

**“MANAGEMENT OF INTERNAL HAEMORRHOIDS WITH APAMARGA PARTISARNIYE KSHARA”: A CASE STUDY**Arya Poonam¹, Gujjarwar Shriniwas², Singh Rajender³, Anamika⁴

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**ABSTRACT**

Introduction: In anorectal disorders, incidences of piles and fissures are increasing in the Indian population due to the western lifestyle. Many surgical methods are available to cure anorectal disorders, but nowadays, the demand for Ayurveda and herbal preparation is increasing in society. **Materials and Methods:** In this study, *Apamarga Kshara* applications were administered for the management of Internal haemorrhoids (*Arsha*). This study was a single case study in which patient of piles was selected from the OPD of an Institutional hospital. *Apamarga Kshara* application (AKA) was done on the internal piles for 1–3 sittings as per requirement. The patients were assessed every week and were followed up for 1 month for relief in signs and symptoms. **Results:** Obtained results were analyzed and encouraging results were observed after completion of the treatment. **Conclusion:** The study concluded that *Apamarga Kshara* application is a very effective treatment for the management of internal haemorrhoids of 1st and 2nd degree.

Keywords: *Apamarga*, *Arsha*, *Ayurveda*, haemorrhoids, *Kshara*, piles.

INTRODUCTION

Haemorrhoids are one of the common anorectal disorders that equally affect men and women. The worldwide prevalence of haemorrhoids is around 4.4% and incidences increase with age.¹ The pregnancy is also a predisposing risk factor for the development of symptomatic haemorrhoids in females. The symptoms of piles are bleeding, pain, protrusion of piles, and perianal itching.² Conservative medical treatments for haemorrhoids include the use of fiber supplements; lifestyle modifications may include relieving constipation, avoiding straining, proper fluid intake, better anal hygiene, and sitz baths. If the patients do not respond to conservative measures, rubberband ligation, sclerotherapy, infrared coagulation (IRC) and cryosurgery are some outpatient department (OPD) procedures.³ Sushruta the pioneer of surgery, describes four principle therapeutic measures in the management of *Arsha* i.e., *Bheshaja chikitsa*, *Kshara karma*, *Agni Karma* & *Shastra karma* (surgery) is the last option.⁴ Treatment by the use of herbs is known to human beings since centuries. Recently, herbal treatments have gained popularity with documented effects on the influence of blood vessel walltone, a decrease of capillary permeability, improved circulation, decrease in edema, and blockage of inflammatory mediators.⁵ It has been observed that anorectal disorders such as haemorrhoids can be managed by topical administration of *Apamarga Kshara* which offers a significant and faster relief resulting in improved quality of life. Hence, the study has been planned to know the efficacy of *Apamarga Kshara* in the management of internal haemorrhoids of 1st and 2nd degrees.

AIMS & OBJECTIVES: To study the efficacy of *Apamarga Pratisarniya Kshara karma* in the management of Internal Haemorrhoids.

Materials and methodology:

Materials and methodology: This study was an open randomized clinical trial of 4 weeks. Patients having complaints of Internal haemorrhoids 2nd degree were selected from the OPD, department of Shalya Tantra, Shri Krishna Govt. Ayurvedic College & hospital, Kurukshetra, HR. Detailed clinical history and physi-

cal and local per rectal findings were recorded in clinical research proforma.

Case definition: A case of 45 yr male who comes to the shalya tantra O.P.D. in 2022 (in shri krishna govt. ayurvedic college & hosp., Kuk.) with complaints of pain and bleeding before and after defecation, constipation present and reducible pile mass coming from the anal region since 5 yrs.

Vitals: B.P. -120/70 mm of hg PR- 78/min
temp.-98.7⁰f RR- 18/min.

P/ R examination: Proctoscopical examination

After giving an enema to the patient proctoscopy is done under topical anesthesia. on examination, a patient has reducible pile mass on 3,7 & 11 'o'clock positions with bleeding present on & 7 and 11 'o'clock positions.

