



ORIGINAL RESEARCH ARTICLE – CLINICAL STUDY

A CLINICAL EFFICACY OF KADALI PRATISARANEeya KSHARA IN THE MANAGEMENT OF ABHYANTARA ARSHAS (INTERNAL HAEMORRHOIDS)

HARDIK VARIYA¹

ABSTRACT

Background: The prime etiopathogenic factor of Arshas is Mandagni, which in turn leads to constipation, prolonged contact of accumulated Mala or excretory material to Gudavali causes development of Arshas. As per the available treatment modalities of Arsha, the Kshara karma modality is the best one, taking into the consideration its convenience, easy adoptability, cost-effectiveness and curative results. Under this para-surgical procedure, various forms of external Kshara application are used in treating the Arsha. These are Ksharasutra Ligation (KSL), Ksharpatan, etc. Kshara sutra ligation is a surgical procedure, while Ksharapatan vidhi is local application and seems to be effective with an easy procedure. Several studies of ksharapatan had been conducted. **Objectives:** Clinical efficacy of Kadali Pratisaraneeya Kshara in the Management of Abhyantara Arshas. The Patient selected with classical signs and symptoms of Abhyantara Arsha. **Methods and materials:** It is randomized uncontrolled pre and post test clinical trial. Kadali Pratisaraneeya Kshara was applied in internal haemorrhoids. The signs and symptoms of Abhyantara Arsha was bleeding per rectum, Pain, Burning sensation, sloughing of pile mass and discharge of Arshas were assessed before and after the completion of treatment. **Results:** Kadali Pratisaraneeya Kshara application 100% relief in bleeding, reduction in sloughing of pile mass and total reduction in size of pile mass was recorded. Kadali Pratisaraneeya Kshara provided better relief in pain, bleeding, sloughing of the pile mass of the patients. **Conclusion:** Recently these invented techniques have got one or the other type of limitations as well as have not been proven free from post-operative complications. Hence it leaves a scope to switch over a new and better type of treatment which should be free from all such complications and give the cure in reasonable shorter time, as well as, proves economically better.

Keywords: Abhyantara Arsha, Internal haemorrhoid, Kadali Pratisaraneeya Kshara, Kshara Karma.

¹Asst. Professor, Department of Shalya Tantra, KJ Institute of Ayurveda and Research, Savli, Gujarat (INDIA)

Corresponding Author Email id: hardikvariya9@gmail.com Access this article online: www.jahm.in

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INTRODUCTION

Ayurveda has been showing the ideal way of living, which promises a disease-free, happy and long life. The period of *Sushruta* was certainly Golden era in the field of *Ayurvedic* surgery. The field of proctology is one such area which still has lot of scope for research through *Ayurvedic* approach. Present time is the era of fast foods, irregularity in food timing, changing food style and sedentary life style and mental stress, all these factors disturb the digestive system, resulting into many diseases and among them one important group is that of ano-rectal disorders. The faulty food habits and sedentary life style of modern man increase the incidence rate [1]. Among these haemorrhoids commonly known as piles is quite common in the society. It is commonly seen in the people who work in prolonged sitting position for many hours such as driver, bank manager, tailors, shopkeeper, etc.

Arsha is considered as one among the 8 *Mahagadha's* by *Acharya Sushruta* [2]. It is considered so because of its position. The *Nidana*, *Samprapti*, *Bheda*, *Lakshana*, *Upadrava* of *Arsha*, and using its management mentioned in the classics [3,4]. The prime etiopathogenic factor of *Arshas* is *Mandagni*, which in turn leads to constipation, prolonged contact of accumulated *Mala* or excretory

material to *Gudavali* causes development of *Arshas*.

Acharya Sushruta described four principal therapeutic measures in the management of *Arshas* i.e. *Bhesaja Chikitsa* (Medical treatment), *Kshara karma* (Caustic therapy), *Agnikarma* (Thermal cautery) and *Shastra karma* (Surgery) [5]. These measures in definite order are suggestive of similar methods to be preferred first. These procedures are simple, very safe, effective and with minimal or no complications, unhazardous and easily acceptable by the patients. There is minimal interference in patient's routine work.

