

# Efficacy of *Apamarga Pratisaraneeya Teekshna Kshara* in the Management of *Arsha* (Internal Haemorrhoids): A Case Series

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## ABSTRACT

Haemorrhoids are most common anorectal disorder causing mucosal prolapse, bleeding, discomfort and pain if associated with infection or thrombosis. Many conventional parasurgical and surgical procedures are performed nowadays for haemorrhoids and this may cause pain, delayed wound healing, post operative urine retention. In Ayurveda it is correlated with *Arsha* and advocates the use of *Kshara* in haemorrhoids due to its *Chhedana*(excision), *Bhedana* (incision) and *Lekhana* (scrapping) properties, which is minimal invasive day care procedure and cost-effective. This case series presents clinical outcomes of *Apamarga Pratisaraneeya Teekshna Kshara* (medicated alkali of *Achyranthes aspera*) in the management of *Arsha*. Three patients with complaints of bleeding, mass protrusion and pain were clinically and by proctoscopic examination diagnosed as second degree internal haemorrhoids and documented for the case series. All patients underwent for *Kshara Karma* under local anaesthesia. Patients were assessed for prolapse, bleeding, sphincter tone and pain post operatively at every week up to 4 weeks. Reduction in pile mass or normal anal cushions were seen in all patients in 3 weeks. Patients reported significant decrease in pain, bleeding and sphincter tone was also normal. No post operative complications or recurrence were observed in follow up period. *Kshara Karma* is effective, minimal invasive and day care procedure in the management of internal haemorrhoids.

**Keywords:** *Arsha*, *Kshara Karma*, Minimal Invasive, *Apamarga Pratisaraneeya Teekshna Kshara*, Ayurveda, Hemorrhoids.

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## INTRODUCTION

Haemorrhoids are symptomatic dilated vascular cushions of the anal canal and are most prevalent anorectal disease. Causative factors of haemorrhoids include sedentary lifestyle, irregular bowel habits, prolonged sitting, excessive straining during defaecation and improper dietary habits. It causes symptoms like mucosal prolapse, bleeding, discomfort and may also cause pain if there is thrombosis or infection. There are many parasurgical and surgical procedures are available for haemorrhoids including open haemorrhoidectomy (Milligon Morgan) (Bhatti *et al.*, 2016), sclerotherapy (Shah and Dudhamal, 2018), Rubber Band Ligation (Dekker *et al.*, 2021), Finger guided haemorrhoidal artery ligation (Das *et al.*, 2004), Plication Method (Shekhawat *et al.*, 2017), minimal invasive procedure for haemorrhoids (Ratto *et al.*, 2010). All procedures are effective for the haemorrhoidal

management but each procedure is associated with pros and cons. So there remains an uncertainty in outcome of the procedure.

Signs and symptoms of haemorrhoids are coincides with *Arsha* in *Ayurveda*. *Acharya Sushruta* has mentioned 4-fold treatment for the *Arsha* and *Kshara Karma* is one among these four. *Kshara* which is prepared from the burned ashes of plant having *Chhedan*, *Bhedana* and *Lekhana* properties (Sushruta Samhita). It is especially effective in internal haemorrhoids. It is one of the parasurgical procedure which is safe, day care, minimal invasive and bloodless procedure and can be performed under local anaesthesia which is convenient for the patient and surgeon both. In today's era minimal invasive procedures are gaining popularity due to better outcome and patient compliance.

Here we are presenting the case series of three patients of internal haemorrhoids treated with *Apamarga Pratisaraneeya Teekshna Kshara* (medicated alkali of *Achyranthes aspera*).

## Inclusion and Exclusion Criteria

Patients with the age group of 18-70 years having signs and symptoms of haemorrhoids were included for the study. Patients with any systemic illnesses like tuberculosis, uncontrolled



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hypertension and diabetes mellitus and positive serological tests were excluded from the study.

