

CASE STUDY

Effect of *Apamargadi Kshara Karma* in the Management of Second Degree Internal Haemorrhoids - A Case Study

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ABSTRACT

Haemorrhoids are one of the most common anorectal disease. Haemorrhoids occurs due to the downward sliding of anal cushions along with abnormal dilatation of haemorrhoidal vessels. Multiple etiologies can cause haemorrhoids for example, constipation, prolonged straining cause increased intra abdominal pressure which causes obstruction of venous plexuses and lead to haemorrhoids. It can be managed by medical, para surgical and surgical treatment modalities. In ayurveda classics, acharyas have given detailed description regarding haemorrhoids which is known as *arshas*. In Susrutha samhitha *chathurvedha sadana upayas* are mentioned in *arshas*. These fourfold treatment modalities include *bheshaja* (use of internal medicines), *kshara* (use of caustic alkalies), *agni* (use of fire) and *shastra chikitsa* (surgery). *Kshara karma* is the use of caustic alkali externally (*prathisaraneeya kshara*) or internally (*paniya kshara*). *Prathisaraneeya kshara* is indicated in *arshas* which is *mridu* (soft), *prasritha* (broad), *avagada* (deep) and *uchritha* (bulged up) type. In this case study *Apamargadi kshara* mentioned in *Gadanigraha*, *Bhagandara adhikara* was applied over second degree internal haemorrhoids and its effect was evaluated. Effect of the *kshara* was assessed by doing digital and proctoscopic examinations on 0th day (before treatment) and 35th day after treatment. The size of haemorrhoids was reduced by the application of *kshara karma*. Patient was relieved from symptoms, no complications were reported after the procedure.

Key Words *Haemorrhoid, Kshara Karma, Arshas*

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INTRODUCTION

Haemorrhoids affects the daily life of common man. It occurs due to the varicosities of the veins of the anal canal¹, in the subepithelial region formed by the radicles of superior, middle and inferior rectal veins. Etiologies causing raise in intra abdominal pressure causes displacement of anal cushions² and lead to haemorrhoids^{3,4}. The

prevalence rate of haemorrhoids is 39% in general population⁵. Haemorrhoids are mostly seen in the age between 45-65 years. It is diagnosed based on history and clinical examination. Goligher has classified haemorrhoids into 4 types based on the degree of prolapse⁶. Amongst that in the second degree haemorrhoids the mass come out only during defaecation and is spontaneously reduced back.

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The treatment of haemorrhoids include dietary modification, medical, non operative and operative management. In Ayurvedic science acharyas have detailed haemorrhoids under the topic *arshas*. Based on the nature of the haemorrhoidal mass four types of treatments are described by Susruta acharya⁷. Among that *kshara karma* is indicated in *mridu*, *prasrutha*, *avagada* and *uchritha arshas*⁸. In this case study *apamargadi prathisaraneeya kshara*⁹ is applied over second degree internal haemorrhoids to evaluate its effect.

PATIENT INFORMATION:

56 yr old male patient , not a known case of DM/DLP/HTN presented with complaints of difficulty in defaecation from last 1 year and feeling of mass during defaecation from last 2 months. Patient also had a history of altered bowel habits since 18 months .Patient gradually noticed feeling of mass during defaecation. He had undergone medicinal management, but his condition was not relieved. Characteristics of defaecation :Stool- hard ,needs straining. Factors relieving the condition were –fibre rich food, plenty of water, less spicy food, preferably vegetarian diet, rest. Factors aggravating the condition- non vegetarian diet.

Clinical examination

Per rectal examination:

- Insp – On straining, haemorrhoids observed at 7 o’ clock position and disappeared after the straining

- Digital rectal examination– mild hypertonicity of sphincter, no tenderness, no other mass palpated
- Proctoscopy –second degree haemorrhoids at 7 o’ clock position, anal congestion at 3 and 11 o’ clock

MATERIALS AND METHODS

Method of preparation of Apamargadi kshara-

In *Gadanigraha*, *Bhagandara adhikara*, a *prathisaraneeya kshara* named *apamargadi kshara* containing *apamarga*, *palasa* and *kadalikanda* have been mentioned for *arshas*.

