CASE REPORT

Role of Kshara Sootra in complicated cases of Arsha (interno-externo haemorrhoids) - A case series

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ABSTRACT:

Ksharasutra is being practiced in Indian system of medicine since ancient time in various ano-rectal disorders. In this case series, 2 patients of arsha (internal external haemorrhoids) underwent ksharasutra trans fixation at 3,7,11 o’clock under spinal anaesthesia. Ksharasutra prepared as per the ayurvedic pharmacopeia of India (API). Ligated pile mass sloughed out on 5th post-operative day. Wound healed within 30 days. Panchavalkal kwatha for sitz bath, jatyadi taila for local application, gud haritaki were used as adjuvant drugs. Follow up after 4 weeks, no recurrence was observed, sphincter tone was normal and there was no evidence of anal stricture after complete wound healing.

Keywords: Arsha, Ksharasutra, haemorrhoids, Panchavalkal kwatha

INTRODUCTION

Acharya Sushruta is a father of surgery narrated surgical treatment like Kshara karma, Agni karma, Raktamokshana and Shasra karma. Among them Kshara karma is one of the important para surgical therapy for ano-rectal disorder. Anorectal diseases like Arsha (Piles) and Bhagandara (Fistula in ano) are said callous to be cured and among them Arsha is considered under the Asha Maharoga (Eight grave disorders) due to recurrence nature and difficult to treat in surgical practice. There are so many treatments of haemorrhoids describe according to degree of haemorrhoid. Haemorrhoids / Piles are certainly one of the commonest ailments that can occur anyone and anytime. These are dilated veins within the anal canal in the subepithelial region formed by radicles of superior, middle and inferior rectal veins.[1] Its incidence increases with advancing age; at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms.[2] Haemorrhoid, in which varicosity of haemorrhoidal vein occurs, may be internal or external. The internal haemorrhoids may be of first degree, that may bleed but do not prolapse, in second degree haemorrhoid that prolapse on straining during the defecation but spontaneously reducible, in the third-degree piles that prolapsed during stool passing, but can be reduced by manual help or digital pressure and in fourth degree piles that are permanently prolapsed or protruded. External variety occupies the marginal space of external to dentate line. When the both varieties are associated, then they are known as intero-external haemorrhoids.[³]

Acharya Sushruta mentioned Kshara karma (local application of Teekshna Kshara) in second grade haemorrhoids. In reference to treatment of Nadi vrana, Acharya Sushruta further quoted that Arbudadi (pedunculated mass) in the body can be transfixed with the Kshara Sootra. Chakradatta mentioned directly application of Snuhi Sootra in the treatment of Bhagandara (fistula-in -ano) and Arsha (hemorrhoid/pile). The Kshara Sootra used in this case was prepared as per Ayurveda Pharmacopeia of India (API).[⁴] The ingredients used for preparation of Kshara Sootra are Snuhi (Latex of Euphorbia nerifolia Linn.), Apamarga Kshara (Ash of Achyranthus aspera Linn.), turmeric powder (Curcuma longa Linn.) and surgical Barbour’s linen thread size 20.
Case no.1
A 24 years old male patient was admitted in outdoor patient department with complaints of protrusion of mass per ano which was manually reducible since last 3 months. Patient had a history of syringing manner bleeding off and on since last 2 years. On perianal examination interno-external haemorrhoids were found at 3,7 and 11 o’clock in lithotomy position. Based on clinical findings patient was diagnosed as Arsha (interno-external haemorrhoids). Patients was treated by Kshara Sootra trans fixation at 3,7,11 o’clock (Fig1).

Case no.2
A 30 years old male patient was admitted in indoor patient department with complaints of syringing manner bleeding off & on manner since last 4 years. Prolapsed mass which was not reducible and pain at per rectal since last 7 days. Patient had history of 2 units blood transfusion before 1 week of the surgery for haemorrhoids. On per rectal examination patient was diagnosed as prolapsed inflamed interno-external haemorrhoids at 3,7 and 11 o’clock in lithotomy position. There was tenderness grade 3. Magnesium sulphate local dressing was advised for 1 week after that he was operated for internal external haemorrhoids trans fixation with Apamarga Kshara Sootra at 3,7,11 o’clock (Fig 6).

METHODS
Apamarga Kshara Sootra has eleven coatings of Snuhi Ksheera followed by seven coatings of Snuhi Ksheera and Apamarga Kshara followed by three coatings of Snuhi Ksheera and Haridra Churna. Altogether, total 21 coatings are done for the preparation of Apamarga Kshara Sootra.