### Patient Examination and Findings

This case series conducted on second degree internal Hemorrhoids of three patients based on the clinical and proctoscopic examination selected from the Outpatient Department of Shalya Tantra.

#### Case 1

A 36-year-old male presented with history of constipation from 6 months, dropwise bleeding per anum and mass protrusion during defaecation which was spontaneously reducible. On the basis of clinical history and proctoscopic examination patient was diagnosed as a case of second degree internal haemorrhoids at primary position (3,7 and 11 o'clock) (Table 1).

#### Case 2

A 41-year-old male patient visited the outpatient department for the complaints of dropwise bleeding per anum during defaecation with spontaneously reducible mass protrusion from anus since 2 years. He was diagnosed with second degree internal haemorrhoids at primary position (3,7 and 11 o'clock) on the basis of clinical and proctoscopic findings (Table 1).

#### Case 3

A 56-year-old female patient came to Shalya Tantra Outpatient Department with the complaints of spontaneously reducible mass per anum since 2 years and bleeding per anum in syringing pattern from 5 days by clinical and proctoscopic examination second degree internal haemorrhoids at primary position were found (Table 1).

### Diagnostic Assessment

All the reported three cases had bleeding per anum with spontaneously reducible mass per anum. On the basis of clinical

findings and proctoscopic examination all cases were diagnosed as internal haemorrhoids and planned for *Kshara Karma*.

### Therapeutic Intervention

Informed written consent was taken from all patients, they were kept nil by mouth for 4 hr prior procedure and one dose of prophylactic antibiotics was administered intravenously 1 hr before the procedure. After giving lithotomy position and painting and draping. Local anaesthesia was infiltrated at and around operative site using 1% lignocaine with adrenaline. After achieving adequate anaesthetic effect four finger anal dilatation was given. Then slit proctoscope was inserted to visualize the pile mass, skin was retracted with the help of Allis forceps and rectal mucosa was covered with dry gauze. *Apamarga Pratisaraneeya Teekshna Kshara* (medicated alkali of *Achyranthes aspera*) which was made at departmental *Ksharasutra* laboratory was applied with the help of Bard® Parker handle at the pile mass located 3, 7 and 11 o'clock position one by one. It was retained there for 100 *MatraKala* ( $\approx 2$  min), till colour changed to *PakvaJambu Phala* (reddish black) then *Nimbu (Citrus limon) Swarasa* was applied to clean and neutralize the *Kshara* (Figures 1-3). Packing was done with *Yashtimadhu Taila (Glycyrrhiza glabra)*. Post operatively *Triphla Guggulu* 1 g twice a day (BD), *Haritaki Churna (Terminalia chebula)* 3 g at bedtime started from 1<sup>st</sup> post operative day for 21 days and from 3<sup>rd</sup> post operative day *Matra Basti* with *Yastimadhu Taila* 20 mL was started ones a day for 15 days. Patients were followed up weekly for 4 weeks after that on every 15<sup>th</sup> day till 2 months.

### Outcome and Follow-Up

Weekly assessment of all 3 patients was done up to 4 weeks. On baseline assessment in all the three patients haemorrhoidal prolapse was Grade 2 with  $2 \pm 0$  mean  $\pm$  SD in HSS Score which was 1 from 2<sup>nd</sup> week onwards and was same in 4<sup>th</sup> week and follow up period (Graph 1). While number of haemorrhoidal columns were shown Grade 4 with  $4 \pm 0$  mean  $\pm$  SD on baseline assessment after treatment it was 1 from second week in all three patients



