



## AGNIKARMA IN THE MANAGEMENT OF ARSHA

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## ABSTRACT

Introduction Arshas is considered as one of the astha mahagada roga by Acharya Susruta for which different methods of management such as Bheshjakarma, ksharkarma, Shastrakarma Agnikarma and Raktamokshana. The term 'Arshas' is derived from "RuGatau" dhatu with the suffix "Asun", gives the meaning of as violent as enemy. It is the commonest anorectal disease and affects anyone at any time. Now days every person suffer from any one of the complaint of piles during their life time irrespective of age, sex and socio-economic status. The approach of Agnikarma has been mentioned in the context of disease as Arsha, Arbuda, Bhagandar, Sira, Snayu, Asthi, Sandhigata Vata Vikaras etc.in which pain is a predominant symptom. Agnikarma can be ideate as ancient pain treatment tool. Materials and Methods: Agnikarma with the help of thermal cautery was done in a single sitting, for the chedana of bahya arsha. It's an open clinical study. A total 20 patients were selected with the symptoms of bahya arsha were treated with the thermal cautery. With those diseased Exicision of Bahya arsha was done. Result: There had given remarkable improvement by the Agnikarma procedure which was carried out throughout the study. This shows that agnikarma acts very well for the management of Arsha. Conclusion: Agnikarma by Thermal cautery gives better symptomatic relief in the management of Arsha.

**KEYWORDS:** Agnikarma, Arsha, Thermal cautery.

## INTRODUCTION

- The disease that is troubling the human beings since the time immemorial is the *arsha* because of its manifestation at the *guda bhaga*, the *moola* of the *shareera*. The *chirakari vyadhi* because of the *mamsapradooshana* presents with the *pratyatma lakshana* of *kilaka* or *ankura* at the *guda bhaga* when it becomes *drushya* (visible). This fetches the attention of the patients and troubles them with a range of interfering in his daily routines to even his sexual performance, thus becoming nightmare for him.
- The classical approach towards the *arsha* treatment is the correction of the *agni (pachakagni)* and *vatanulomana* along with the removal of the *vyakta ankura* either by *shastra*, *kshara* or *agnikarma*. The *bheshaja chikitsa* is more concerned with the correction / removal of the *sannikrushta nidana* i.e., vitiated *dosha* and *agnimandhya*. But the other 3 modalities concerned with the removal of the *ankura* have got their specific indications of time and type of *ankura*.
- As this study was to evaluate the role of *agnikarma* in *arsha*, the literary review was done to find out

that the *vataja* and *kaphaja arsha* are indicated for the *agnikarma*, when they present with more advanced signs like *karkasha*, *sthira*, *pruthu* and *kathina* because of which, the other *bahiparimarjana chikitsa* like *teekshana lepa* and *abhyanga* fail to shed off the *ankura*.

- *Agnikarma*, applied with the red hot *shalaka* upto the extent of *mamsadahana* should remove these *shushkarsha (vataja / kaphaja)* and should not allow them to recur, if properly done according to classics. This advantage of the *agnikarma* as non-recurrence of the *ankura*, should relieve the patient from the hell of suffering.
- On the basis of the observations made, the *vataja* and *kaphaja arsha lakshana* are mimicked by the external piles that are covered with the skin. So considering the external piles as *shushkarsha*, the *agnikarma* was planned with a red hot thermocautery to observe its effect on *arsha* or external piles.
- *Arsha*, the disease characterized by the presentation of *mamsankura* at the *guda bhaga*,<sup>[1]</sup> is the area of concern since the time immemorial. Because of its severity it is considered as one among the *Ashta*

*Mahagada*. Since it is difficult to treat completely because of its *swabhava*, may cause problem to the patient as an enemy. Hence the name *Arsha*.

