ORIGINAL RESEARCH PAPER
Volume - 10 | Issue - 08 | August - 2021 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

PREPARATION OF APAMARG PRATISARANIYA KSHAR AND PROCEDURE OF ITS APPLICATION ON ARSHA

Ayurveda

Dr. Chetan Kardile* M.S. Shalya Ph. D. (Sch). *Corresponding Author

Dr. Umesh Vaidya M.S. Shalya , Professor & HOD department of Shalya tantra, College of Ayurved, Bharati Vidyapeeth (deemed to be university), Pune.

ABSTRACT

Inclusion of Arsha (Haemorrhoids) in Ashtaumahagada by Sushrutacharya shows its importance1. This disease is explicit to human race only due to erect posture.The management of Hemorrhoids in contemporary medicene is changing from conventional surgical procedure i.e. Haemorrhoidectomy to other procedures like Sclerotherapy, Laser therapy etc3. These procedures have postoperative complications. Unsuitable treatment or negligence may cause complications like thrombosis,fibrosis,haemorrhage etc.This leaves scope for Ksharakarma treatment. It is considered as most effective practice for Arsha as it has simple technique and properties like Chedana, Lekhana, Ropana. In texts Apamarg being Pittahar, Balya, shita viryatmak it is beneficial in Arsha and also appropriate for Kshara formulation6. If patients of abhyantara Arsha are to be subjected to Apamarg Pratisaraniya Ksharakarma, an ideal method of preparation of Apamma kshar and ideal method of its application on first and second degree hemorrhoid or internal non complicated hemorrhoids is needed. Also pre-operative, operative and post operative procedure of Kshara application along with explanation of complications if any and advantages and dis advantages is needed. This is done here.

KEYWORDS

Arsha, Hemmorhoids, Apamarg kshar

INTRODUCTION

Arsha is the commonest Ano rectal condition seen in the practice of proctology. Incidence of this disease can be traced since Vedic period and description of the disease is available in almost all-ancient literature. Arsha is characterized by formation of Swelling at the Anal region. The disease even though not fatal, gives more trouble to the patient. Hence this disease has been considered as a Mahagada [1]. In Avaraniya Adhyaya Acharya Sushruta explains Arsha, as a disease[2] which when associated with Upadravas becomes Yapya/ asadhya[3] Inclusion of Arsha (Haemorrhoids) in Aştaumahagada by Sushrutacharya[1] Shows its importance. References of Arsha are found from the time of Vedic period. This disease is very explicit to human race only, due to the erect posture. One of the theory suggests that the erect posture, which humans adopted, led to increased pressure over the hemorrhoidal veins that is the cause for human beings to pay a price for their upright position. Mucosal capillary malformations, mucosal slides and even erectile tissue or a sliding mucosal hernia. As discovered from recent statistics irrespective of age, sex, Socio economic status more than 04% of the population agonizes from this disease. Due to today's food habits, sedentary life style, its incidence has increased. The management of Hemorrhoids in modern medical science is changing from conventional surgical procedure i.e. Haemorrhoidectomy to other procedures like Sclerotherapy, Band ligation, Cryosurgery, Laser therapy etc. Unfortunately all its management procedures like Sclerotherapy, Band ligation, Cryosurgery, Laser therapy etc[4], have limitations with postoperative complications. Unsuitable treatment or negligence may cause haemorrhoids to complicate for example thrombosis, strangulation, portal pyaemia, fibrosis, suppuration, haemorrhage etc[3] . Hence there is a scope to find a helpful measure.

The Ksharakarma treatment is considered as most effective practice for Arsha, because of its simple technique due to its properties like Chedana, Lekhana, and Ropana[5]. Hence the repeated backing of Ksharakarma by almost all the ancient Acharya in the disease "Arsha" has given a stimulus to work on the disease Arsha with the help of Pratisaraniya Kshara. Acharyas have mentioned Apamarg as appropriate for the Kshara formulation[6]. In the present study, patients suffering from abhyantara Arsha are subjected to Apamarg Pratisaraniya Ksharakarma, as described in classical texts.