Pre - Operative

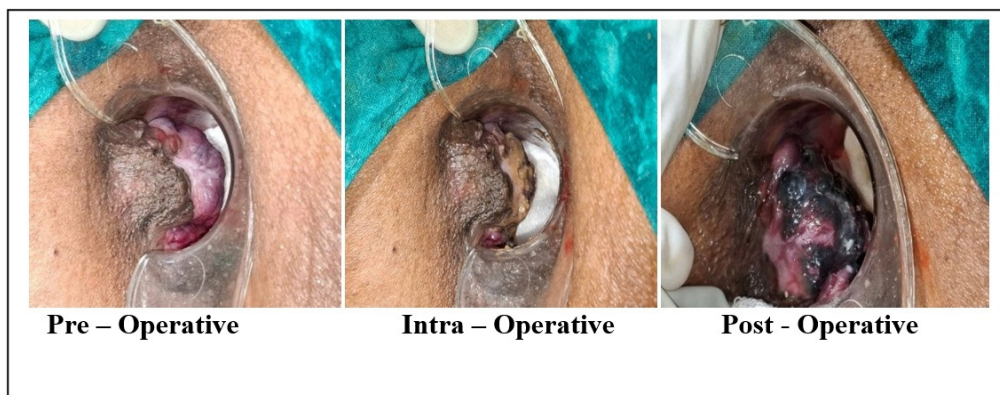
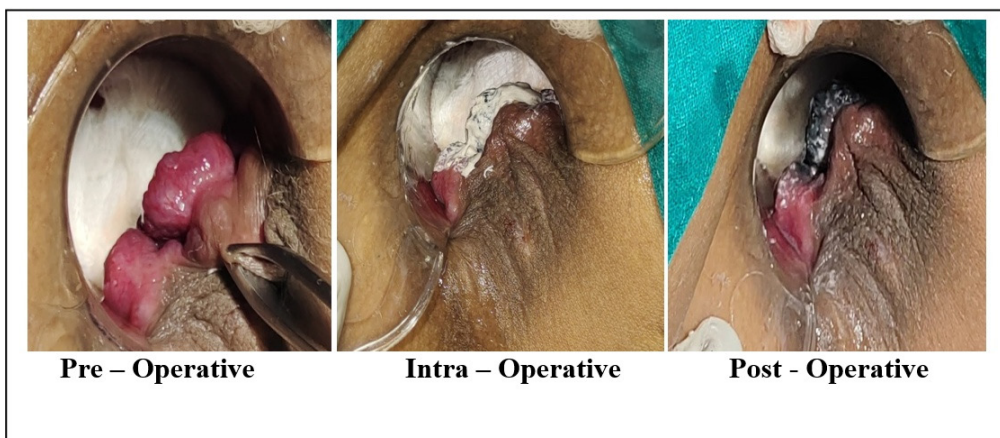
Intra - Operative

Post - Operative

Figure 1: Clinical images of Case 1.

**Table 1: Patient information of the selected cases.**

Sl. No.	Patient Information	Case 1	Case 2	Case 3
1	Age	36-year-old	41-year-old	56-year-old
2	Gender	Male	Male	Female
3	Profession	Private teacher	Worker	Housewife
4	Chief complaints	Dropwise bleeding per anum, mass protrusion from anus, constipation	Dropwise bleeding per anum, mass protrusion from anus	Bleeding per anum in syringing pattern, mass protrusion from ano
5	Duration	6 months	2 years	2 years
6	Addiction	Alcohol	tobacco chewing	tea
6	Family history	Father had history of haemorrhoids	none	none
7	Past medical history	none	none	none
8	Any surgical history	no any	no any	LSCS –2015

**Figure 2:** Clinical images of Case 2.**Figure 3:** Clinical images of Case 3.

which was same on consecutive follow ups (Graph 2). Relation to dentate line and bleeding on HSS Score were Grade 3 with  $3 \pm 0$  Mean and SD and both the parameters were decreased to Grade 1 on 4<sup>th</sup> week which showed normal anal cushions and no bleeding was there (Graph 3). VAS Scale was Grade 3 in two patients while 2 in one patient with  $2.66 \pm 0.58$  mean SD which was significantly reduced to 2 in two patients and 1 at 2<sup>nd</sup> week (Graph 4).