- The word *Arsha* is derived from the *ru dhatu* with *asun shrut pratyaya* which occurs at *paayu*. Further the word meaning indicates trouble to the patient as an enemy. It is popular with different names like *durnamak* (having bad name as enemy), *durnama* (bad name), *gudakeela* (A pin or peg like tumour at anus), *gudankura* (sprouts at anus), *gudodbhava* (origins at anus) and *anamakam* (infamous name)
- *Arsha* has got its roots deep into the *gambhira dhatu*. It originates from both the *rakta dhatu*,<sup>[2]</sup> as well as *mamsa dhatu*,<sup>[3]</sup> when they are vitiated and get associated with all the *tridosha* with all their varieties. This indicates the *bala* of the *vyadhi* which has got 4 fold treatment as per the need i.e., *Bheshaja*, *Shastra*, *Kshara* and *Agni*.
- The 6 types of *Arsha* have got both *Bheshaja* and *Shastra karma* depending upon their extent of growth. *Arsha* finds its place both in the category of the *Chedhya* and *lekhyia karma* among the *ashtavida shastra karma*. The *ardra arsha* like *pittaja* and *raktaja arsha* can be treated with *kshara karma*, either by *pratisarana* and or by *kshara* sutra, once they are not curable by the *bheshaja*. Whereas the *shushka arsha* like *vataja* and *kaphaja* are treated by the *agni karma* and *kshara karma*. *Agnikarma* one of the *anu shastra* is kept as the last option of the treatment modalities among the 4 because of its ultimate effect, which does not allow the disease to recur. The *sannipataja* and the *sahaja* are considered to be *asadhya*.
- The *arsha* which can take shelter in both *bahya roga marga* and *abhyantara roga marga* has got different form of *bheshaja* when it can be treated by *bheshaja*, especially the *takra prayoga* is highlighted with different combinations. Certain *pathya* and *apathya* are specified to avoid the recurrence.
- So the *arsha* which occurs at the *guda bhaga* is given more importance because of its severity even though, it can occur in other places like *nasa*, *gala*, *talv*, *mukha*, *karna*, *nabhi*, *akshivartma*, *twak* and *apathypatha*. *Mamsankura* occurring at *guda* are termed as *keela* and *arsha*, where as occurring in other places as the *adimamsa*.<sup>[4]</sup> Since the *arsha* is the condition, which causes much problem compared to the *adimamsa* varieties and study of the present work is related to the *arsha* only, the *adimamsa* are omitted from the description.
- *Agnikarma* as the name indicates, is made up of two words i.e., *agni* and *karma*. *Agni*, which has got the *swabhava* of moving upwards, is the important one among the *pancha mahabhutas*. No object in nature can be conceived, if it has not inherited fire in it, let it be even in water and wood. The *agni*, in the form of *bhootagni*, *jatharagni* and *dhatwagni* is the life for the creatures. Its equilibrium helps in the maintenance of *arogya*, *bala*, *varna*, *oja*, *utsaha*,

*prabha* and metabolism. Whereas its vitiation is *roga* and its destruction is death.

- On the basis of the *loka – purusha sadharmya*, the *agni* that exists in the body, possesses the same properties as that of *agni* in the world. So the think tank of *ayurveda*, have found out the many fold utilisation of *agni*, by its application through different ways. *Agni*, the masculine world derived from the root *agigatau agyati agnayamna prapyanti* i.e., it gives the rebirth, is utilised to cure and prevent the diseases.
- In *agnikarma*, *agni* is applied directly or indirectly with the help of different materials to cure the diseased. So any procedure that involves the *agni* directly or indirectly is considered under *agnikarma*.<sup>[5]</sup>
- The *agnikarma* is also known by different names like *dahanakarma*, *dahakarma*, *dagdhakarma*, *jalanakarma*, *tapanakarma* and *pachanakarma*, finds its role in the *vataja* and *kaphaja vyadhi* involving the *dhatu* that are predominant with *pruthvi* and *ap mahabhutha*.
- Mere utilisation of *agnikarma*, which is counted in *anushastra*, *upayantra* and *shashti upakrama* provides the *shalyatantra* the unique position among the eight faculties of *ayurveda*.

## AIM AND OBJECTIVES

### Aim

- To evaluate the efficacy of *Agnikarma* [red hot thermocautery] in the management of *Arsha*. So this study was taken up with an aim to evaluate

### Objectives

- Was to assess the effect of *agnikarma* in the *arsha* in relation to its complete cure from its root and the incidence of recurrence.