MATERIALS AND METHODOLOGY –

Preparation Of Apamarg Teekshna Pratisaraneeya Kshara

Panchanga of Apamarg -40 kg (Achyranthus aspera) reduced to small pieces was burnt into ash 4kg (bhasma) and the ash was allowed to cool. Water was added to the ash in the ratio 6:1, i.e. 24 Lt mixed well and kept overnight. The solution was filtered for 21times with a thick cloth to obtain a clear solution (Rakta varna). The solution was boiled till it was reduced to 1/3rd. From the Ksharodaka some part (12 palafrom 2 drona) was taken out. 4 prativapa dravyas (32 palas), Kataka sharkara(Adgdha sudha pashana 8palas), Bhasma sharkara(Dagdha sudha pashana 8palas) , Kshirapaka(Jala shukti 8palas) and shankha nabhi(8palas) were heated in Loha patra till agni varna , at which the sharodaka (12 palas)is added. The rest of Ksharodaka is heated further and prativapa dravya's like Danti, Chitraka, Vacha, Langali, Pravala bhasma, Bida lavana, yavakshara, suvarchala lavana, Hingu,are added in a one powder form 4 Gms each till darviparlepa paka.Kshara is taken out from the vessel and stored in a tight container.

Sidhi Lakshana:-
Darvi pralepa,Mrudu,Pichila(Soapy touch),

Guna: -
Teekshna, Ushna,

Matra (Dosage): -
As required.

Properties Of Kshara:

Rasa - Katu
Veerya - Ushna
Varna - Shukla
Guna - Sowmya, Thiksna, Agneya
Doshagna - Tridoshagna
Karma - Dahana, Pachana, Darana, Vilayana, Shodana, Ropana, Shoshana.

Drug Analysis

SR.NO.	Parameters	Results
1.	Description	Creamish color,Odour faint, Taste saline
2.	pH	11.89
3.	Total Ash content	76.98
4.	Acid insoluble ash	Nil
5.	Water Soluble ash	3.173%
6.	Sodium content (N)	25.05%
7.	Potassium content (k)	0.608%
8.	Calcium content (Ca)	0.071%
9.	Carbonate	Nil
10.	Magnesium	0.09%
11.	Solubility in water	99.78%

In this study, a total of 30 patients of *Arsha* were selected by adopting simple random sampling method, from OPD and IPD of the Department of Shalyatantra, Bharti Vidyapeeth Deemed To Be University, COA Hospital, Pune 43. All the patients had completed the

course of treatment with *apamarg kshar pratisaran.*

Selection Of Cases:
History of patient- Onset, Duration and Progress of Arsha asked.
Systemic examination-CVS, RS, and CNS examined thoroughly.
Local examination
- Inspection/ Palpation- To rule out any other secondary infection, warts, tag or secondary infection.
- Instrumentation – Proctoscopy- Size and position examined.
-Sigmoidoscop and Colonoscopy can be done as per requirement.

Inclusion Criteria:
Diagnosed Patients of Abhyantara Arsha with I, II degree.
I0 Haemorrhoid does not come out of the anus.
II0Haemorrhoids come out only during defecation & is reduced spontaneously after defecation
Patients in age group of 18-70 years.
Patients with controlled systemic diseases like Diabetes and Hypertension.

Exclusion Criteria:
Abhyantara Arsha of secondary origin and /or associated pathology of colon and anal canal like Ulcerative colitis, Crohn's diseases, condyloma, Parikartika i.e. Fissure in Ano and Bhagandara i.e. Fistula in Ano, Malignancy of rectum and anal canal.

Patients having Hb% less than 8 gm%.

Patients associated with uncontrolled systemic diseases like Diabetes and Hypertension.

Pregnant women.

Patients with infective conditions like H.I.V. and Hbs.Ag.

Investigations:
Blood
Complete haemogram with E. S.R.
Blood sugar fasting and P.P.
BT.CTAnd PT INR
HIV I and II & Hbs. Ag.

Urine
Routine & Microscopic examinations.

Application Of Kshara:
Pre-operative

Required Instruments -
Proctoscopes, Prepared Kshara, Lemon juice, Allis tissue forceps, Artery forceps etc.

Pre-operative Procedure
1. Routine investigations, fitness of patient were insured.
2. Written inform consent of patient was taken.
3. Bowel preparation, shaving and cleaning of the perianal area done.

Operative Procedure
1. The patient was laid down in lithotomic position.
2. The perianal part painting & draping done.
3. The pile mass was fixed at the suitable place into the aperture by placing a lubricated proctoscope the anal canal.
4. After cleaning the pile mass with gauze pieces, tikshna apamarga kshara was applied & kept for 2 minutes then washed away with KANJI.
5. After application of the kshara, the pile mass changed to blackish (Jambu phalavat) in appearance.
6. This procedure was repeated for each pile mass separately at the same sitting.

Post Procedure Medication
Gandharva Haritaki 1gm HS for 14 days with Koshana Jala.

Triphala Guggulu 500mg Twice in a day, for 7 Days with Koshana Jala.

