

## **A CLINICAL COMPARATIVE STUDY TO EVALUATE THE EFFECT OF UDUMBERKSHEERSUTRA LIGATION AND BARRON'S RUBBER BAND LIGATION IN MANAGEMENT OF ARSHA W.S.R TO SECOND AND THIRD DEGREE INTERNAL HAEMORRHOIDS**

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Article Received on  
21 July 2022,

Revised on 11 August 2022,  
Accepted on 31 August 2022

DOI: 10.20959/wjpr202212-25485

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### **ABSTRACT**

Now a day because of change in food habits and life style is leading to disturbance in digestion and produce many Anorectal disorders. The incidence of ano-rectal diseases in the population is shooting up in alarming rate, most common being Haemorrhoids, Fissure-in ano and Fistula- in-ano. Arsha has been included in asthamahagada by acharya sushruta. The diseases Arsha characterized by Raktapravriti, malbaddhata, Aatop and Adhman.

**KEYWORDS:** Udumberksheersutra, Barron's rubber band, Arsha, Internal Haemorrhoid.

### **INTRODUCTION**

Arsha can be compared with haemorrhoids(piles) in modern science. Haemorrhoids may be defined as vascular engorgements of the

haemorrhoidal plexuses in the submucosa of anal canal beneath the mucocutaneous lining. It is very common disease of anal canal, which affects the both sexes. The incidence of the diseases is higher after the age of fifty and extremely rare below age of fourteen. Bleeding is the most prominent symptoms of haemorrhoids in many of the patients. Its chikitsa aims at

pacifying pitta and raktadosha and the treatment is classics is bhesaj, ksharakarma, agnikarma, and shastrakarma, sushruta has described the ligation of Kshara sutra of haemorrhoids (arbuda) in chapter of NadiVrana (sinus) Chikitsa. Chakrapani Datta has also advocated the excision of pile masses and fistulus tracts by ligature of strong medicated thread at its base. Ksharasutra ligation is a treatment of haemorrhoids. In modern science if the conservative treatment fails, sclerotherapy, Lord's anal dilatation, Barron's rubber band ligation, cryosurgery, haemorrhoidectomy are the treatment which are having complication like faecal incontinence, bleeding and prolong healing. Hence there is a need for an effective and safe management. Now a day apamargakshara and snuhiksheera are used to preapareksharasutra. Apamarga and snuhiksheera are having Tikshna, ushnaguna. So now a day to need for alternative and adjuvant treatment modality with having mrudu, sheetaguna. Udumber (ficusrecemosa) having Kashaya rasa, guru and rukshaguna, sheetaveerya and vranashodhana-ropan property. Ksharasutra ligation(KSL) is an ayurvedic technique of internal haemorrhoids ligation with medicated thread called ksharasutra. As far as modern modalities are concerned the treatment rubber band ligation (RBL) is well known technique of internal haemorrhoids ligation. This study aims to comparative assessment of RBL with KSL of internal haemorrhoids of second and third degree. Despite a long medical history of identification and treatment haemorrhoids still pose a challenge to the medical science in term of finding satisfactory cure of the diseases.

## AIMS AND OBJECTIVES

1. Detailed literary review of Arsha and Haemorrhoids.
2. Evaluation of the effect of Udumberksheerasutra in Arsha.
3. Evaluation of the effect of RBL in second and third degree internal Haemorrhoids.
4. Compare and ascertain the effect of UKL and RBL in management of second and third degree internal haemorrhoids.

## MATERIALS AND METHODS

Total 60 patients was selected from outpatient & inpatient department of shalyatantra of S.S.R. ayurvedic college hospital inchal. They are divided into two group as following,

### 1) GROUP A

Number of patients: 30 patients

Procedure: ligation with udumberksheerasutra

Quantity: one KS per haemorrhoid mass

**2) GROUP B**

Number of patients: 30 patients

Procedure: Ligation\banding with barron's rubber band

Quantity: Two rubber band per haemorrhoids mass

**A) Inclusion Criteria**

- Clinically diagnosed cases of arsha (primary internal haemorrhoids of 2<sup>nd</sup> and 3<sup>rd</sup> degree) will be taken for the study.
- Patients irrespective of sex, religion, occupation & economic status.
- Patients of both sexes in between the age group of 18 to 60 years.
- Patients of arsha with systematic diseases like diabetes and hypertension which are under control are also included in the study.

**B) Exclusion Criteria**

- Patients with 1<sup>st</sup> and 4<sup>th</sup> degree haemorrhoids are excluded.
- Patients of age group below 18 years & above 60 years are excluded.
- Subjects associated with condition like HIV, HBsAg, ulcerative colitis, Crohn's disease, tuberculosis, malignancy of the rectum is excluded.
- Patients associated with uncontrolled metabolic diseases like diabetes mellitus, hypertension, IHD, hyperthyroidism, hypothyroidism is excluded.

**C) STUDY DESIGN**

60 diagnosed patients of Arsha on the basis of the lakshana was selected and divided into 2 equal groups, group-A and group-B.

