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ROLE OF SHALLAKI NIRYAS KSHARSUTRA IN THE MANAGEMENT OF ARSHA (HEMORRHOIDS): A CASE STUDY



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**ABSTRACT**

Hemorrhoids are abnormal mass of dilated engorged blood vessels occur internally in the anal canal or around the anus. Hemorrhoids can be internal or external or protruding from inside to outside of the canal and having symptoms which include bleeding, itching and pain. *Guda* region (~anus) is *Sadyopranahar Marma* (~vital areas) and it is well known for its chronicity and difficult management. *Arsha* (Hemorrhoids) is being described by all the classics of *Ayurveda*. *Acharya Sushruta* even placed this disorder in the "*Ashta Mahagada*" (~eight fatal conditions). Vitiated *Dosha* localize in *Gudavali* (~folds), *Pradhana dhamani* (~vein) and *Mansdhara kala* (~layers) vitiates *Twak* (~skin), *Mansa* (~muscle), *Meda* (~fats) and *Rakta* (~blood) resulting in the *Annava sroto dushti* (~obstruction of digestive system). *Acharya Sushruta* mentioned four types of treatments in *Chikitsa sthana* of *Sushruta samhita* as 1) *Bheshaj* 2) *Kshar* 3) *Agni* 4) *Shastrakarma*. *Snuhi kshira Ksharsutra* (~medicated Seton) is considered as the standard *Ksharsutra* although it has been a landmark success but has certain drawbacks like pain, burning sensation and itching associated during therapy. So through this study we find out a safe, simple, effective treatment without any complication. Present research work was planned to evaluate effect of *Shallaki niryas Ksharsutra* ligation in the management of *Arsha*. Study observed that *Shallaki niryas Ksharsutra* ligation gives relief in pain and burning sensation.

INTRODUCTION

Hemorrhoids are dilated veins within the anal canal in the sub epithelial region formed by radicals of the superior, middle and inferior rectal veins. Internal hemorrhoid means it is within the anal canal and internal to the anal orifice. It is covered with mucous membrane and it is bright red or purple in color. It usually commences at the anorectal ring and ends at the dentate line. The external hemorrhoid is situated outside the anal orifice and is covered by skin. The two varieties may coexist and the condition is called interno-external hemorrhoids. The internal variety may be first degree where the piles remain within anus and that may bleed but do not prolapsed in second degree piles that prolapsed on straining during the defecation but return or recede spontaneously in the third degree piles that prolapsed during stool passing but can be replaced by manual help or digital pressure or protruded.^[1] *Sushruta samhita* (800 – 1000 B.C.) *Charak samhita* (1000 B.C.) and *Acharya Vagbhata* (7th A.D.) all of them have dedicated separate chapter to describe etiology pathogenesis symptomatology and the management of *Arshas*. One of the contributions during this period is application of *Ksharsutra* described by *Chakrapani* (11th A.D.) in his *Chakradutta* in the context of *Arshobhagandar chikitsa*.^[2] *Ayurveda* classified different types of *Arsha* including *Vataj*, *Pittaj*, *Kaphaj*, *Sannipataj*, *Raktaj* and *Sahaj*.^[3] *Ayurveda* described some factors for *Arsha* like cold water, continuous seating and riding

suppression of normal urge of micturation and defecation.^[4] *Arsha* can be managed by various parasurgical measures such as *Agnikarma*, *Ksharkarma*, *Ksharsutra*. *Acharya Sushruta* has advised to apply *Ksharsutra* in weak, feeble, fearful and difficult to treat patients.^[5] Generally *Snuhi kshira Ksharsutra* used for ligation purpose but it also suffers with some adverse effect such as pain, irritation and burning sensation. Therefore it was required to evaluate efficacy of some other *Ksharsutra* in the management of *Arsha*. Considering this fact present study was carried out to measure efficacy of *Shallaki niryas Ksharsutra* in the management of *Arsha*. *Shallaki Ksharsutra* made with water soluble *Shallaki niryas* liquid instead of *Snuhi ksheer*. *Shallaki niryas*, *Apamarga* and *Haridra* were used to prepare *Shallaki niryas ksharsutra*. [Table - 1]

Case Report

A 36 years old patient visited to outpatient department of *Shalya* on 14th January 2020 with complaints of feeling of protrusion of mass during defecation and replaced manually with pressure since last 1 year. Active bleeding in ano during defecation since last 4 months. Discomfort during walking. On per anal examination 3,7,11 o'clock big inflamed interno-external hemorrhoids were seen. [Fig -1] Proctoscopic examination was done after blood investigations for HIV, HbsAg. Diagnosis was confirmed as a case of third grade interno-external hemorrhoids at 3,7,11 o'clock position. Patient had history of constipation since last 1 year. Patient was thoroughly examined and detailed history was taken. Patient had no any history of HTN, DM or any cardiovascular disorders and had no alcoholic or narcotic addiction as well as no any significant family history. The routine laboratory investigations for blood, urine were done and all reports were found within normal limit. Patient was physically and mentally fit for surgery under local anesthesia. The patient was daily needs shop owner by occupation. This case was planned for *Shallaki niryas Ksharsutra* ligation of interno-external hemorrhoids under local anesthesia.