The modern modality of treatment in haemorrhoid is sclerotherapy; rubber band ligation, anal dilatation, infrared photo-coagulation; cryosurgery and hemorrhoidectomy are now in practice. Though these procedures are universally acceptable but recurrence rate is high, modern science has very little to offer in terms of medical treatments of haemorrhoids [6]. *Kshara Karma* is one of the para-surgical modality utilized in the management of piles. Recently these invented techniques have got one or the other type of limitations as well as have not been proven free from post-operative complications. Hence it leaves a scope to switch over a new and better type of treatment which should be free from all such

complications and give the cure in reasonable shorter time, as well as, proves economically better.

MATERIALS AND METHODS

The materials required for the procedures are - drugs, equipment, and patients with second and third degree haemorrhoids.

Drugs: *Teekshna Kadali Pratisaraneeya Kshara*

Preparation of Kshara

The *Panchanga* of *Kadali* plant was collected, dried up and burnt. Then this ash was collected and mixed with six times of water and filtered 21 times. The filtrate obtained was clean and clear like *Gomutra Varna*, it was kept on mild fire and reduced to 2/3rd of the original quantity. Red hot *Shukti* 1/10 part was then added into the filtrate solution and constantly stirred well until it was reduced to 1/3rd of the original quantity. This was further heated by adding 1/10th part of *Chitraka Kalka*. The thick solution obtained was known as *Kadali Pratisaraneeya Teekshna Kshara*. It was collected and stored in air tight containers [7]. pH of *Kshara* obtained was 12.8. (pH of a strong alkali is 7 to 14). The other drugs useful in the procedure of *Kshara Karma* are Lemon juice, and *Jatyadi Taila*.

Clinical study:

20 patients were selected for the study from OPD and IPD of Kashiba Ayurvedic hospital, Savli (Vadodara), Gujarat. The criteria for the selection of the patient were as follows:

Inclusion Criteria:-

- The *Abhyantara Arshas* of 2nd degree and 3rd degree which are soft, broad, deep & bulged up
- Patients group of ages 16 to 60 years.

Exclusion Criteria:-

- Pregnancy.
- Tuberculosis, Diabetes mellitus, HIV infections, Chron's disease, Ulcerative colitis, Carcinoma
- Patients group of ages below 16 & above 60
- Patient who were not ready to sign written informed consent form

Materials taken for the study:

Using *Kadali Pratisaraneeya Teekshna Kshara* for application on the internal piles.

Pratisaraneeya Kshara Karma procedure:

Purva Karma:

- Consent was taken.
- Part preparation was done
- Proctoclysis enema was given
- Xylocaine sensitivity test.

Pradhana Karma:

Patient was made to lie down in lithotomy position. Anus and surrounding area was cleaned with antiseptic lotion. Draping was done. Local anaesthesia with 2% xylocaine was administered; manual anal dilatation was done sufficient enough to admit four fingers. Lubricated normal proctoscope was introduced and position of pile mass was noted and proctoscope was removed. Then slit proctoscope was introduced and skin around pile mass was pulled laterally with Allis

tissue holding forceps to get a better view of haemorrhoids.

The healthy anal mucosa was covered with wet cotton balls to prevent spilling of *Kshara* on it. Then the pile mass was gently scraped with the rough surface of spatula. Then *Kadali Pratisaraneeya Kshara* was applied over pile mass and the opening of proctoscope is closed for *Shatamatrakala* (2 minutes) with the palm. Then the pile mass was cleaned with lemon juice. After saw the pinkish pile mass was turned to blackish (*Pakva Jambu Phala Varna*), if not, *Kshara* was applied once again till the pile mass turned to blackish colour. Once again it was washed with lemon juice and sterile water wash was given. This procedure was repeated on all the haemorrhoids. Thereafter the anal canal was packed with gauze piece soaked in *Jatyadi Taila* to prevent burning

sensation and local oedema. Dry dressing was done and the patient was shifted to ward.