Sphincter tone was normal in 2 patients that is, Grade 3 while it was slightly stenotic in one patient that is, 4 which was normal in all three patients after treatment (Table 2). All the patients were followed up for 2 months on every 15<sup>th</sup> day and there was no any haemorrhoidal prolapse, bleeding or pain present and sphincter tone was also normal showing improved quality of life and better compliance of the *Kshara Karma*.

**Table 2: Weekly assessment of the results.**

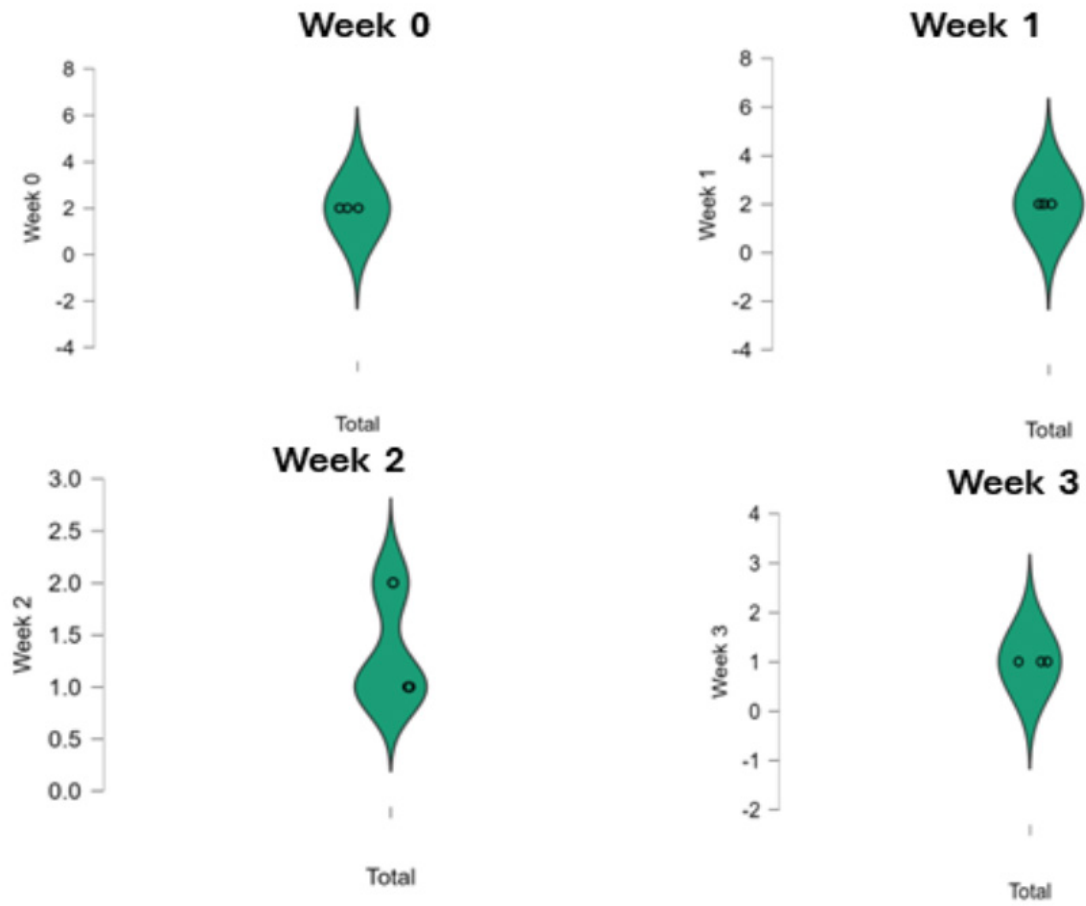
Assessment parameters		Weekly observations	Case 1	Case 2	Case 3
HSS Score	Degree of haemorrhoidal prolapse	Week 0	2	2	2
		Week 1	2	2	2
		Week 2	2	1	1
		Week 3	1	1	1
		Week 4	1	1	1
	Number of haemorrhoid columns involved	Week 0	4	4	4
		Week 1	4	4	4
		Week 2	1	1	1
		Week 3	1	1	1
		Week 4	1	1	1
	Relation to dentate line	Week 0	3	3	3
		Week 1	3	3	3
		Week 2	3	3	1
		Week 3	1	1	1
		Week 4	1	1	1
	Bleeding	Week 0	3	3	3
		Week 1	2	1	1
		Week 2	1	1	1
		Week 3	1	1	1
Week 4		1	1	1	
Pain (Visual analogous scale)	Week 0	3	3	2	
	Week 1	2	2	1	
	Week 2	1	1	1	
	Week 3	0	0	0	
	Week 4	0	0	0	
Sphincter tonicity (PASS)	Week 0	3	4	3	
	Week 1	3	3	3	
	Week 2	3	3	3	
	Week 3	3	3	3	
	Week 4	3	3	3	