## MATERIALS AND METHODS

- Among the 4 fold treatment of the *arsha*, the present study was planned to explore the efficacy of the *agnikarma*. So before taking up the clinical study, the thorough evaluation is made regarding the study design, selection of patients depending upon the inclusion / exclusion criteria; the instrument to be used for the *agnikarma* and the criteria to be taken up to assess the effect of therapy as following.
- Open Clinical study was planned on *Agnikarma* (red hot thermocautery) In the management of *Arsha*..

### Hypothesis

#### Null Hypothesis{HO}

- *Agnikarma* by *Thermal Cautery* is not effective in the management of *Arsha*.

#### Alternative Hypothesis{H1}

- *Agnikarma* by *Thermal Cautery* is effective in the management of *Arsha*.

**Study Design**

- It is an observational study of selected 20 patients with pre test and post- test design.

**Source of Data**

Patients were taken into trial report, from the Out patient and In patient department of Shalya Tantra, S.D.M College of *Ayurveda* and Hospital, Hassan.

**Inclusion Criteria**

- Patients of *Vataja*, *Kaphaja* and *Vata Kaphaja arsha*.

**Exclusion Criteria**

- *Raktaja* and *Pittaja Arsha*.

- Patients with Upadrava like *Gulma*, *Pleeha roga*, *Yakrut roga*, *Udara roga*, *Shotha of Hastha – Pada*, *Hrit – Parshva Shoola* and *Ashteela*.
- Patients contra indicated for the *Agnikarma*.
- Patients with other systemic disorders like Diabetes Mellitus, Malignancy, Chronic Renal Failure, etc.

**Diagnostic Criteria**

- External piles were diagnosed clinically by the following laxanas.

**Table No.-1.**

<i>Vataja Gudankura</i>	<i>Kaphaja Gudankura</i>	<i>V-K Gudankura</i>
<b>Appearance -Resembles</b> <ul style="list-style-type: none"> <li>• <i>Soochivat</i></li> <li>• <i>Teekshnagra</i></li> <li>• <i>Kadamba pushpa</i></li> <li>• <i>Tundikeri</i></li> <li>• <i>Bimbi</i></li> <li>• <i>Karakandu</i></li> <li>• <i>Kharjura</i></li> <li>• <i>Karpasi phala</i></li> </ul>	<b>Appearance – Resembles</b> <ul style="list-style-type: none"> <li>• <i>Kareera beeja</i></li> <li>• <i>Panasa beeja</i></li> <li>• <i>Gostana</i></li> <li>• <i>Mahamoolayukta</i></li> </ul>	Mixed signs and symptoms of <i>Vataja</i> and <i>Kaphaja arsha</i>
<b>Colour</b> <ul style="list-style-type: none"> <li>• <i>Shyava varna</i></li> <li>• <i>Aruna varna</i></li> </ul>	<b>Colour</b> <ul style="list-style-type: none"> <li>• <i>Pandu varna</i></li> </ul>	
<b>On touch</b> <ul style="list-style-type: none"> <li>• <i>Shuska</i></li> <li>• <i>Kathina</i></li> <li>• <i>Sthira</i></li> <li>• <i>Karkasha</i></li> <li>• <i>Prathu</i></li> <li>• <i>Vishputita</i></li> </ul>	<b>On touch</b> <ul style="list-style-type: none"> <li>• <i>Mrudhu</i></li> <li>• <i>Shlakshna</i></li> <li>• <i>Guru</i></li> <li>• <i>Sthira</i></li> <li>• <i>Pichhila</i></li> <li>• <i>sparsha priya</i></li> </ul>	

**Materials**

- Anorectal examination table
- Spot light
- Thermocautery machine with round tip heating probe
- Allies forceps
- Different drums with sterile cotton gauze pieces, sterile drapes etc
- Tray with sterile gloves of different size
- Tray containing sterile syringe
- Bottles of *Shatadhaut ghrita/ Yastimadhu ghrita/ Mahanarayana taila* and antiseptic lotion.
- *Anaesthetic* agents

**Methodology**

- *Agnikarma* with the help of thermal cautery was done in a single sitting, for the chedana of *bahya arsha*.

