



ROLE OF KSHARA KARMA IN MANAGEMENT OF INTERNAL HEMORRHOIDS: A CASE REPORT

¹Shruti Singh, ²Shiv Ji Gupta

1. PG scholar at Banaras Hindu University, Faculty of Ayurveda- Department of Shalya Tantra.

2. Professor at Banaras Hindu University, Faculty of Ayurveda- Department of Shalya Tantra.

Corresponding Author: shrutisingh002@gmail.com

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ABSTRACT

Nowadays prevalence of Anorectal disorders is progressively increasing in society, *Arsha* (Haemorrhoids) is one of them. There are many responsible factors for disease like sedentary lifestyle, irregular and inappropriate diet, prolonged sitting or standing and certain psychological disturbances. It generates symptoms dominated by rectal bleeding, mass per anum, anal discomfort and pruritus. Many conservative, surgical and non-surgical methods are available to cure the disease, but demand for Ayurvedic and herbal remedies has increased in society nowadays.

Material and Methods: In this study 36-year-old male patient having complain of bleeding per rectum and mass coming out during defecation was selected. The case was diagnosed as a case of “*Raktarsha*” Grade II internal hemorrhoids having mass at 7 and 11 ‘O’ clock position. The final diagnosis was made on the basis of DRE findings, symptoms of patient and proctoscopic examination. Classically prepared *Apamarga Pratisarniya kshara* was applied on hemorrhoidal masses following SOPs. The findings were noted on Day 7, Day 14, Day 21 and Day 30.

Result: Obtained results were analyzed and there was Significant relief in symptoms. Improvement in complain of Bleeding and prolapse of pile mass during defecation was noticed. **Conclusion:** Ayurvedic parasurgical procedure (*Pratisarniya Kshara patan vidhi*) has proven to be an effective non-surgical management alternative for the diagnosed patients of Grade II internal Haemorrhoids.

Keywords: *Arsha, Apamarga, Haemorrhoids, Pratisarniya Kshara, Case report.*

INTRODUCTION

Arsha is one of the anorectal disorders mentioned in Ayurveda. The term *Arsha* is used to describe an abnormal fleshy growth originating in the anal region due to improper diet, lifestyle and defecation habits.¹ By definition, the term *Arsha* may broadly include sentinel tags, hypertrophied papillae, polyps and external as well as internal piles; however, to be very specific, haemorrhoidal disease may be corresponded with *Raktarsha* (rakta means 'blood' and *Arsha* means 'fleshy mass'), a variety of *Arsha* described in ancient texts. *Arsha* is enumerated under the heading of *Ashtomahagada*² and occurs in *Guda pradesh*, the seat of *Sadyapranahar Marma*³ which requires delicate management. Conservative management of hemorrhoidal disease includes modification in diet, lifestyle and defecation habits.⁴ If the patients do not respond to conservative measures, various surgical methods like haemorrhoidectomy, stapled haemorrhoidopexy etc. and the office procedures like rubber band ligation, sclerotherapy, photocoagulation, cryosurgery etc. are available with each having its own merits and limitations compared to other.

In this context Acharya *Charaka* has also given more emphasis on the conservative management of *Arsha* by improving *Deepan* and *Pachan*⁵ *karmas* of the *Agni* (enhancement of digestive capacity) in the body. *Acharya Sushruta* states four modalities, i.e, (i) *Bhaishajya Chikitsa* (palliative treatment), (ii) *Kshara Karma* (potential cauterization agent therapy), (iii) *Agni Karma* (direct cauterization agent therapy) and (iv) *Shastra Karma* (operation by sharp instrument) for the management of *Arsha* and out of these four he has given more emphasis on *Ksharakarma*.⁶

Pratisaraniya Kshara is prepared from the ashes of medicinal plants by a special technique of preparation with addition of marine shells⁷ and, on application, brings about necrosis in the pile mass resulting into an ulcer which heals by fibrosis.⁸ Local application of *Pratisaraniya Kshara* is one of the most widely practiced outpatient treatment for internal haemorrhoids by the Ayurveda surgeons in India.

The *Pratisaraniya Kshara* is further divided into three types, i.e., *Mridu* (mild in action), *Madhyam* (moderate in action) and *Tikshna*⁹ (strong in action). In this study, *Tikshna Apamarga Kshara* was taken into consideration for local application directly on the *Arsha*.

PATIENT DETAILS

A 36-year-old male patient came to the anorectal clinic of Sir Sunder Lal Hospital, BHU-UP with complain of prolapse of mass during defecation, which reduces spontaneously by itself and there was also occasional bleeding during defecation since past 3 years. Detailed History of the patient was taken after that physical and local examination was done.

