

**EFFICACY OF KSHARSUTRA THERAPY IN MANAGEMENT OF RAKTA ARSHA: A SINGLE CASE STUDY****Dr. Rajendra Kumar Dixit\*<sup>1</sup>, Dr. Vivek Kumar Tiwari\*<sup>2</sup> and Dr. Ayush Upadhyaya\*<sup>3</sup>**

\*<sup>1,2</sup>Assistant Professor of P.G Department of Shalya-Tantra, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal M.P India.

\*<sup>3</sup>P.G. Scholar First Year, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal M.P India.

**\*Corresponding Author: Dr. Rajendra Kumar Dixit**

Assistant Professor of P.G Department of Shalya-Tantra, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal M.P India.

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**ABSTRACT**

Ayurveda is an ancient science which is divided into 8 angas which is called Astang (division of whole tantra into 8 subject) in which one of the Shalya tantra the surgery prominent subject given by Acharya shushrut in the shushrut samhita which is now can be correlated or compared to any book on Surgeries written centuries later. In the context of Chikitsa (management) and shalya kriya(surgical procedure) Acharya has described all sorts of procedure and some are still not found to be related. Anorectal diseases like Arsha & Bhagandar are callous to be cured. Hemorrhoids is a common Anorectal condition prevalent in population worldwide and its prevalence rate is 4.4% of all Ano-rectal Surgical admission in India Highest among all affecting as much as half the population by the age of 50. In modern medical science, many procedures are described for management of haemorrhoids, of which haemorrhoidectomy<sup>[1]</sup> is commonly preferred by surgeons, but after sometime of excision there is great possibility of reappearance of the disease. But in Ayurveda fourfold management of Arsha has been indicated viz. Bheshaj, Kshar Karma<sup>[2]</sup> Agnikarma and Shastra Karma according to chronicity and presentation of the disease. Among these, Bheshaj Chikitsa and Kshar Karmas show wonderful results in management of Arsha. In this review article an attempt has been made to review the studies carried out on Arsha ligation with apamarga kshar sutra *Achyranthus aspera*<sup>[3]</sup> in the department of Shalya Tantra, Rani Dullaiya Smriti Ayurved P.G. College and Hospital Bhopal M.P.

**KEYWORD:** Arsha, Chikitsa, Shalya Tantra, Dosh, Bhagandar, Trivid pariksha, Astang, Vidradhi, Agnikarma, Bheshaj, Kshar Karma.

**INTRODUCTION**

Acharya Sushruta described 8 types of wounds Astomaharogas<sup>[4]</sup> produced during fights and burns from various sources<sup>[5]</sup>, Vidradhi (abscesses – situated anywhere on the surface or in internal organs),<sup>[6]</sup> tumors, polyps, fractures, dislocations, stones in the bladder, fistula and piles, mal-presented and monster fetus, dead fetus<sup>[7]</sup> are mentioned to be treated with proper surgical procedures. Traumatic wounds, injuries on head and abdomen required suturing, deformed lips and ears required plastic surgery. Now a day diagnostic radiology is uses for confirmation of these diseases in Shalya Tantra. Haemorrhoids are engorged, inflamed veins and capillaries around the rectum. They may be classified as either internal or external. Acharya Sushrut classified four kinds of treatment modalities as per Doshaj involvement and nature of Arsha.

Haemorrhoids are drastically increasing among the Indian community as well in the world. Piles are unique to human beings. Nearly half of the population generally

experience one haemorrhoidal episode at some point during their lives. Mostly, the ano-rectal disorders are coupled with psychological manifestations. The prime cause of ano-rectal disorders is the derangement of Jatharagni, affecting the sadhyo pranharmanas.<sup>[8]</sup> Which inturn causes constipation. Constipation increases the back pressure into the haemorrhoidal veins to produce piles. The fast food and soft drink and alcohol culture have again worsened the condition. This disorder is utterly embarrassing to the patient Arsha (Haemorrhoids) is clinically an engorged condition of haemorrhoidal venous plexus along with abnormally displaced enlarged anal cushion, characterized by inflamed or prolapsed pile mass, bleeding per rectum and some discharge from anus. The term haemorrhoids is popularly used to refer for pathological varicosity of the haemorrhoidal veins due to increased pressure, is usually resulted by straining during defecation. The Ayurvedic scriptures elaborate on the same in the context of Arsha. Based on the signs and symptoms explained in the literature, an bleeding anal Hemorrhoid can be related to

Rakta arsha.

### CASE REPORT

A 45-year-old male patient, a shopkeeper by profession, came to Shalya Tantra, OPD of R.D. Memorial P.G. Ayurveda College & Hospital with the complaints of bleeding per anum during and after defecation since 3 years, he also complaints about the constipation since the same time being. Patient complaint about the dropping of blood from the anal opening sometimes with the coloring of undergarments and during defecation patient suffers with mild pain too. Patient complaint about the pain about 6 month before coming here in hospital. He had no history any past illness. Also no history of family members with diabetes hypertension or cardiac related disorder.

#### Examination

On Proctoscopic examination, three pile masses were seen at 3 o'clock, at 7 o'clock, at 11 o'clock. It was diagnosed as a Rakta Arsha.

#### AIMS AND OBJECTIVE

To evaluate the effect of ligation of apamarga Kshar-sutra at 3,7,11 o'clock position under local anesthesia.