**Preparation of Patient**

The following instructions were advised before application of *agnikarma*.

- Administration of mild laxatives for regularization of bowels.
- Patients were asked to maintain proper local part preparation and general hygiene.
- To control the local infection, inflammation, induration, itching etc, with proper medicines.
- Administration of Tetanus toxoid.
- Patient was kept with nil orally at least 6 hours prior to the procedure.
- Soap water enema to clean bowel to avoid contamination during surgery.

**Application of Agnikarma**

- Patient was put into lithotomy position after the spinal anaesthesia on the lithotomy table.
- Part is painted with Betadine and Spirit followed by drapping.

- Infiltration of local analgesic with 1:1,00,000 of adrenaline in 2% of lignocaine, was done in diamond shape for inferior haemorrhoidal nerve block, if the spinal anaesthesia is not used.
- After achieving proper analgesia and relaxation, manual anal dilatation was done upto 4 fingers lubricated with local analgesic jelly.
- Now the external pile mass was held in allies forcep and gentle traction was applied to make the base like a pedicle, of the pile mass.
- Now the red hot round tip of thermal cautery is applied at the base of the pedicle and moved across the base of the pilemass to exert *pratisarana* (smearing) type of *agni dahana* till the fibres of corrugator cutis ani are seen.
- Thus the *sudagdha vrina* possessing blackish discoloration is applied with *yastimadhu ghruta* and rectal pack is applied.
- The same method is applied to the other external piles also at the same sitting. But the order of application of *agni* is followed in the clockwise position starting from the 11 o'clock, when there are multiple masses.

#### Post – Operative

- *Agnikarma* itself doesn't require much post-operative care. But the complication of spinal anaesthesia if at all occur, should be taken care of. The *agnidagdha vrina* was treated with medicated *ghruta*. *Mahanarayana taila* per rectal was administered to releave post- operative pain and to clear the bowel.

#### Avoid

- Consumption excessive use of coffee, tea and alcohol, spicy fried food, constipating diet, riding, cycling, prolonged sitting, excessive indulgence in coitus etc.

#### Follow-Up

- Three months

#### Assessment Criteria

- Subjective Parameters is assessed by Self gradation in BT and AT.

#### Subjective

- *Ruja* (Pain).
- *Guda Kandu* (Itching).

#### Subjective Parameter

- *Vrana Srava* (Wound Discharge).
- *Vrana varna* (Wound Colour).
- Absent of mass.

#### DISCUSSION ON RESULTS

##### Effect of *agnikarma* on *arshankura*, *ruja* and *gude kandu*:

- Since the pile mass (*arshankura*) were completely excised with the red hot thermocautery in a single sitting, their absence is not considered for the statistical evaluation as all of the 20 patients were devoid of the masses after the procedure.

**Table No. 2: Showing the effect of therapy on pain and *gude kandu* (pruritus ani) in 20 patients of *vataja / kaphaja arsha*.**

Complaint	Mean score		Percentage of relief	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
Pain	1.5	0.15	89.6	0.78	0.17	7.64	<0.001
Pruritus ani	0.9	0	100	0.99	0.22	4.09	<0.001

The above table shows that main complaint of the patient i.e., pain was having the mean score of 1.5 before treatment, which changed to the lowest of 0.15 after treatment, with a relief of 89.6% which is statistically significant (<0.001). Whereas the other complaint i.e.,

pruritus ani was found before treatment with the mean score of 0.9 that changed to '0' (zero) after the treatment with 100% of relief in the complaint which is also statistically significant (p<0.001).

**Table No. 3: Showing the course of post-operative pain in 20 patients of *vataja / kaphaja arsha* during the wound healing.**

Post operative day	Mean score	Percentage of change	S.D (±)	S.E (±)	't' Value	'p' Value
Procedure day	3	-	-	-	-	-
1 <sup>st</sup> day	2.8	6.7	0.18	0.04	4.9	<0.001
3 <sup>rd</sup> day	2.5	16.6	0.86	0.19	2.6	<0.02
7 <sup>th</sup> day	0.45	85	0.5	0.11	23.18	<0.001

The above table shows the change in the intensity of the pain induced by the procedure. The pain on the day immediately after the procedure with a mean score of 3 has noticed a little decrease with the mean score being

2.8 on the first post-operative day by 6.7% of relief. On 3<sup>rd</sup> day after the procedure, the pain further relieved by 16.6%, which was statistically significant (p<0.001). And on 7<sup>th</sup> day of the post-operative period the patient

got 85% of relief from the procedural pain that was with the lowest mean score of 0.45 which is statistically significant ( $p < 0.001$ ).

