



COMPARISON OF APAMARG KSHAR AND DIODE LASER IN THE MANAGEMENT OF ABHYANTAR ARSHA

Ayurveda

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ABSTRACT

There is a very peculiar role of "Kshar Karma" (an Anushastra), in the management of Arsha, as described by Sushrutacharya. Acharya have mentioned Aamarg as suitable for the Kshara formulation. Patients suffering from Abhyantara Arsha are subjected to Apamarg Pratisaraneya Kshar and efficacy of Aamarg Kshar Pratisaran and Diode Laser is compared in the management of Abhyantar Arsha. In Clinical study an Open randomized controlled clinical trial is conducted of trial group A and control group B for 30 patients in each group. In observations a detailed explanation is given about distribution of patients according to age, sex, occupation. The results of the study are analyzed statistically compared and are presented in tables form. By highlighting the outcome of the study along with limitations and scope of further improvement it is concluded that Apamarg Kshar pratisarana gives potent effects in Abhyantar Arsha.

KEYWORDS

Arsha, Ksharpratisaran, Diode laser

INTRODUCTION

Arsha is a disease characterized by formation of ankuras (nodules) at Guda Pradesh (anal region). Inclusion of Arsha (Haemorrhoids) in 1 Ashtamaahaagada by Sushrutacharya depicts its importance. References of Arsha are found since Vedic period. This disease is very specific to human race because of our erect posture. As revealed from recent statistics irrespective of age, sex and socio economic status more than 04% of the population suffers from this disease. Its increased incidence today is due to today's food habits, sedentary life style. Sushrutacharya states that landing in complications 2 makes Arsha Yapya or Asadhya. Improper treatment or negligence of Arsha may develop complications like thrombosis, strangulation, portal pyaemia, fibrosis, suppuration, 3 haemorrhage etc.

Unfortunately all its management procedures like Sclerotherapy, Band ligation, Cryosurgery, Laser 4 therapy etc, have limitations and postoperative complications. Hence, it leaves a scope to find a remedial measure. Sushrutacharya has considered Kshara karma as most effective procedure amongst Anushastras due to its properties like Chedana, 5Lekhana, and Ropana. Acharyas have mentioned Aamarg as suitable 6for the Kshara formulation. Aamarg being Pittahar, Balya, Sheetaviryatmak is useful in Arsha.

Hypothesis

H₀ - Aamarg Kshara karma procedure is not useful in the management of Abhyantara Arshas.

H₁ - Aamarg Kshara karma procedure is useful in the management of Abhyantara Arsha.

AIM & OBJECTIVES :-

Aim:

To evaluate and compare the efficacy of Aamarg Kshar Pratisaran and Diode laser in the management of Abhyantar Arsha.

Objectives:

1. To observe any adverse effect of Kshara Karma and Diode laser on patients of Abhyantar Arsha.
2. Compare the effects of Aamarg Kshar and Diode laser in the treatment of Abhyantar Arsha.

Materials & methodology (study Design Statistical analysis):-

This is an Open randomized controlled clinical trial. The study was conducted on the patients visiting the OPD and IPD of Shalyatantra department BV DU Ayurveda Hospital.

Study medication:

Aamarg Kshar is used for this study in trial group. Aamarg kshar was standardized as per the criteria mentioned in the Ayurvedic 7Pharmacopeia of India.

Comparator:

Diode Laser was used as a control group.

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.
- Sigmoidoscopy and Colonoscopy done as per requirement.

Inclusion Criteria:

Diagnosed Patients of Abhyantara Arsha with I, II degree. I0 Haemorrhoid does not come out of the anus. II0 Haemorrhoids come out only during defecation & is reduced spontaneously after defecation Patients in age group of 18-60 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, CT and PT INR
HIV I and II & Hbs. Ag.
Urine Routine & microscopic examinations.

Method of randomization:

Patients befitting the eligibility criteria were selected randomly by chit method and divided into two groups.

Group A: - Apamarg Kshar Lepa

Dose-As per requirement for Kshar lepa on each Arsha
Sitting- Single sitting for each Arsha

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 lithotomy 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.