Pre-operative

Written informed consent was taken from patient. Part preparation was done on previous day of operation. At night soap water enema was given and in morning day of operation also soap water enema was given. Inj. Tetanus Toxoid 0.5 ml and Inj. Xylocaine sensitivity test was done on previous day of operation. Patient was advised to take breakfast in morning day of operation.

Ksharsutra ligation Procedure

Patient was kept in lithotomy position on operation table. The part is cleaned with aseptic solutions and then local anesthesia is given with 2 % xylocaine injection under the advice of anesthetics and draping was done. Later on position of various pile masses were assessed. First of pile mass at 11 o'clock (right anterior) was held by pile holding forceps and skin of external piles was incised by scissors up to mucocutaneous junction. Transfixation and ligation of *Shallaki niryas Ksharsutra* was done. Riff knot was applied along the incised part at four directions. Same procedure was adopted for hemorrhoids situated at 7 o'clock and 3 o'clock position. [Fig – 2]

Haemostasis achieved and part was cleaned by normal saline. 5 ml *Jatyadi tail* was pushed in anal canal with the help of syringe and rubber catheter. Dressing was done with *Yashtimadhu ghrta*. T-Bandage was applied and patient shift in the male surgical ward.

Post Ksharasutra Regime

The patient was advised to have sitz bath (Luke warm water) twice a day. The patients were advised to take easily digestible diet and avoid long sitting. Appropriate antibiotics and analgesics were given for initial 5 days. *Ayurvedic* medicines were starts from next day morning for 15 days, *Panchasakar churna* 5 gm once at night with lukewarm water, *Triphala guggulu* 500 mg three times with normal water and per rectal instillation of *Jatyadi tail* 5 ml daily.

On third post *Ksharsutra* ligation day pile masses became blackish and necrosed due to *Ksharsutra* ligation. [Fig – 3] On seventh day post *Ksharsutra* ligation pile masses sloughed out easily and fresh wound was observed. On fifteenth day of *Ksharsutra* ligation wound was observed in healing stage. On 21th day of *Ksharsutra* ligation wound was almost healed. On 30th day of wound was healed with minimum scar and there was no anal spasm. The patient was followed every 15 days up to 3 months and there was no any complaint regarding hemorrhoids.

RESULT AND DISCUSSION

The use of *Shallaki* has been reported in some chronic inflammatory diseases like rheumatoid arthritis, bronchial asthma, osteoarthritis, ulcerative colitis and Crohn's disease which also shows its anti-inflammatory and analgesic property^[6].

Boswellic Acids decrease the pro-inflammatory 5-lipoxygenase products including leukotriene B4 (LTB-4) levels. As a result, the inflammation response is dampened, thus allowing for quicker healing. Boswellic acid also helps in getting rid of foul odour and eliminating any pest in the surroundings which made wound healing faster^[7]. In compare to *Snuhi Ksheera*, *Shallaki* is easily available in abundant quantity in the market, can preserve for long time. *Shallaki niryas* is described as *Vranaropaka* and *Arshoghna* in *Dhanvantarinighantu*.^[8] In this study *Shallaki niryas Ksharsutra* shows tremendous result in this single case study of hemorrhoids. The applied *Kshar* acts as a *Chhedy* (excision), *Bhedy* (incision), *Lekhya* (scraping) and it renders chemical cauterization of tissue by virtue of its alkaline nature facilitates cutting of tissue.^[9] *Haridra* is indicated for hemorrhoids in *Chikitsa sthana* of *Charak samhita*.^[10] *Curcuma longa L.* is having anti microbial properties. ^[11] Turmeric powder allows minimizes reaction of caustics and helped for healing. *Jatyadi tail* play important role in *Shodhana* and *Ropana* of wound. ^[12] *Panchasakar churna* acts as a laxative and helped for normal bowel as patient had history of constipation. ^[13] *Triphala Guggulu* is indicated for the management of *Arsha* in *Sharangadhar Samhita*.^[14] *Guggulu* has anti-inflammatory action so in this case study post operative swelling gets relieved.^[15] Post-operative pain, discharge, hemorrhage, healing time were lowest experienced by *Shallaki niryas Kshara sutra*. There was no adverse effect of any of the drugs observed during the course of study. Regular follow up on every week and after 4 week a small scar seen with free from all symptoms of hemorrhoids.

CONCLUSION

Kshara sutra therapy is a radical cure in the treatment of *Arsha* without complications and recurrence. This study proved the utility of *Shallaki niryas Ksharsutra* in the management of *Arsha*. *Shallaki niryas Ksharsutra* ligation gives relief in pain and burning sensation. *Shallaki niryas Ksharsutra* is effective, easy to prepare and without any adverse effects in the management of *Arsha*.

Table 1: Method of Preparation Shallaki niryas Ksharsutra

S. No.	Ingredients combination for Shallaki niryas Ksharasutra	No. of coatings	Total coatings
1	Shallaki niryas	11	21
2	Shallaki niryas + Apamarga Kshara	7	
3	Shallaki niryas+ Haridra Churna	3	



Fig - 1 Pre operative



Fig - 2 Post operative



Fig - 3 Post operative 3rd day



Fig - 4 Post operative 5th day



Fig-5 Post operative 7th day



Fig-6 Post operative 10th day



Fig-7 Post operative 15th day



Fig-8 Post operative 30th day



Fig - 9 Follow up after 15 days



Fig - 10 Follow up after 3 months

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