**Table No. 4: Showing the changes in the *vrina srava* (wound discharge) in post-operative period of 20 patients of *vataja / kaphaja arsha*.**

Post operative day	Mean score	Percentage of change	S.D ( $\pm$ )	S.E ( $\pm$ )	't' Value	'p' Value
Procedure day	1	-	-	-	-	-
1 <sup>st</sup> day	1.15	15%	0.65	0.15	1.02	<0.4
3 <sup>rd</sup> day	0.5	50%	0.86	0.19	2.6	<0.02
7 <sup>th</sup> day	0.1	90%	0.43	0.09	10	<0.001
14 <sup>th</sup> day	0	100%	0	0	1	<0.4

The above table shows the changes in the wound discharge in the post-operative period. The wound which was dry immediately after the procedure presents with the serous discharge on the 1<sup>st</sup> post operative day which has got a mean score of 1.15 with 15% change, which is statistically insignificant. Even though the

statistically significant ( $p < 0.02$ ) discharge from the wound is not favourable towards the healing on the 3<sup>rd</sup> day (50% change), turned to significant reduction in the discharge on 7<sup>th</sup> day indicating the wound healing by 90%. And complete cessation of the discharge was noticed with 100% change on 14<sup>th</sup> day.

**Table No. 5: Showing the changes of the *vrina varna* (wound colour) in post-operative period in 20 patients of *vataja / kaphaja arsha*.**

Post operative day	Mean score	Percentage of change	S.D ( $\pm$ )	S.E ( $\pm$ )	't' Value	'p' Value
Procedure day	3.05	-	-	-	-	-
1 <sup>st</sup> day	2.0	34.4	0.57	0.13	10.5	<0.001
3 <sup>rd</sup> day	1.75	42.6	0.73	0.16	9.8	<0.001
7 <sup>th</sup> day	1.3	57.4	0.70	0.16	12.9	<0.001
14 <sup>th</sup> day	0.2	93.4	0.57	0.12	24.8	<0.001

The above table shows that the course of wound colour was initially black which turned to red pink with granulation on 3<sup>rd</sup> day of post-operative period, which was statistically significant ( $p < 0.001$ ). The wound attained complete granulation at the end of 7<sup>th</sup> day of post-operative period ( $p < 0.001$ ). The wound was completely healed and attained the normal skin colour on 14<sup>th</sup> day.

#### Overall effect of the treatment

At the end of the 90<sup>th</sup> day follow up, it was found that all the 20 patients were free from the arshankura, shoola, kandu and mala vibaddata. This confirms that there is 100% cure i.e., complete remission in all the 20 patients.

#### Materials and Methods of Agnikarma



LITHOTOMY TABLE & POSITION



CAUTERY MACHINE

**BEFORE PROCEDURE****DURING PROCEDURE****AFTER PROCEDURE****HEALED WOUND**

## CONCLUSION

The *nidana* that are mentioned for *arsha*, remain same till today with little bit of modification like bike riding and distant travelling in place of *prishtayana* etc. *Arsha* that occur associated with the *udara*, *pandu* and *kamala* etc, point towards the haemorrhoids secondary to the hepatic failure etc, systemic diseases. *Agnikarma* happens to be the ultimate treatment modality for the *vataja* and *kaphaja arsha*, that present with *kathina*, *parusha*, *sthira* and *karkasha lakshana*. External piles most of the time, happen to be *vataja* or *kaphaja arsha*. But *vataja* or *kaphaja arsha* cannot be only external piles all the time. Majority of the sufferers happen to be middle aged; married; non-vegetarian; males and of middle income group. *Agnikarma* is effective in removing the *ankura* and its associated complaints with significant change in relief, most important being the non-recurrence of the *ankura*.

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