- After application of the kshara, the pile mass changed to blackish (Jambu phalavat) in appearance.
- This procedure was repeated for each pile mass separately at the same sitting.

Group B: - Diode laser

Pre-operative procedure same as Group A

Operative procedure

Lithotomy position given after giving appropriate anesthesia, painting & draping done. Haemorrhoid was located with Proctoscopic, examination made to protrude in to the slit proctoscope. The light is coupled into a fiber with a distal fiber end prepared for radial emission and a cone shaped for easy interstitial application.

After making a 1 mm opening at the external border of the hemorrhoid pocket, the fiber was introduced in the hemorrhoidal tissue parallel to the axis of the rectum up to the upper part of the enlarged hemorrhoid.

3 pulses at a power of 10 W, each lasting for 1.2 s, with a 0.6 s pause bet. pulses, were delivered to the tissue.

For hemorrhoidal tissues wider than 1 cm, the same three pulses of energy were applied after pulling back the fiber and repositioning it in a fan-shaped manner in the lateral portions of the tissue to coagulate all parts of the enlarged hemorrhoid.

To decrease postoperative edema, pressure with an ice pack was applied on the coagulated tissue for 30s. Same procedure was repeated over the other mass, when present.

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 21st day.

Assessment of efficacy

- Degree of Haemorrhoids – according to international score
 - 0- No Haemorrhoids
 - 1 -I⁰ Haemorrhoid does not come out of the anus
 - 2 -II⁰ Haemorrhoids come out only during defecation & is reduced spontaneously after defecation
 - 3 -III⁰ Haemorrhoids come out only during defecation & do not return by themselves, but need to be replaced manuall
 - 4 -IV⁰ Haemorrhoids are permanently prolapsed & proper replacement is not possible.
- P/R Bleeding
 - 0- No Bleeding
 - 1- Once in a while
 - 2- 1-2 times in a week
 - 3- Regular Bleeding since last few days
 - 4- Profuse Bleeding

OBSERVATIONS

Table A-1 : Age

AGE IN YEARS	NO. OF PATIENTS IN GROUP A	NO. OF PATIENTS IN GROUP B
25-30	10	11
30-35	09	10
35-40	06	07
45-50	05	02

Table A-2 : Sex

GROUP A			GROUP B	
SEX	MALE	FEMALE	MALE	FEMALE
PATIENT	20	10	18	11

Table A-3 : Occupation

OCCUPATION	NO.OF PATIENTS IN GROUP A	NO. OF PATIENTS IN GROUP B
SERVICE	09	08
LABOUR	10	9

HOUSE WIFE	5	05
DRIVER	6	8

Table A-4 : Habbits

HABBITS	GROUP A	GROUP B
TEA/COFFEE	13	10
ALCOHOLIC	08	09
TOBACCO	05	06
BIDI / CIGRATE	04	05

Table A-5 : Prakruti

PRAKRUTI	VK	VP	PK
NO.OF PATIENTS IN GROUP A	10	11	9
NO.OF PATIENTS IN GROUP B	11	10	9

Table A-6 : Bleeding

BLEEDING	GROUP A	GROUP A	GROUP B	GROUP B
SEVERITY	BT	AT	BT	AT
MILD	9	0	15	0
MODERATE	16	0	13	0
SEVERE	5	0	2	0

Symptom levels significantly reduced here, hence H0 is rejected, so both groups are equally effective.

Bleeding

Groupa

	PRE	POST	t-CAL	t- table	Result
Mean	1.866	0	15.25	2.66	REJECT Ho
S.D.	0.67	0			

Since t cal> than t table then we reject H0,i.e. Treatment is effective on bleeding.

Groupb

	PRE	POST	t-CAL	t- table	Result
Mean	1.566	0	15.966	2.66	REJECT Ho
S.D.	0.5374	0			

Since t cal> than t table then we reject H0i.e. Treatment is effective on bleeding teal< t table hence group A& Group B are equally effective.

Table A-7 : Degree Of Arsha

	GROUP A		GROUP B	
	BT	AT	BT	AT
I	21	0	25	0
II	9	0	5	0

Levels significantly reduced hence H0 is rejected, so both groups are equally effective.