## DISCUSSION

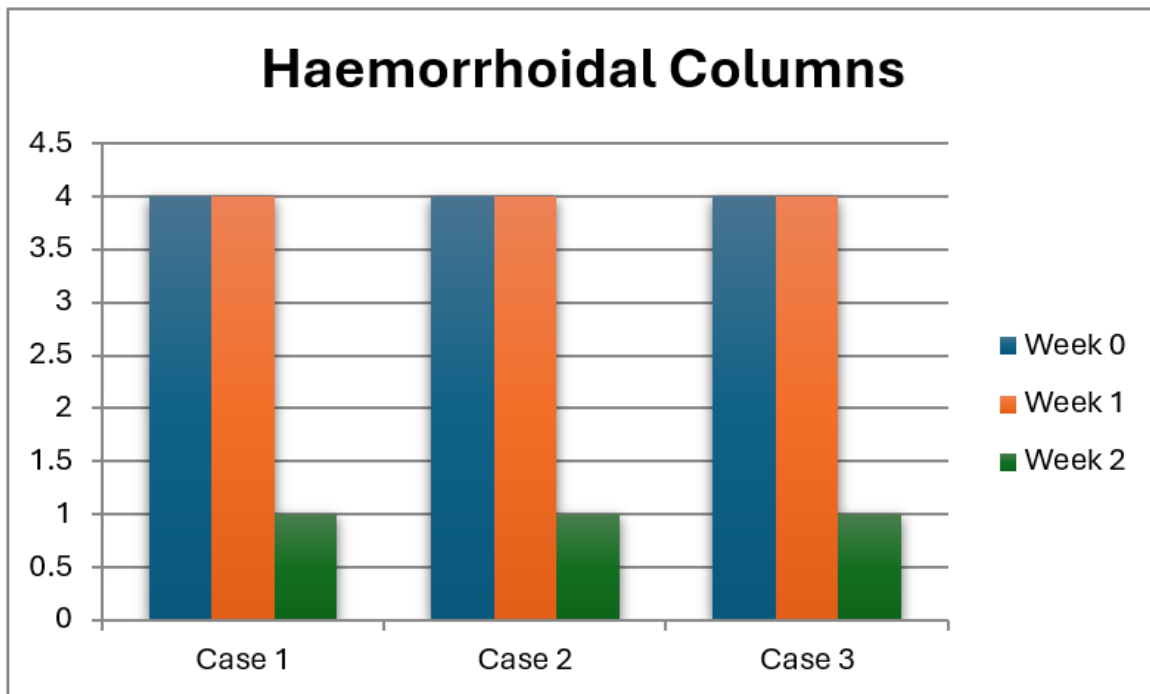
*Arshas* are one of the most common anorectal disorders. In *Susutra Samhita Kshar Karma* is described as a para-surgical procedure for the management of *Arsha* due to its *Chedhana*, *Bhedana*, *Lekhana* and *Shodhana* (purification) properties. Various variety of *Kshara* described in our *Samhita* but due to easy availability of *Apamarga* (*Achyranthus aspera*) it is most commonly used.