Paschat karma:

- Patient was kept nil by mouth for 6 hours after the procedure.
- Packing was removed after 6 hours and 15ml of *Jatyadi Taila* was administered per rectal.
- From next day onwards patient was advised to take *hot water* sitz bath after passing motion for 10-15 min twice a day.
- *Errand Bhrushth Haritaki* 4 tablets given at night with lukewarm water as a laxative.
- Diet restriction was advised to the patient.



Figure: 1 Before Kshara application

Assessment Criteria

- Pain
- Bleeding
- Burning sensation
- Sloughing of pile mass



Figure: 2 After Kshara application

- Discharge
- 1. **Pain** - VAS (Visual Analogue scale) was used to assess the pain.

Table No. 1 Showing assessment criteria of pain

Sr. No.	Parameter	Criteria	Grade
1.	Pain	No pain	0
		Mild pain	1
		Moderate pain	2
		Severe pain	3

2. Bleeding (Raktasrava), Burning sensation, sloughing of pile mass

Table No. 2 Showing assessment criteria of Bleeding

Sr. No.	Parameter	Criteria	Grade
2	Bleeding	Absent	0
		Present	1
3	Burning sensation	Absent	0
		Present	1
4	Sloughing of pile mass	Absent	0
		Present	1
5	Discharge	Absent	0
		Present	1

Follow up study:

After healing of Arsha lesion the Patients were asked to report at an interval of one month to the *Shalya Tantra* OPD to know whether the recurrence of Arsha occurred. The follow up study was 1 month.

OBSERVATIONS AND RESULTS

In the present study, 20 patients suffering from 2nd and 3rd degree *Abhyantara* Arsha fulfilling the inclusion criteria were studied. Patients were selected. There were 2 patients drop outs in this study. But the normally criteria was calculated of 20 patients because the sex, age, site, occupation, marital status

was general history. But the statistical analysis calculated 18 patients.

Table no.:3 showing distribution of patients according to degree of hemorrhoids:

Degree of Hemorrhoid	Total	
	No.	%
Second	12	60
Third	8	40

In these series maximum 12 (60%) patients had second Degree Hemorrhoids followed by 8 (40%) patients had third degree hemorrhoids.

Table no.:4 Showing distribution of patients according to position of pile mass

Position of pile mass	Total	
	No.	%
3, 7, 11	8	40
3, 7	4	20
7, 11	3	15
3,11	2	10
3	2	10
7	1	5

In this series a maximum 8 (40%) patients had pile mass at 3, 7 & 11 O'clock position followed by 4 (20%) had pile mass at 3 & 7 O'clock, 3 (15%) patients had pile mass at 7 & 11 O'clock position, 2 (10%) patients had pile mass at 3 & 11 O'clock position, 2 (10%) patients had pile mass at 3 O'clock position, 1 (5%) patients had pile mass at 7 O'clock position.

Table no.:5 Showing distribution of patients according to Prakriti:

Prakriti	Total	
	No.	%
Vata-pitta	14	70
Vata-kapha	1	5
Kapha-pitta	5	25

On assessing *Prakriti*, it was found that maximum 14 (70%) patients were of *Vata-Pitta Prakriti*, 5 (25%) patients were of *Kapha-Pitta Prakriti* and 1 (5%) patients were of *Vata-Kapha Prakriti*.

Table no.:6 Showing distribution of patients according to *Agni*:

<i>Agni</i>	Total	
	No.	%
<i>Sama</i>	5	25
<i>Manda</i>	11	55
<i>Tikshna</i>	4	20

In this series maximum 11 (55%) patients were having *Mandagni*, 5 (25%) patients were

having *Samagni* and 4 (20%) patients having *Teekshnagni*.

Table no.:7 Showing distribution of patient according to bowel habit:

Bowel habit	Total	
	No.	%
Normal	6	30
Constipated	14	70

In this series a maximum 14 (70%) patients had constipated bowel followed by 6 (30%) had normal bowel habit.