Avagaha Sweda with Lukewarm water twice in a day for 7 Days.

Follow up–
Assessment needs to be done every day up to 7thday and on 14thday and on 21stday.

Post-operative
Orally liquid diet after 4 to 6 hours Packing removed after 6 hours
Sitz bath –Lukewarm decoction sitz bath
Triphala Guggulu – 2 TDS
Gandharvaharitaki – 1gram HS

Assesment of Efficacy
Parameters
Degree of Haemorrhoids- Acc to International Score

PR Bleeding

Table 1 Prakriti

Prakriti	No.of Patients	Persentage
Vatpittaj	13	43.33
Vatpittaj	07	23.33
Kaphvataj	10	33.33

Table 2 Age

Age in yrs	No of Patients
30-35	14
35-40	11
40-45	3
45-50	2

Table 3 Occupation

Occupation	No of Patients
Service	10
Labour	9
House wife	5
Driver	6

Table 4 Sex

Sex	No of Patients
Male	21
Female	09

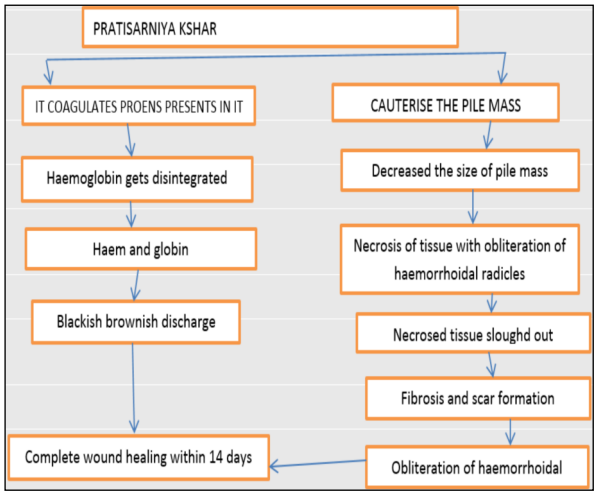
Table 5 Bleeding

Severity	BT	AT
Mild	9	0
Moderate	16	0
Severe	5	0

Table 6 Severity

Deg of Piles	BT	AT
I	10	0
II	20	0

Action of Pratisarniya kshar



DISCUSSION –
Probable mode of action of Apamag Kshara --As Charakacharya has described that the Kshara is the one which scrapes the abnormal tissue from its location and destroys it after dissolving it, because of its corrosive nature. Kshara scrapes and dissolves the pile mass. Schematic presentation of Action of kshara on Arsha ankura

Triphala Guggulu- It acts as Shothahara, Vednasthapan, Vranashodhan, Vranaropan , Srotoshodhan, Bibhitaki (Terminalia bellerica) is Vedanasthapaka by Madhura, Ruksha and Ushna Gunas. acts as Raktastambhan, Krishikaran (reduction of size). Pippali acts as Rechana and Guggulu Commiphoa mukul is Ushna hence pacifies vitiated Vata thereby acting as Vedanasthapaka. Ruksha Guna helps in Lekhana by which Vrana Shodhana is performed.It acts as Shothahara, Vednasthapan, Vranashodhan, Vranaropan, Jantughna.

Gandharva Haritaki - It acts through Pacifying tridosha, Improving appetite & digestion, Prevents constipation. Reduces congestion in haemorrhoidal vessels. Stabilizes endothelial lining, and prevents bleeding. It is a vyadhi hara combination that cures and prevents Arsha. The above medicines act in support to the action of Apamarg Kshara which helps to counter the possible adverse effects/ complications in due course.

CONCLUSION AND RESULTS:

1. Apamarg kshar is easy to prepare.
2. Reduction in postoperative pain and bleeding is significant.
3. The peculiar utility of Kshara Karma is that it treats all the pile mass in one sitting and thus reduces the total duration of treatment.

REFERENCES:-

1. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Yadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003; Pp -824,Pg No- 144, (Su, Su 33/4)
2. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Jadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003;Pp 824,Pg No- 144, (Su, Su 33/10).
3. S.Das,AConcise Text Book Of Surgery,Calcutta,5th Edition,2008,1346Pp, Page No-1079 To 1080.
4. S.Das,AConcise Text Book Of Surgery,Calcutta,5th Edition,2008,1346Pp, Page No-1080 To 1084.
5. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Yadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003; Pp -824,Pg No- 46,47, 49 (Su,Su 11/11)
6. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Yadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003; Pp -824,Pg No- 46,47, (Su,Su 11/19).