Samprapti ghataka:⁶

Dosha: apana vayu, pachak pitta, kledak kapha.
Kapha

Dushya: Twak, Rakta, Mamsa and Meda

Srotas: Annavaha, Purishvaha and Raktavaha

Adhithana: Gudavalies

Udbhavasthana: Aampakwashaya

Srotodushti: Atiprivritti (Rakta), Sanga (Purisha, Siragranthi (Gudankura), Vimargagaman (Apana)

Agnimandya: Jathargnimandya, Mansagnimandya, Medagnimandya

Svabhava: Chirkari

Treatment: local application of *Apamarga Pratisarniye Kshar*.

DIAGNOSTIC CRITERIA:

Diagnosis will be done:

- On the basis of physical examinations by performing P/R examination. i.e., inspection, palpation, digital and proctoscopic examination.
- On the basis of the patient's history & symptomatology, four degrees of Haemorrhoids are described in the textbook surgery.

MATERIALS:

- *Apamarga Kshara* (ph value of *Apamarga kshar* is 10.2) . Surgical gloves, gown, cap, mask, cotton pads, gauze pieces. Antiseptic lotion, dra- viakriti shalaka, Madhu & Ghrita, Takra etc.

METHODOLOGY:

PRE-OPERATIVE (Apamarga partisarniye kshar):

- ❖ Written informed consent was taken.
- ❖ Part preparation.
- ❖ Evacuation of bowel with soap water enema / Sodium phosphate enema.
- ❖ Inj.TT 0.5ml I/M. Stat
- ❖ Sensitivity test (with Inj. Lignocaine 2% plain 0.5ml intradermal).
- ❖ Antibiotic Inj. Ceftriaxone 1gm. I/V stat.

OPERATIVE PROCEDURE

- ❖ The procedure may be carried out under spinal or local anaesthesia as per the requirement.
- ❖ After local anaesthesia Patient is made to lie in a lithotomy position followed by painting & draping of the patient to be subjected to *Kshara Karma*.
- ❖ The patient was given a rhomboidal block around the anus after proper panting and draping in lithotomy position if selected for *Kshara Karma* under Local anesthesia.

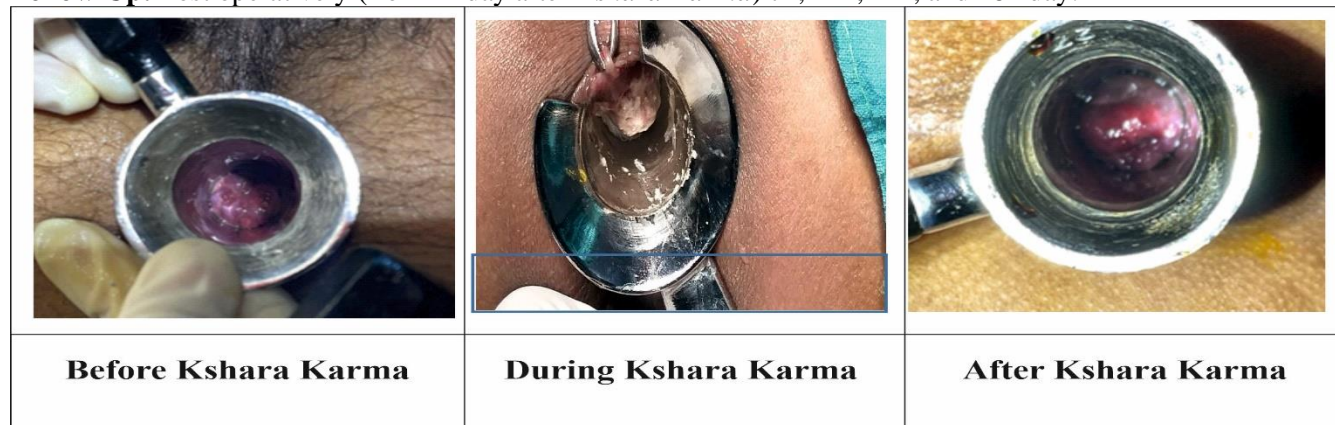
- ❖ *Arsha* was identified with a split proctoscope. The rest of the part is covered with wet gauze. The uncovered *Arsha* was applied with *Pratisaraniya Kshara* and waited for 100 *Matrakala* (120 sec).
- ❖ *Arsha* if turns *Pakvajamboo Phala Varna*, was washed with *Nimbu Swaras*. It does not acquire *Pakvajamboo Phala Varna*, the procedure was repeated.