#### Investigation

1. Laboratory Investigation: Blood and urine tests including bleeding time, clotting time, complete blood count, blood urea, fasting blood glucose, HIV, HbsAg.
2. Instruments: Instruments such as Proctoscopes, Allies forceps, needle holder, 2-0 half circle needle, kshar sutra, artery forceps and scissors should be placed ready on a trolley.

Written informed consent was obtained prior to the procedure from patients and Attendants

#### Pre-operative procedure

The patient was maintained nil orally from 6 hours before surgery.

#### Preparation of kshar sutra



- Injection xylocaine sensitivity 2% 0.1 ml ID was performed.
- Injection of T.T. 0.5 ml intramuscularly given Stat.
- Proctoclysis enema was given.
- Painting and Drapping of the surgical area.
- The patient lies in the lithotomy position. Painting is done with a sterile and antiseptic solution, followed by aseptic draping.

#### Operative Procedure

Under local anesthesia anal dilatation was done and all internal pile masses was hold by pile holding forceps and transfixation and ligation of internal pile masses at 3, 7 and 11 o'clock position. Dressing was done and patient was shifted to recovery room with stable vital's.

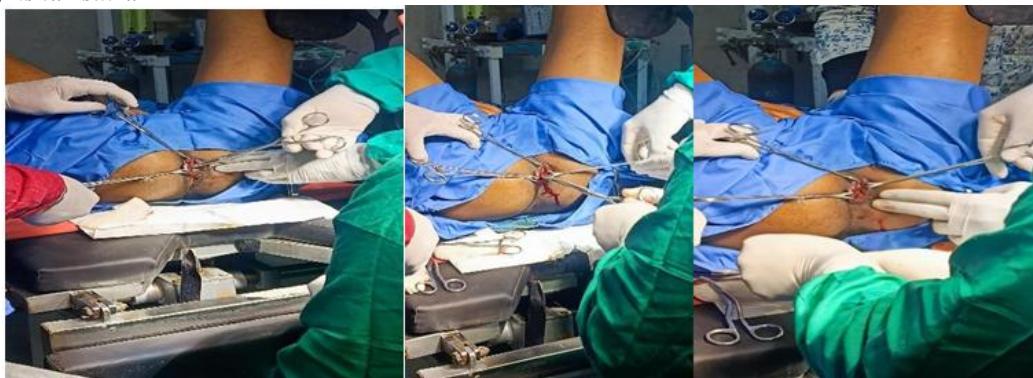
#### Post operative procedure

Hot sitz bath with Triphala Kwath to relax the sphincter and wound cleaning was advised. On day 5, the patient was discharged with the following internal medications: -

- Hot sitz bath (Avgah swed<sup>(8)</sup>) with triphala Kwath twice daily
  - Triphala guggulu 2 BD
  - Syrup Amlycure- 2 TSF BD
  - Cap. Posex forte -2 BD
  - Oint. Amroid L/A
  - Erand Bhrishta Haritaki - 5g Hs with warm water
- Patient is advised to maintain hygiene

#### OBSERVATION AND RESULTS

Complete shedding of the pile masses took place in about 2 weeks" time. The Ksharsutra ligation in the RAKTA ARSHA was applied with successful treatment without disadvantages, which was based on practical experiences gained over many years of surgical practices. It is a simple procedure where least instrumentations are required and can be practiced in a small clinical setup with aseptic measures. It is an Ambulatory procedure. It takes minimum time in procedure. It takes less duration in treatment. It is non-invasive type of treatment.

*Ligation of kshar-sutra***DISCUSSION**

It is simple, minimally invasive and helps to preserve surrounding healthy tissue prevent reoccurrence Kshar-sutra is a medicated thread prepared using a plant-based alkaloid.

“Kshar-sutra” is prepared by repeated coatings of Snuhi apamarga kshar and haridra. Kshaar is an alkaline substance obtained by methodological process of the ash of drugs. These kshar are used as Anu-shastra in place of sharp instruments having capacity of Chedan and Bhedana. Kshar is capable to cut the skin and deep muscular tissue. It is capable to pacify the vitiated Doshas from the body. It is mentioned in Sushruta Samhita that-Kshar is considered to be superior among Shastra and Anushastra because it can be used when surgery is not possible is mentioned by Acharya Shushrut.

Kshar is indicated to encounter bleeding and to encounter infection it can be used safely by a skill-full surgeon and all the conditions which are mentioned by Acharya Sushruta. Kshar should neither too much strong nor too much mild. It should be Shukla (white), shlakchhana (smooth), Pichhil (soft), Abhishyandi (unable to flow), Shivah (effective) and Shighra (quick acting). The combination of kshara (alkali) of Apamarg etc., the ksheera (latex) of snuhi and Churna (powder) of Haridra is very effective against from their roots and make them fall off.

**CONCLUSION**

The management of Arsha is difficult and complicated because of the involvement of unhygienic site and reoccurrence is very common due to constipated bowel and increased portal hypertension.

Kshar-sutra was effective as it helped in cutting and healing of the tied site and necrosis of the pile mass and Sloughing off simultaneously with reduced bleeding, minimal pain and scar with no faecal incontinence. There are lesser chances of infection and postoperative complications using this technique. This treatment is minimally invasive and offers the patient a better quality of life. Among the surgical and para-surgical stuff, kshar

is most important one because it has capability of excision, incision and curetting can alleviates the vitiated Tridoshas and can be deployed in specific conditions.

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