*Apamarga Pratisaraneeya Teekshna Kshara* (medicated alkali of *Achyranthus aspera*) which is made up from Ash of *Apamarga*, *Shukti* (Oyster shell) and *Chitrakamoola* (*Plumbago zeylanica*). It possesses *Ushna* (hot), *Tikshna* (sharp), *Katu Rasa* (pungent) and *KatuVipaka* with *Ropana* (healing) properties, which enhances

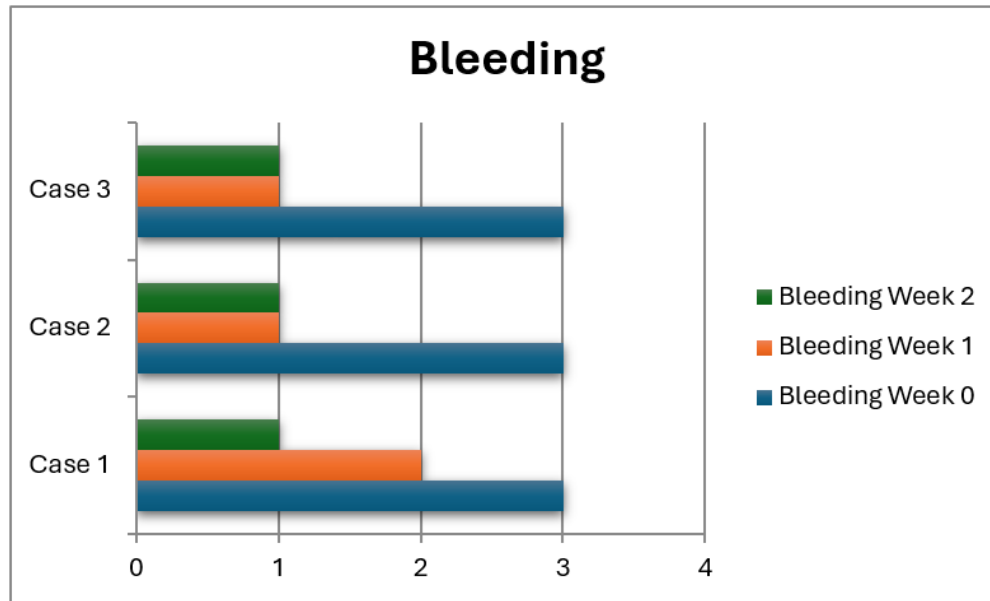
its effectiveness in the management of internal haemorrhoids. Additionally it is having *Chhedana*, *Bhedana* and *Lekhana* properties which encourages tissue disintegration in controlled manner with removal of internal haemorrhoidal tissues. *Kshara* is highly alkaline in nature having pH between 11 and 13 and causes fat saponification, dissolution of proteins by alkaline proteinates formation and absorbs considerable water from cells by its hygroscopic nature and promotes cell death. It also enhances thrombosis of blood vessels by base absorption. Thus eradicates the bleeding haemorrhoids by vascular thrombosis and necrosis (Sharma et al., 2019). While the adding of oyster shell alkaline hydroxide of calcium, sodium and potassium thus it becomes strong alkaline in nature (Murthy and Mishra, 2000).