Pre-operative procedure
Inform written consent was taken to the patient after describing the procedure. Injection tetanus toxoid 0.5 ml IM was given as prophylactic measure. Injection xylocaine sensitivity 2% 0.1 ml ID was given. Patient was kept nil orally from 11:00 PM on the previous day of operation to 6 hours after surgery. Before the day of operation soap water enema was given at night and proctolysis enema was given on the day of operation in the morning.

Operative procedure
Under aseptic condition patient was given spinal anaesthesia. In lithotomy position, after painting and draping of perineal area four fingers anal dilatation was done by Lord’s procedure. First of all, interno-external pile mass at 11 O’clock (Right anterior) was hold by piles holding forceps and skin of external piles was incised by scissors up to mucocutaneous junction without injury to mucosa. Then transfixation and ligation by Kshara Sootra was done at the base of pile. Then the thread was placed along the incised part of external piles mass and rifft knot was applied at four directions. Same procedure was adopted for transfixation and ligation of piles situated at 7 O’clock (Right posterior) [Fig-2] and 3 O’clock (Left lateral) position also [Fig-7]. After proper haemostatic achieved, part was cleaned by betadine then diclofenac suppositories inserted inside anal canal. Sterile dressing was applied and patient shift in the ward.

Post-operative
Patients were kept in head low position and nil by mouth for six hours then allowed liquids only. Maintain hydration with intravenous fluid of RL (Ringer Lactate), DNS (Dextrose and Normal saline). Appropriate antibiotics and analgesic were given as injectable for initial two days and then orally for further five days. Following Ayurveda medicines were prescribed from next morning. Sitz bath with Panchavalkala Kwatha [5] for two times a day. Erandbhrrisha Haritaki Powder 3 gm with Luke warm water at bed time. Triphala Guggulu 500 mg three times a day. Matra basti of Jatyadi taila 10 ml daily. From next day evening patients were advised to take diets like green vegetables, fruits, rice, mung, roti and plenty of water. Patient were advised not to consume milk and its products, non-veg, spicy, oily foods, junk foods. also advised to avoid day sleep, long sitting and riding/travelling. Ligated piles masses became blackish and necrosed due to Kshara Sootra ligation on third post-operative day. On 5th post-operative day, the Kshara Sootra was twisted so necrosed piles masses sloughed out and fresh wound was observed. On 7th post-operative day anal dilatation was started with anal dilator no. 6 lubricating with Jatyadi Ghrita. On the 15th post-operative day wound was observed in healing stage and there was no sphincter spasm (Fig-4,9). Wound was completely healed without stricture or any other complication on post-operative 30th day (Fig 5,10). The patients were followed after 7 days, wound was healed and looking normal anus without any scar with normal sphincter tone.

DISCUSSION
After Kshara Sootra trans fixation, both patients were followed up alternate day for 4 weeks. During each follow-up visit, relief were assessed in signs and symptoms. Kshara Sootra trans fixation showed significant improvement on clinical features of Arsha like bleeding, pain in ano and constipation as well as mass get fall down in one week. Acharaya Sushruta has told Aushadhya, Kshara, Agnikarma, and Shastraka karma for the treatment of Arsha. Kshara has potential cauterization and antimicrobial property.9 Ligation of pile mass with Kshara Sootra not only provide the benefits of said above but also provide the mechanical strangulation which obliterate the haemorrhoidal vessels and tissues causing its necrosis and ultimately sloughing off the pile mass. Kshara Sootra by its action as chemical cauterization and mechanical strangulation of the blood vessel causes local gangrene of the pile mass tissue and ultimately resulting in falling out of the mass within 4-5 days. In Ayurveda, it is clearly mentioned that Kshara act as Chhedya (excision), Bhedya (incision), Lekhya (scraping) and it renders chemical cauterization of tissue which facilitates cutting of tissue.
Due to alkaline pH (pH-10.3) it acts as antibacterial at site of ligation. Turmeric powder allows minimizes reaction of caustics and helped for healing of wound. In this case no any Complications like anal stricture, post-operative haemorrhage was observed. Panchvalkala decoction sitz bath reduces local inflammation, pain and enhances the wound healing. Gud haritaki have effect of vatanulomana and relived constipation and increased agni ultimately improves digestion and appetite.

CONCLUSION
A case series of two patients concluded that Apamarga Kshara Sootra has better treatment potential in the management of complicated cases of Arsha (interno-externo haemorrhoids). This observation needs to be studied in more patients to explore better options for management of complicated cases of Arsha (interno-externo haemorrhoids).

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REFERENCES


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