CLINICAL FINDINGS

Physical examination : BP 124/70 mm of Hg PR-78/min

Temp:98.7⁰f RR-16/min

DRE (Digital Rectal Examination) -Mass fell at 7 & 11'O' Clock.

Proctoscopic examination confirmed the diagnosis as a case of Grade II internal hemorrhoids at 7 and 11'O' clock position.

DIAGNOSTIC CRITERIA

Diagnosis was made on the basis of detailed History of the patient and his sign and symptoms.

Digital rectal examination was done and finally diagnosis was confirmed as Grade II internal Haemorrhoids after doing Proctoscopic examination. Before planning treatment, Complete blood count and other tests were done to rule out conditions like Anemia, Clotting disorder, other infective disorder, Human immunodeficiency virus, Diabetes Mellitus, and Hepatitis.

MATERIAL AND METHODS

Materials required were –

Apamarga Pratisaraniya Kshara, sterile cut sheet, Surgical gloves, Cotton pads, sterile gauze piece, spatula for *kshara* application, slit proctoscope, lemon juice, *Jatayadi taila*.

Methodology (*Ksharapatana Vidhi*)

Kshara application was done locally on the piles mass as per the classical technique called “*Ksharapatana vidhi*.” It was conducted according to the principles of *Trividhakarma*.

Pre-operative procedure (*Purvakarma*)

1. Cleaning of bowel was done by administrating Sodium phosphate enema before procedure.
2. Shaving and cleaning of the perianal area was done.

Operative procedure (*Pradhan Karma*)

1. The patient was laid down in a lithotomy position.
2. The perianal part was painted and draped with a sterilized cut sheet.
3. Then, a lubricated proctoscope with cut aperture was introduced in the anal canal.
4. The pile mass was fixed at a suitable place into the aperture. [Fig.1]
5. After cleaning the pile mass with gauze pieces, *Tikshna Apamarga Kshara* was applied. [Fig.2]
6. Applied *kshara* was kept till the time taken to count up to the 100 (*Shatvak matra*).

7. The *kshara* was then washed away with lemon juice. [Fig.3]
8. After application of the *kshara*, the pile mass changed to blackish (*Pakva Jambu phalavat*, i.e., the fruit of *Syzygium cumini* Linn.) in appearance. [Fig.4]
9. Then, the proctoscope was removed and the anal canal was finally irrigated with *Jatyadi tail*, and packing with sterilized gauge was done.
10. This procedure was repeated for both pile mass separately at the same sitting.

Postoperative procedure (*Paschat karma*)

1. Light diet was allowed by the evening.
2. 3gm *Isabgol Husk* (*Psyllium husk*) was given in night as laxative.
3. *Avagaha sweda* (warm water sitz bath) 12 hourly was advised from the next day morning.
4. *Jatayadi taila basti* (20 ml) was given P/R in night for 7 Days.

The patient was kept under observation for 3 days. Then he was discharged.



Before Treatment (Fig.1)



kshara application (Fig.2)



Washing with lemon juice (Fig. 3)



Pakva jambu phala varna (Fig.4)

FOLLOW-UP OF THE PATIENT

Patient was asked to attend surgical clinic for examination once a week for 4 weeks. Diet and lifestyle guidelines and corrections were suggested to the patient and patient was expected to follow these guidelines for at least one year.

During each follow-up visit, signs and symptoms were assessed. There was moderate to mild pain, tenderness,

inflammation, and brownish black discharge on the first visit and second visit. During the third and fourth visit, there was no pain, tenderness or discharge and the internal hemorrhoids had completely resolved. [Fig.5]



After treatment (Fig.5)

Assessment Criteria

Assessment of results was based on scoring system on following parameters (scoring was done Before and after Treatment) [Table.1]

- Amount of Bleeding per rectum
- Frequency of Bleeding per rectum
- Toilet time
- Prolapse of pile mass

[Table.1] Scoring criteria for various parameters

score	Bleeding amount	Bleeding frequency	Toilet time	Prolapse of pile mass
0	No bleeding	Once in fortnight	<5min	Absent
1	<5ml	Once in week	5-10 min	Goes back spontaneously
2	5-15 ml	2-3 times in a week	10-15 min	Goes back after manual reduction
3	>15ml	Daily	>15 min	Always prolapsed