Group A

	PRE	POST	t-CAL	t- table	Result
Mean	1.3	0	15.539	2.66	REJECT Ho
S.D.	0.458	0			

Since t cal> than t table then we reject H0i.e. Treatment is effective on colour

Group B

	PRE	POST	t-CAL	t- table	Result
Mean	1.166	0	17.496	2.66	REJECT Ho
S.D.	0.3652	0			

Since t cal> than t table then we reject H0i.e. Treatment is effective on colour

	GROUP A	GROUP B	t-CAL	t- table	Result
Mean	1.3	1.166	1.25	2.66	REJECT Ho
S.D.	0.458	0.3652			

T cal< t table hence group A& Group B are equally effective.

DISCUSSION

Apamarg kshar pratisaran is cost effective treatment.

Apamarg Kshar pratisaran in Arsha is an easy method to perform on OPD basis with significant result, fewer side effects.

Probable action of Apamarg Kshar is corrosive. It acts as the cauterization of the bleeding pile mass.

Less or minimal complications (sometimes local edema if applied on external haemorrhoids i.e. below dentate line) is occurred as compared with Diode laser which may cause proctitis, sensitivity etc Laser action is on the lipid molecules in the cells of the vein wall, causing inflammatory destruction of the internal lining of the vein and thrombus formation eventually leading to sclerosis of the vein.

Maximum patients of Arsha are vatadhik pitta and vatadhik kapha Prakruti were found.

As far as age is concerned, the occurrence of the Arsha is very common in age group 25yrs to 35 yrs.

Arsha disease affects persons, irrespective of sex. In this study more male patients are found than female. Most patients of Arsha were workers, laborers and service class. Among most of all the patients were addicted to Tea, Tobacco, smoking or alcohol.

Agnimandya which is the main cause of Arsha was also found in majority of patients. Arsha is found generally associated with Malavibandh (Constipation) in patients.

CONCLUSION AND RESULT

1. Apamarg Kshar pratisarana gives potent effects in Abhyantar Arsha (internal hemorrhoids).
2. The Apamarg Kshar is easy to prepare.
3. In the management of Arsha's two symptoms i.e. bleeding and colour of pile mass; better result in Apamarg Kshar is observed, so we can conclude that treatment given in trial group is equally efficient to treatment given to control group.
4. The both drugs have no side effects are quite safe and easy to apply.
5. From the socio-economic view the Apamarg Kshar is relatively cheap.
6. Ksharpratisaran in the management of Arsha is one of the good ambulatory types of treatment in area of parasurgery (anushalya).

REFERENCES:-

1. sushruta; sushrutasamhita; with the nibandhasangraha commentary of sridalhanacharya; reprint edition, edited by yadavajitrikamjiacharya, varanasi; chaukhambhaorientalia publishers; 2003; pp-824,pg no- 144, (su, su 33/4)
2. sushruta; sushrutasamhita; with the nibandhasangraha commentary of sridalhanacharya; reprint edition, edited by jadavajitrikamjiacharya, varanasi; chaukhambhaorientalia publishers; 2003;pp 824,pg no- 144, (su, su 33/10).
3. S.Das,A Concise text Book of surgery,Calcutta,5th edition,2008,1346Pp,Page no-1079 to 1080.
4. S. Das,A Concise text Book of surgery,Calcutta,5th edition,2008,1346Pp,Page no-1080 to 1084.
5. sushruta; sushrutasamhita; with the nibandhasangraha commentary of sridalhanacharya; reprint edition, edited by yadavajitrikamjiacharya, varanasi; chaukhambhaorientalia publishers; 2003; pp-824,pg no- 46,47, 49 (Su,Su 11/11)
6. sushruta; sushrutasamhita; with the nibandhasangraha commentary of sridalhanacharya; reprint edition, edited by yadavajitrikamjiacharya, varanasi; chaukhambhaorientalia publishers; 2003; pp-824,pg no- 46,47, (Su,Su 11/19)
7. S.Das,A Concise text Book of surgery,Calcutta,5th edition,2008,1346Pp,Page no-1077.