**GROUP A**

Number of patients : 30 patients

Procedure: ligation with udumbersheersutra

Quantity: one KS per haemorrhoids mass

**GROUP B:**

Number of patients : 30 patients

Procedure: Ligation \ banding with barron's rubber band

Quantity: Two rubber band per haemorrhoids mass

**D) Treatment Period and plan****1. Group A with Udumbersheersutra ligation**

**Pre Operative:** pre operative investigation and consent. Painting and draping of operative area.

**Operative:** Under SA / LA with strict aseptic precautions, ligation procedure of haemorrhoids performs with kshara sutra.

**Post Operative:** Dressing with panchvalkalkwath and jatyadi ghrita perform in all subjects.

Follow up for 6 weeks.

If needed post operative modern medicine given as per anaesthetic advice.

**2. Group B with Baroon's rubber band ligation**

**Pre operative:** Pre operative investigations & consent. Painting and draping of operative area.

**Operative:** Under SA / LA with strict aseptic precaution, ligation-banding of haemorrhoids performs with Barron's band instrument.

**Post Operative:** Dressing with Panchvalkal Kwath and Jatyadi ghrita perform in all subjects.

Follow up for 6 weeks.

If needed post operative modern medicine given as per Anaesthetic advice.

**E) Observation Period**

For 1<sup>st</sup> week : Everyday

For 2<sup>nd</sup> week : On alternative day

For 3<sup>rd</sup> to 4<sup>th</sup> week : Twice in week

For 5<sup>th</sup> to 6<sup>th</sup> week : once in week

**F) Advice:** light diet, intake of plenty of fluids, avoiding spicy foods, oily food and vehicle riding.

**G) Assessment Criteria:** Following subjective and objective parameter was considered for the study.

**Subjective Parameters**

- Constipation
- Bleeding per rectum

- Protrusion of mass

### Objective Parameters

- Discharge
- Local tenderness
- Inflammation
- Bleeding per rectum

### H) Diagnostic Criteria

Pre-rectal examination Proctoscopy

### I) Investigations

1. CBC, ESR, RBS, BT/CT,
2. HIV, HbSAg,
3. Urinary analysis (if required)
4. Chest X ray (if required)
5. Colonoscopy (if required)

### OBSERVATION AND RESULT

Sr.No.	Parameters	Group A	Group B	P value
1	Bleeding per rectum	89.47 %	83.75 %	0.7901
2	Constipation	84.62 %	87.50 %	0.9587
3	Pruritis	95.45 %	81.82 %	0.5106
4	Discharge	80.77 %	76.47 %	0.6048
5	Protrusion of mass	85.25 %	83.61 %	0.8360
6	Inflammation	74.14 %	84.48 %	0.5543
	Total effect in percentage	84.95 %	82.93 %	

### DISCUSSION

1. **Bleeding per rectum:** In Bleeding per rectum, 89.47% improvement was seen in group A, 83.75% improvement was seen in group B, so here comparatively Group A is better than Group B. Statistically both group similar with  $p=0.7901$ .
2. **Constipation:** In Constipation, 84.62% improvement was seen in group A, 87.50% improvement was seen in group B, so here comparatively Group B is better than Group A. Statistically both group similar with  $p=0.9587$ .
3. **Pruritis:** In Pruritus, 95.45% improvement was seen in group A, 81.82% improvement was seen in group B, so here comparatively Group A is better than Group B. Statistically both group similar with  $p=0.5106$ .

4. **Discharge:** In Discharge, 80.77% improvement was seen in group A, 76.47% improvement was seen in group B, so here comparatively Group A is better than Group B. Statistically both group similar with  $p=0.6048$ .
5. **Protrusion of mass:** In Protrusion of mass, 85.25% improvement was seen in group A, 83.61% improvement was seen in group B, so here comparatively Group A is better than Group B. Statistically both group similar with  $p=0.8360$ .
6. **Inflammation:** In Inflammation, 74.14% improvement was seen in group A, 84.48% improvement was seen in group B, so here comparatively Group B is better than Group A. Statistically both group similar with  $p=0.5543$ .

## CONCLUSION

1. It is very clear from this discussion that both KSL and RBL have definite roles in the management of Arsha (hemorrhoids).
2. But KSL Appears to be more effective than RBL in management of Arsha (hemorrhoids).
3. Arsha is a common clinical condition related to age, dietary factors and life style. It appears at the region Guda which is Sadya pranahara Marma. Based on its symptomatology it can be correlated with hemorrhoids.
4. Heredity plays a major role in causing Arshas & is called as sahaja Arshas which states that Arshas is congenital as well as hereditary disorder.
5. Vitiating of Apana Vayu is the main factor to produce this disease but other causative factors also play much role in the disease formation like Vega vidharana, Ati Ushna-Tiksna and Mamsa Ahara, Utkatasana etc.
6. More of fast foods, irregularity in meal timings, working in sitting position for long time and stressful life also play a major role in formation of hemorrhoids.
7. Distribution of male patient are more compare to female patients in the study.
8. This present dissertation work gives key points to the next work.

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