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## ***Kshara Pratisarana in Arsha (II Degree Haemorrhoids):***

### **A Classical and Clinical Case Study**

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#### **ABSTRACT**

**Introduction:** *Arsha*, commonly known as haemorrhoids, is a prevalent condition characterized by swollen blood vessels in the anal and rectal regions, leading to symptoms such as bleeding, pain, mucous discharge, and discomfort. Contributing factors include chronic constipation, prolonged sitting, straining during bowel movements, genetic predisposition, and unhealthy lifestyle choices like a sedentary routine and a low-fiber diet.

**Objective:** To demonstrate the efficacy of *Kshara karma* in the management of *Arsha* through a case report.

**Methods:** A 30-year-old male patient presented at the Shalya OPD, Corporate College of Ayurvedic Science, Bhopal, with symptoms of a protruding mass during defecation, rectal bleeding, and mucous discharge. The patient was treated with *Kshara karma* using *Apamarga Kshara*, an alkaline preparation. Treatment outcomes were monitored over 15 days.

**Results:** Within 7 days of treatment, the pile mass, rectal bleeding, and mucous discharge resolved. The patient reported being symptom-free by the 15th day.

**Conclusion:** *Kshara karma* proved to be an effective treatment for managing *Arsha*, providing significant relief and resolving symptoms in a short duration. The case study highlights the potential of Ayurvedic interventions like *Kshara karma* as a viable alternative to modern surgical approaches.

**Keywords:** *Arsha*, Haemorrhoids, *Kshara Karma*, *Apamarga Kshara*

## 1. INTRODUCTION

'Arsha' is a consequence of a lifestyle characterized by speed. One of the key causes is 'Mithyaahar-Vihar,' which seems unavoidable given our rapid way of life. The consumption of fast food, irregular eating habits, changing dietary preferences, sedentary behaviour, extended periods of sitting or standing, and psychological issues all alter the *Jatharagni*, leading to various anorectal ailments. *Arsha* stands as one of the most prevalent anorectal disorders. This condition results in pain or discomfort, as well as bleeding if the piles become prolapsed, constipation, mucus discharge, perianal itching, and other symptoms that interfere with the patient's daily activities. Acharya Sushruta categorized it as one of the *Ashtamahagada* due to its seriousness and difficult-to-treat nature [1]. The disruption of *Jatharagni* leads to the imbalance of the *Tridosha*, particularly affecting *Vata dosha* [2]. These imbalanced *Doshas* become localized in the *Guda vali* and *Pradhana dhamani*, which in turn disturb the *Twak*, *Mansa*, and *Meda dhatu*s due to *Annavaha Srotodushti*, culminating in the onset of *Arsha* [3]. In Ayurveda, Acharya Sushruta outlined four therapeutic approaches for treating *Arsha*: *Bheshaja*, *Kshara karma*, *Agni karma*, and *Shastra karma* [4][5], depending on the duration and symptoms of the

condition. Among these approaches, *Bheshaja chikitsa* and *Kshara karma* demonstrate remarkable effectiveness in addressing *Arsha*. *Kshara*, a caustic substance with alkaline properties, is obtained from the ashes of medicinal plants [6].

## 2. CASE STUDY:

A 30-year-old married male from Bhopal, M.P., presented with complaints of a mass coming out during defecation with periodic bleeding per anus for 1 year. The mass was spontaneously reducible, and bleeding was profuse and bright red in colour. He also had a complaint of mucous discharge. The patient had a history of constipation since last year. Following a detailed history and per rectal examination, the case was diagnosed as II-degree internal haemorrhoids at the 11 o'clock position. The patient was Shopkeeper.

**Past History:** No history of HTN, DM, thyroid, or any other major illness.

**Family History:** Not any relevant family history.

**Treatment History:** Ayurvedic and allopathic medication for the same problem for 1 year [no documentations are available].