- ❖ Anal packing with *Jatyadi Tail*.

POST-OPERATIVE PROCEDURE:

- ❖ Post operatively (from 1st day after *Kshara Karma*), the patient was managed with *Avagahasweda (SITZ BATH)* twice daily.
- ❖ *Matrabasti* was given with *Jatyadi Tail* (60 ml) once a day after food for 7 days.
- ❖ Internally Tab. *Triphala Guggulu* (2 tab. BD), after food all medicine is taken with lukewarm water.

Follow-Up: Post operatively (from 1st day after *Kshara Karma*) 7th, 14th, 21st, and 28th day.



Inclusion criteria

Patients of either gender between 20 and 60 years; with 1st and 2nd-degree internal piles; with *Mridu*, *Prastruta*, *Avagadha*, and *Uchrita* (soft, deep-seated, and elevated piles) type of *Arsha*; with controlled blood pressure were included in the study.

Exclusion criteria

Patients of either gender less than 20 years and >60 years; patients with 3rd and 4th-degree piles; patients having rectal prolapse, fissure, and fistula-in-ano

having uncontrolled hypertension, diabetes mellitus, and cardiac disorders; patients with malignancy of any organ; pregnant women and hepatitis B, tuberculosis, HIV and venereal disease research laboratory (VDRL) positive cases were excluded from the study.

Investigations

Routine hematological, biochemical, and microbial investigations such as Hb% (hemoglobin), total leukocyte count, differential leukocyte count, bleeding time, clotting time, erythrocyte sedimentation rate,

fasting blood sugar, postprandial bloodsugar, blood urea, serum creatinine, were done at baseline and the end of the study and HIV, VDRL and HbSAg were done at baseline in the patients.

• **Allocated intervention:** follow up will be done every 3rd day for one month.

Subjective criteria: Mucoid discharge from the anus, Pruritis ani

Objective criteria: Pile mass, Discharge, Bleeding, Constipation

Ethical clearance

The present clinical trial is approved by Institutional Ethics Committee vide letter no. IEC/SKAU/2021/34 (Dated 25/01/21) and is registered in CTRI. (CTRI/2021/04/032923

DISCUSSION

Apamarga Pratisaraniya kshara was applied to the internal haemorrhoids. It was observed that the Pile mass became black in 120 seconds as described in the Sushruta Samhita.⁷ Lemon juice (citric acid) was used to neutralize the kshara after proper burning of pile mass (120 sec).

Apamarga Pratisaraniya kshara causes coagulation of Haemorrhoid 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 the anus.⁸ This makes permanent radical obliteration of Haemorrhoids.

Detailed action of Apamarga Pratisaraniya kshara from the time of application up to 21 days are shown in Table no. 1

Table 1: Action of Apamarga Pratisarniya kshara

Days	Surgeon's observation	Patient's observation
1 st day -Immediately after kshara application (within 1 min)	Coagulation of Hemorrhoid plexus blackish discoloration of mass	Mild pain and mild burning sensation
2 nd day	Edema and softening of coagulated mass, with the initiation of sloughing	Pain, swelling
3 to 6 days	Sloughing, necrosis of mass	Blackish discharge with blood stain, with tissues sloughing, pain, burning sensation
7 to 12 days	Mucosal ulcer on the site & No mass on site	Mild to a moderate burning sensation while passing motion lasts for 30 min., stools mixed-with few drops of bleeding
13 to 21 days	Healing of ulcer	No symptoms except mild discomfort
After 21 days	The scar on the site with complete obliteration, fibrosis of hemorrhoid plexus, and adhering of scar to the muscular coat	No symptoms

CONCLUSION

The tissue becomes fibrosed and scar formation is seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of hemorrhoids.

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