Apamarga, *Palasha*, and *Kadali kanda* are thoroughly dried and burned to ashes in order to prepare *kshara*. Ash of these drugs (1 *drona*) were taken and boiled in 6 times water till the contents attain not too slimy (*pichila*), red (*raktha*) in colour and clear (*swacha*). It was filtered 21 times and kept in *krishnaloha patra*. Then *swarjika kshara* (2 *kudava*) was added and boiled . Then *Shankhanabhi* 8 *pala* was added and boiled again until *budbudagama* (bubble formation) occurs. Boiling continued till the liquid becomes neither too solid nor too liquid (*na athi sandra na athi acha*).Then the vessel was removed from fire and *kshara* was stored in an airtight glass container.

PROCEDURE

Poorvakarma :

Consent was obtained from the subject. Vitals were monitored; blood investigation was done. TT injection was administered; the subject had an

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evacuation enema the morning before the treatment; the subject was instructed to follow a light diet. Shaved the hair around the perineum'

Materials required: Sponge holding forceps, artery forceps , proctoscope, BP handle, torch, cotton swab, lemon juice, sterile pad .

Pradhana karma :

Subject was kept in the lithotomy position. By inserting a lubricated proctoscope into the anus, hemorrhoids were properly exposed. Then a cotton swab was used to clean the visible hemorrhoids. A *shalaka* was used to apply *apamargadi prathisaraneeya kshara*, and the instrument's opening was maintained closed with a hand. To prevent the unfavourable effect of prolonged *kshara* (alkali) application, the *kshara*

was removed after two minutes by washing the affected area with *jambeera swarasa* (lemon juice). After dressing, the cotton pad was positioned. The patient was then moved to the post operative ward.

Paschat karma :

A light diet of rice gruel advised for 4-6 hours. The subject was instructed to ensure proper cleanliness and bowel clearance and to avoid straining during defaecation.

OBSERVATION AND RESULTS

Table 1 shows the changes in clinical features of second degree internal haemorrhoids before treatment, after treatment and during follow up period.

Table 1 Changes in clinical features

Clinical feature	Before Treatment	After Treatment	Follow up (35 th day)
Difficulty in defaecation	+++	+++	Absent
Feeling of pile mass during defaecation	+++	+++	Absent
Reduction of pile mass	+++	+++	Present

+++ - severe , ++ - moderate , + - mild

DISCUSSION

Apamargadi kshara karma was done on second degree internal haemorrhoids and the effect was observed. Table 1 reveals a substantial alleviation in the signs and symptoms of haemorrhoids over a period of 35 days. The findings suggest a positive correlation between the decrease in haemorrhoid size and relief from associated symptoms. Here the application of *kshara* resulted in a significant reduction in haemorrhoid size, leading to subsequent alleviation of difficulty in defaecation and feeling of mass during defaecation.

Probable mode of action of *apamargadi kshara* in this case study:

Apamargadi prathisaraneeya kshara includes drugs such as *Apamarga*, *Palasha*, *Kadali kanda*, *Swarjika kshara* and *Sankha nabhi* .Most of these drugs are having *katu*, *tikta rasa*, *katu vipaka*, *ushna virya*. *Kadali kanda* has *Madhura rasa*, *guru*, *snigdha guna*, *sita virya* and *Madhura vipaka*. *Kshara* has *chedya*, *bhedy*, *lekhya*, *shoshana*, *tridoshagna properties*. Due to these properties of *kshara* reduction in haemorrhoids occurs⁹. Along with necrosis of haemorrhoidal

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plexus, proper healing of the wound occurs due to *shodhana*, *ropana* property of *kshara*.

The combined action of all these drugs causes cauterisation and coagulation of haemorrhoidal plexus. Due to the reduction in haemorrhoid size obliteration of the lumen of anal canal reduces. Thus the *apana vayu vaigunya* gets reduced and the symptoms of second degree internal haemorrhoids get relieved.

CONCLUSION

Haemorrhoids is a common anorectal condition¹⁰. Current case study evaluates the effectiveness of *kshara karma* procedure in haemorrhoids. It helps in reducing the signs and symptoms of second degree internal haemorrhoids in this case. Along with managing haemorrhoids, the complications occurring due to surgery can also be prevented. Sloughing during sclerosing therapy; pain, secondary haemorrhage, secondary infection associated with Rubber band ligation; profuse discharge during cryosurgery etc can be prevented. The post operative pain can be reduced by this *kshara* due to the presence of *kadali kanda* with analgesic effect. Secondary haemorrhage can be prevented by *raktastambhana* action of *kshara*, secondary infection will be less by *ropana* property of *kshara*. Hence it can be concluded that *kshara karma* is effective in second degree haemorrhoids in this case study.

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