**Surgical History:** No relevant history.

**Personal History:**

|                    |                           |
|--------------------|---------------------------|
| <b>Diet</b>        | Mixed                     |
| <b>Appetite</b>    | Normal                    |
| <b>Bowel</b>       | Constipated               |
| <b>Micturition</b> | Regular, 3-4/0, Day/Night |
| <b>Thirst</b>      | Normal                    |
| <b>Sleep</b>       | Sound                     |
| <b>Addiction</b>   | Occasionally Alcohol      |

**General Examination:**

|                         |                                      |
|-------------------------|--------------------------------------|
| <b>GC</b>               | Fair                                 |
| <b>Built</b>            | Medium                               |
| <b>Weight</b>           | 64kg                                 |
| <b>Height</b>           | 5'7 ft                               |
| <b>Blood pressure</b>   | 122/78 mm Hg                         |
| <b>Pulse</b>            | 73/min                               |
| <b>Respiratory rate</b> | 16/min                               |
| <b>Pallor</b>           | Not present at palpebral conjunctiva |
| <b>Icterus</b>          | Not present at bulbar conjunctiva    |
| <b>Cyanosis</b>         | Not present                          |
| <b>Clubbing</b>         | Not present                          |
| <b>Oedema</b>           | Not present                          |
| <b>Lymphadenopathy</b>  | Not present                          |

**DRE (digital rectal examination)**

**findings:**

- **Perianal region** - NAD
- **Sphincter tone** - Normal
- 2nd degree internal hemorrhoids present at the 11 o'clock position.

**Investigations Done** - CBC, ESR, BT, CT, KFT, LFT, and RBS – all were within normal

**3. MATERIALS AND METHODS:**

**POORVA KARMA:**

- **Materials used are as follows:**

- Sterile gloves
- Betadine solution
- Spirit solution
- Sponge-holding forceps
- Sterile swabs
- Cut sheet
- Towel clips
- Local anesthesia- 2% Xylocaine with ADR
- Disposable syringes – 5ml and 10 ml
- Xylocaine jelly 2%

- Spatula
- Artery forceps
- Slit proctoscope
- *Apamarga Kshara*
- *Nimbu Swaras*
- *Yashtimadhu Ghritha*
- *Jatyadi Oil*
- Plain rubber catheter 8 no.
- Sterile cotton pads
- Informed and written consent was taken.
- Bowel preparation was done.
- Inj. TT 0.5 ml I/M.
- Xylocaine 0.5 ml (2%) sensitivity.

#### PRADHAN KARMA:

The patient was lied down in the lithotomy position. Painting and draping were done. Digital rectal examination and anal dilation was done using xylocaine jelly (2%). Under local anesthesia, *Apamarga pratisarneeya kshara* application was done and washed with *Nimbu swaras*. After achieving *Pakwa Jambuphala varna*, application of *Yashtimadhu churna* with *Goughrita* is done. Post-operatively, oral analgesics only during pain and Ayurvedic medications were administered for seven days.

#### PASCHAT KARMA:

For Internal use following drugs were used:

| Drug                   | Dosage  | Anupana               |
|------------------------|---------|-----------------------|
| <i>Pranda Gutika</i>   | 2BD     | <i>Sukhoshna jala</i> |
| <i>Arshoghni vati</i>  | 2BD     | <i>Sukhoshna jala</i> |
| <i>Triphala Guggul</i> | 2BD     | <i>Sukhoshna jala</i> |
| <i>Triphala Churna</i> | 5 Gm HS | <i>Sukhoshna jala</i> |

For External use following drugs were used:

|   |                                      |              |
|---|--------------------------------------|--------------|
| 1 | Warm sitz bath                       | Twice a day. |
| 2 | <i>Jatyadi taila</i> 3 ml per rectal | Twice a day. |



**Fig. 1** Pile mass before treatment



**Fig. 2** Application of *Apamarga Kshara*



**Fig. 3** *Pakwa Jambuphala Varna*



**Fig. 4** After treatment on 7 day

**RESULTS:** The pile mass, bleeding, and mucous discharge were gone in 7 days, and the patient was free of all symptoms within 15 days. On 21st day, there was no pile mass.

**4. DISCUSSION:** Application of Kshara directly cauterizes the pile mass due to its corrosive properties. It causes protein in the haemorrhoidal plexus to coagulate (resulting in cauterization of the pile mass), leading to the breakdown of hemoglobin into its components, haem and globin. Cauterization and coagulation result in a reduction of the size of the pile mass. This process causes the necrosis of the burnt tissues of the haemorrhoidal vein, followed by fibrosis of the plexus, which promotes adhesion of the mucosal and submucosal layers, helping to prevent further dilation of the veins and avoiding the prolapse of the anal regional mucosa. The necrotic tissue will slough off within one to two weeks, appearing as a blackish-brown discharge due to the presence of haem in the slough. Scar formation then occurs. The wound

healing is completed due to the restorative properties of *Kshara*.

**5. CONCLUSION:** The tissue undergoes fibrosis, and scar tissue develops. The hemorrhoidal vein becomes permanently occluded, resulting in no recurrence of haemorrhoids.

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