five herbal plants) decoction for two times a day. *Haritaki* Powder (*Terminalia Chebula* Linn) 5 gm at bed time. Tab. *Triphala Guggulu* 500mg thrice in a day and per rectal instillation of *Jatyadi* oil (medicated oil) 10 ml daily.^[7]

From next day evening patient advised to take diets like plenty of water, milk, fruits, rice, roti and green vegetables. He also advised to avoid long sitting and riding/travelling. On third post-operative day ligated piles masses became blackish and necrosed due to *Ksharasutra* ligation. [Fig-3] On sixth post-operative day the *Ksharasutra* was twisted so necrosed piles masses sloughed out easily and fresh wound was observed. Sitz bath, dressing and *Matra Basti* with *Jatyadi* oils was continued for further one week. On post-operative 10th day anal dilatation was started with anal dilator no. 06 lubricating with *Sadodhat Ghrita* (medicated clarified butter). On the 21th post-operative day wound was observed in healing stage and there was no sphincter spasm. [Fig-6] On post-operative after 3 month wound was completely healed without stricture or any complication. The post *Ksharasutra* wound was healed and looking normal anus without any scar. [Fig-7] The patient was followed up after 1 year and there was no any complain regarding haemorrhoids and scar was almost disappears with normal sphincter tone. [Fig-8]

Pre and post-Operative photos:



Fig-1: Pre-operative



Fig-2: Post-operative



Fig-3: Post-Operative 2nd day



Fig-4: Post-Operative 6th day



Fig-5: Post-Operative 10th day



Fig-6: Post-Operative 21th day



Fig-7: After 3 Months



Fig-8: After 1 year Follow Up

Result and Discussion:

As *Ksharasutra* is emerging as a specialized modality of treatment in the field of surgery in Ayurveda. In this study *Ksharasutra* shows tremendous result in this single case study of haemorrhoids. *Ksharasutra* was applied under spinal anesthesia and it was dislodged spontaneously after six days. *Ksharasutra* by its action as chemical cauterization and mechanical strangulation of the blood vessel causes local gangrene of the pile mass tissue and ultimately resulting in falling out of the mass within 5-7 days. The applied *Kshara* act as *Chhedya*

(excision), *Bhedya* (incision), *Lekhya* (scraping) and it renders chemical cauterization of tissue by virtue of its alkaline nature which facilitates cutting of tissue. Due to alkaline pH (pH-10.3) of *Ksharasutra* it works as antibacteria at site of ligation.^[8] Turmeric powder (*Curcuma longa*) allows minimizes reaction of caustics and helped for healing of wound. *Ksharasutra* has combined effect of these three herbal drugs (*Apamarga Kshara*, *Snuhi ksheer* and turmeric) and said to be unique drug formulation for cutting of piles pedicle as well as making wound clean. The adjuvant drugs like *Panchavalkal Kwatha* (decoction of five herbs) sitz bath play important role in local hygiene, *Shodhana* (cleaning) and *Ropana* (healing) of the postoperative wound. *Haritaki* has laxative action and helped for normal bowel as patient had history of constipation. *Triphala Guggulu* has anti-inflammatory action so in this case post-operative swelling gets relieved.^[9] Most of the ingredients used in *Jatyadi* oil are anti-inflammatory, analgesic and healing properties which helped in wound healing. After cut through of piles, anal dilatation was advised after two weeks to avoid post-operative anal stricture. Hence along with *Ksharasutra* ligation in piles wound care is very much need as it is non aseptic area. Regular follow-up on every week and after two weeks patient was free from all symptoms of piles and small scar seen after 4 weeks which is dissolved in a year almost. In this case there was no post-operative hemorrhage and retention of urine after *Ksharasutra* ligation. The delayed complications like anal stricture and faecal incontinence are not observed in this case up to one year.

Conclusion

Ksharasutra ligation is better as it has safe, simple and minimum complications and no recurrences in comparison of modern surgical procedure. This single case demonstrated that Multiples Fourth Grade Interno-External Haemorrhoids (*Arsha*) can be treated with *Ksharasutra* ligation without post-operative complication. It require to study in more number of patients for existing conclusion.

References:

- 1.) L. Prasad, S. Prakash, A. Prakash. Colorectal Diseases and Kshara Sutra Surgery. 1st ed. Globalmedik, New Delhi, 2013. P. 104.
- 2.) Goligher J, Duthie H, Nixon H. Surgery of the Anus, Rectum and Colon. A.I.T.B.S. Publishers and Distributors, New Delhi, 2004; 1:98-105.
- 3.) Sushruta, Sushruta Samhita. By Ambikadatta Shastri, Chowkhamba Sanskrit Sansthan-Varanasi, 13th edition 2001; 6(3):35.
- 4.) Michal R. B. Keighley, Norman S Williams. Surgery of the anus, rectum & colon. 3rd ed. Vol. 1. China:Elsevier Limited; 2008. P. 543
- 5.) Bijendra Shah and Tukaram Sambhaji Dudhamal. Integrated approach in diagnosis of Ano-rectal (guda) diseases: A review. Int. J. Res. Ayurveda Pharm. 2017; 8(Suppl 3):72-76 <http://dx.doi.org/10.7897/2277-4343.083173>
- 6.) Shah B, Dudhamal TS, Prasad S. Efficacy of Kshara Application in the Management of Internal Haemorrhoids—A Pilot Study. Journal of US-China Medical Science. 2016;13:169-73.
- 7.) Sushruta Samhita with Ayurved Tatva Sandipika commentary by Ambikadatta Shastri, chikitsasthana, chapter 17, sutra 33, Page 81, published by Chowkhamba Sanskrit Sansthan Varanasi, 13th edition, 2001.
- 8.) Kohli K, Ali J, Ansari MJ, Raheman Z. Curcumin: A natural anti-inflammatory agent. Indian Journal of Pharmacology. 2005; 37(3):141-147.
- 9.) KavirajAbhikaduttaShastri, Susruta Samhita of MaharsiSusruta , Hindi Commentary, Sutrasthana Aturopkranniya adhya, Chaukhamba San-skritaSansthan, Varanasi, India, Edition-2012, 173.