Table No. 8 Showing result of assessment criteria

Sr.No.	Parameter	N	Mean		Diff. Mean	% Relief	SD	SE	T	P	Result
			BT	AT							
1	Pain	18	0.889	0.111	0.778	87.5	0.428	0.101	7.714	<0.001	HS
2	Bleeding	18	0.778	0.000	0.778	100	0.428	0.101	7.714	<0.001	HS
3	Burning sensation	18	0.667	0.0556	0.611	91.66	0.502	0.118	5.169	<0.001	HS
4	Sloughing of pile mass	18	0.000	0.500	-0.500	50	0.514	0.121	-4.123	<0.001	HS
5	Discharge	18	0.611	0.111	0.500	72.72	0.514	0.121	4.123	<0.001	HS

N- No. of patients, BT – Before Treatment, AT- After treatment, SD-Standard Deviation, SE- Standard Error, T- t value, P- chance, HS- Highly significant.

DISCUSSION

According to *Ayurveda*, *Arsha* is a *Tridoshaja Vyadhi*, though *Raktaja Arsha* finds a separate mention; it presents features of *Pittaja Arsha* with more bleeding tendency. The treatment

modalities of haemorrhoids either medical, surgical or para surgical, come under four treatment principles of *Arsha* told by *Sushruta*. Even though *Kshara Karma* is a simple procedure, this is not being practiced by many,

may be because of difficulty in preparing *Pratisaraneeya Kshara* with correct potency. The criteria of assessing the correct potency of *Pratisaraneeya Kshara* are getting “*Pakwa Jambuphala Sadrusha Varna*” of red pile mass within *Shatamatrakala* (approximately two minute). This has been achieved here by rigidly following the technique of *Kshara* preparation told by *Sushruta*. For the present study, drugs selected for *Kshara* preparation are *Kadali*, *Sukti* and *Citraka*. *Kadali* is a freely available herb. Further, its usage in *Arsha* is recommended by most of *Ayurveda Acharyas*. Similarly, *Kadali* is also easily available and indicated in *Arsha*. *Sukti* is also available easily. Its usage in *Kshara* preparation is told by *Sushruta*. *Avapa* and *Prativapa Dravyas* told by *Sushruta* and any one *Dravya* you can take for preparation of *Kshara*. pH value of alkali range from 7 to 14. The PH value of *Teekshna Kadali Pratisaraneeya Kshara* was 12.8.

The *Kshara karma* is a cost effective Para surgical procedure which requires minimum hospital stay with less recovery time, low recurrence.

Mode of Action of *Pratisaraneeya Kshara*

Pratisaraneeya Kshara acts on haemorrhoids in two ways –

- 1) It cauterizes the pile mass directly because of its *Ksharana Guna* (corrosive nature) and --

- 2) It coagulates protein in haemorrhoidal plexus.

The coagulation of protein leads to disintegration of haemoglobin into haem and globin. Synergy of these actions results in decreasing the size of the pile mass. Further, necrosis of the tissue in the haemorrhoidal vein will occur. This necrosed tissue slough out as blackish brown discharge for 7 to 14 days. The haem present in the slough gives the discharge its colour. The tissue becomes fibrosed and scar formation Seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

Mode of action of *Pratisaraneeya Kshara* is already explained in previous researches, main aim of study was to evaluate effect of *Kadali Pratisaraneeya Kshara*. As per the aim after all observations and statistical analysis it can be concluded that *Kadali Pratisaraneeya Kshara* are effective in controlling bleeding per anus in *Abhyantara Arshas* and effective in reducing sloughing of pile mass without any complications like stricture or infection. *Kadali Kshara* causes less post *Kshara karma* pain[8].

CONCLUSION

On the basis of the effects it can be said that the application of *Kadali Pratisaraneeya Kshara* are effective in bleeding, pain, burning and sloughing of the pile mass. *Kadali Pratisaraneeya Kshara* can be used effectively in internal haemorrhoids with minimal

postoperative pain and burning. *Kadali Kshara* reduces size of pile mass so that patient do not complains of prolapse of pile mass. Study concludes that *Kadali* can be used for preparation of *Pratisaraneeya Kshara* instead of *Apamarga* and other *Ksharas* as are effective in controlling bleeding, pain, burning and in reducing size of pile mass.

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