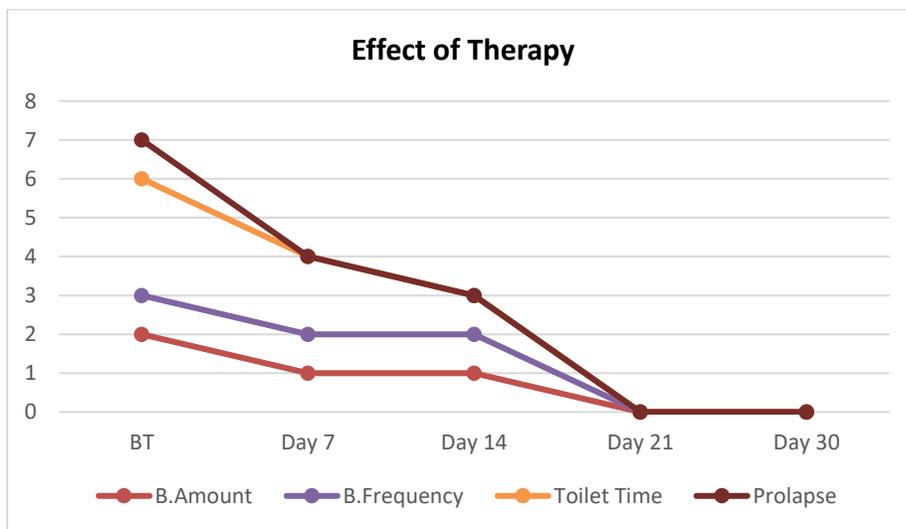
RESULT

All the parameters were assessed before and after treatment on the basis of score. [table 1] Before treatment patient was having complained of bleeding per rectum once in week and its amount was approx.10-15 ml. But during the follow-up period of 1 month, he noticed occasional bleeding in both the first and second week that took in very less amount. i.e. approx. 5ml. The patient was constipated, and he used to strain and sit for 15-20 minutes in the toilet. But During treatment he was administered Isabgol husk daily as laxative, so his toilet time reduced significantly from 15 min to < 5 minutes.

Since the patient sits in toilet for longer duration and he strains while passing stool, there was prolapse of pile mass which reduces spontaneously. But after treatment he never noticed any mass coming out of his rectum.

[Table.2] Effect of Therapy

Assessment of effect of therapy and its Scoring					
Parameters	Score Before Treatment	Score After treatment			
	[BT]	On Day 7	On Day 14	On Day 21	On Day 30
Bleeding Amount	2	1	1	0	0
Bleeding frequency	1	1	1	0	0
Toilet time	3	2	1	0	0
Prolapse of mass	1	0	0	0	0



DISCUSSION

Local application of *Kshara* on haemorrhoidal mass (*Arsha*) has been in practice in Indian medicine since ancient times. The *Apamarga Pratisarniya Kshara* used in this study was *Teekshna kshara* (strong alkali). Like other strong alkalis, *Pratisarniya kshara* also causes cell necrosis, the necrosed tissue leads to fibrosis and thus controls engorgement by fixing the mucosa. It causes saponification of fats, and due to its hygroscopic nature, it extracts sufficient amount of water from cells hence leading to death of cells and their shrinkage.¹⁰ By base absorption Alkalis also promote thrombosis in blood vessels.¹¹ *Apamarga Kshara* exerts many actions such as *Chhedan*, *Bhedhan* and *Lekhan*,¹² and because of these

properties, *Kshara* produces shrinking effect on pile masses. After *Kshara* application bleeding stopped in patient it might had happened due to the properties of *Kshara* such as *Stambhana* (astringent/styptic), *Pachana* (digestion), and *Dahana* (cauterizing) -these results in hemostasis.¹³ After *Kshara* application, the mucosa burns and strips to the wall; so, bleeding stops. In subsequent follow ups on day 7th, 14th, 21st and 30th day improvement was seen in prolapse of pile mass. Prolapse might have reduced due to *Vilayana* (liquefaction), *Shodhana* (purification), *Shoshana* (absorption), and *Lekhana* (cureting) properties of *Kshara*.¹⁴ After *kshara* application chance of infection is also reduced due to antibacterial action of *Kshara*.¹⁵

CONCLUSION

By this study it can be concluded that *Apamarga Kshara* application is effective in obliterating the pile mass and its shrinkage as well as it prevents recurrence on a long-term basis. *Apamarga Kshara* application has proved to have a better potential to treat internal piles of up to Grade II. However, more Studies on large sample size should be performed to generate more data regarding the efficacy of *Apamarga Pratisaraniya Kshara* on Haemorrhoids.

PATIENT PERSPECTIVE

The patient had been experiencing symptoms for the last three years, but following treatment, he significantly improved within 15 days, and by the end of the month-long follow-up period, he had neither experienced bleeding per rectum nor prolapse of mass. His symptoms had disappeared entirely. The patient was completely satisfied with the therapy.

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