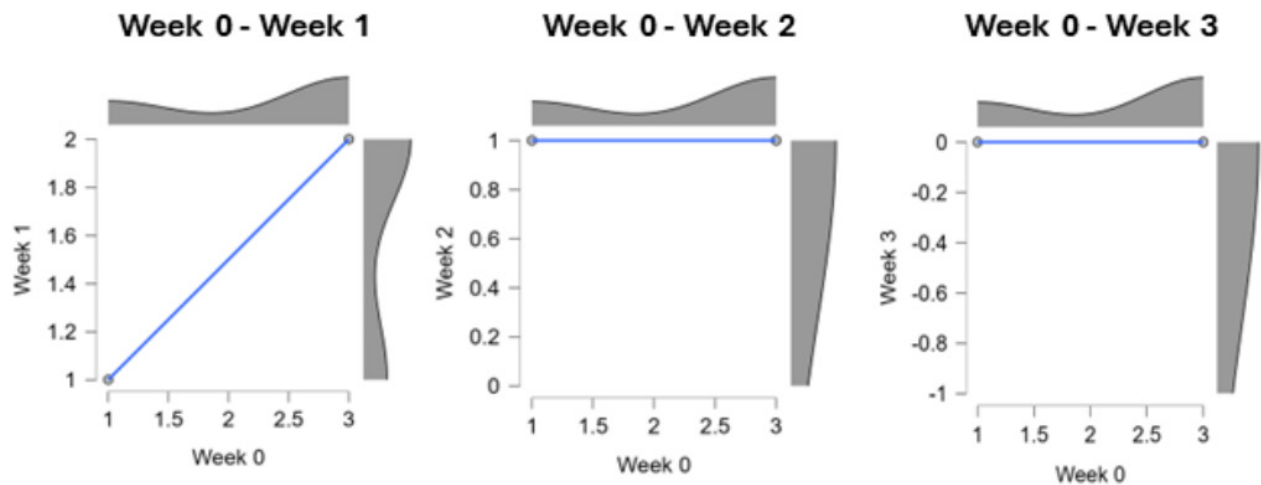
**Graph 1:** Boxplot representing weekly assessment of haemorrhoidal prolapse.



**Graph 2:** Bar diagram representing weekly changes in haemorrhoidal columns.



Graph 3: Bar diagram representing weekly changes in haemorrhoidal bleeding.



Graph 4: Scatter chart showing change in mean pain (VAS).

*Kshara Karma* is a minimal invasive, day care and cost-effective treatment which causes minimal blood loss as there is no any tissue cutting is involved. Thus it is beneficial for patients and surgeon both.

Oral medications that is, *Triphala Guggulu* possesses wound healing and anti-inflammatory property (Mehra et al., 2011), while *Haritaki Churna* works as laxative thus helps in relieving constipation (Upare et al., 2024) and *Yashtimadhu Taila* was used to support wound healing and it has potency of skin regeneration, and anti-inflammatory properties (Patel and Dudhamal, 2017).

Our report demonstrates the effectiveness of *Kshara Karma* in the management of second degree internal haemorrhoids without complications and better patient tolerance. But the practical challenges for the procedure is standardize *Kshara* preparation and global acceptance. It can be eliminated by quality control and scientific researches.

## CONCLUSION

The presented case series concludes that *Kshara Karma* is a safe, effective and minimally invasive parasurgical modalities in the management second degree internal haemorrhoids characterized by haemorrhoidal prolapsed, bleeding, sphincter tone and pain.

## ACKNOWLEDGEMENT

None.

## ABBREVIATIONS

**BD:** Twice a day; **HSS:** Haemorrhoidal Severity Score; **LSCS:** Lower Segment Cesarean Section; **OPD:** Outpatient Department; **PASS:** Per Anal Examination Scoring System; **POD:** Post-operative Day; **VAS:** Visual Analogous Scale.

## CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

## INFORMED CONSENT

Written informed consent was taken from all three patients before procedure and to use their clinical images for the publication of this case series.

## SUMMARY

Haemorrhoids are symptomatic anal cushions causing prolapsed, discomfort, bleeding and pain to the patients. There are many treatment modalities for haemorrhoids based on the degree of haemorrhoids. In *Ayurveda*, signs and symptoms of haemorrhoids are coincides with *Arsha* and *Kshara Karma* is mentioned as treatment modality for it. In this case series we took three patients with signs and symptoms of haemorrhoids and treated with local application of *Apamarga Pratisaraneeya Tikshna Kshara* under local anaesthesia. All the patients were followed up weekly for four weeks and then after on every 15<sup>th</sup> day for two months. No any recurrence or complications were noted during follow up period. All the patients adhered with treatment given with high satisfaction.

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