



Case Study

THE MANAGEMENT OF SECOND-DEGREE INTERNAL HAEMORRHOIDS WITH APAMARGA PRATISARANEYYA TIKSHNA KSHARA

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ABSTRACT

Haemorrhoids, commonly known as piles, are a prevalent anorectal disorder affecting a significant portion of the population. This case report presents the successful management of second-degree internal haemorrhoids using Ayurvedic treatment, specifically *Kshara karma* with *Apamarga pratisaraneeya Tikshna kshara*. A 32 year male patient with prolapsed pile mass and bleeding during defecation was treated at the National Institute of Ayurveda, Jaipur. After a few days of initial post-operative pain and swelling, the patient's symptoms significantly improved, with the haemorrhoids reducing in size and eventually disappearing. The post-operative complications were managed by the internal administration of *Triphala guggulu*, *Yashtimadhu taila matravasti*, and sitz bath. This case highlights the efficacy of Ayurvedic treatment, particularly *Kshara karma*, as an office procedure for managing haemorrhoids. The approach demonstrated reduced hospitalization, minimal bleeding, and post-operative complications, making it a promising alternative to conventional surgical procedures.

INTRODUCTION

Haemorrhoids, commonly known as piles, are a prevalent anorectal disorder that affects a significant portion of the population. While various theories for the pathogenesis of haemorrhoids exist, none have been universally proven. They are classified into two types based on their location in relation to the anus: internal and external piles. Internal piles are further categorized into four degrees, depending on the symptoms they produce.

Ayurveda, the ancient Indian system of medicine, considers haemorrhoids to be related to the condition called "*Arsah*." Ayurvedic scholars have correlated *Arsah* with haemorrhoids, and according to the texts, it is considered a stubborn disease. Ayurvedic treatments aim to address the root cause of the disease and offer a cost-effective and affordable alternative for patients, especially in developing countries.

The management of haemorrhoids in Allopathy could be grouped as conservative management, office procedures and surgical management. Most of the first-degree haemorrhoids are managed conservatively by internal medication, topical application, sitz bath and dietary modifications. But as the haemorrhoids start to prolapse per anal orifice, office procedures and surgical interventions are applied. Currently there are several of these procedures, but the principle behind it is either excision or ablation (physical or chemical) or haemorrhoidopexy.

As per Sushruta, management of *Arsah* can be classified under four headings, which are *Bheshaja*, *Sastra*, *Kshara* and *Agni*. In *Arsah* which are *Achirakala jata* (Acute) and mild symptoms and complications are managed medically. *Arsah* that are *Mridu* (soft), *Prasrta* (wide) deep seated and bulging are managed by *Kshara* (caustic alkali). *Arsah* that *Karkasa* (rough), *Sthira* (sessile), *Prthu* (wide) and *Kathina* (hard). *Arsah* that are *Tanumoola* (pedunculated), *ucchrita* (prolapsing) and *kledavanti* (moist) are managed by *Sastra*. *Kshara karma* is a procedure in which caustic alkali is applied to the pile mass for one *Vak shatamatra* and when neutralised by acidic substance.

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In this case report, we present the successful management of a case of second-degree internal haemorrhoids by *Kshara karma* using *Apamarga pratisaraneeya Tikshna kshara*, since in this present case the *Arsah* is deep seated and prolapsing type.

Case Report

A 32 year-old male patient visited the Ano rectal clinic, Outpatient Department, National Institute of Ayurveda, Jaipur on 25/07/2023. He complained of prolapsed pile mass during defecation, with the mass spontaneously returning to the anal canal, and occasional bleeding during defecation for the past three years. The patient had previously undergone over the counter medicine for the same complaints but had not any relief. After evaluation of clinical history, it was noticed that the symptoms were suggestive of haemorrhoids. Proctoscopic examination confirmed the diagnosis as a case of second-degree internal haemorrhoids located at the 11 and 7'o' clock positions.

After a detailed history, several causative factors were identified, including daily two-wheeler riding, intake of spicy, sweet, and cold foods, irregular eating habits, and habitual straining during bowel movements. This indicated a primary disease (*Svatantra vyadhi*) with impaired digestion (*Agnimandya*) as the underlying pathogenesis.

Since the patient opted for Ayurvedic treatment and was offered the *Kshara karma* procedure, which involved the application of caustic alkaline paste on the internal haemorrhoids. In this patient *Apamarga pratisaraneeya Tikshna Kshara* was used for this purpose.

Timeline

Patient was subjected to routine blood investigations and was checked for viral markers. Patient was given phosphatase enema prior to the procedure. After obtaining written informed consent, the patient was kept in lithotomy position and part preparation was performed. Under local anaesthesia, proctoscopy was done.

Kshara karma was performed using a slit-type proctoscope and the patient was discharged on the same day with no postoperative bleeding. The caustic alkaline paste was applied on the internal haemorrhoids at 3, 7 and 11 o' clock position one after another. After application on each haemorrhoid, the applied *Kshara* was cleansed with lemon juice after one minute. It was observed that the pile mass has reduced in size and its colour has turned to bluish black colour (*Pakva jambu phalavarna*). Then, the proctoscope was removed and anal pack was done. The patient was shifted to recovery room and was advised cold fomentation at operative site for next 48 hours. After 1 hour of patient was advised to take coconut water, sips of water and liquid diet. Evening onward, a patient was advised semisolid diet. Patient was also advised to take *Triphala Guggulu* tablet, two tablets of 500mg each twice a day after meal with warm water.

Patients were advised regular fibre-rich bland diet the next day onwards and anal infiltration with 60ml of *Yashtimadhu taila* was given for 7 days and *Tarunikusumakara churna* 3gm with lukewarm water at bedtime. Patient had mild pain and swelling at operative site which was managed with help of NSAIDs. From the 3rd day of procedure, the patient was advised hot water sitz bath with addition of *Tankana Bhasma*. The swelling and pain gradually reduced from 4th day of post procedure day. The patient was discharged on the 5th day post *Kshara karma*. The patient was advised to continue dietary restrictions and was advised to refrain from strenuous activities and strenuous exercises.

Follow Up and Outcome

The patient was asked to attend follow-up visits once a week for four weeks. During these visits, the signs and symptoms were assessed, and it was observed that the haemorrhoids had significantly reduced in size and eventually disappeared by the third and fourth visits.

Table 1: Timeline

Date	Clinical Findings	Therapeutic Intervention
25/07/23	Visited hospital with complaints of mass per anum, pain during defecation and occasional episodes of bleeding per anum. On examination, patient was diagnosed with second degree internal haemorrhoids at 3, 7 and 11 o' clock positions	Conventional internal medications were advised and planned for <i>Kshara karma</i> procedure
25/07/23	Complaints as previous	Admitted in IPD and surgical profile was done
25/07/23	Patient was re-examined and diagnosis was confirmed.	After pre-operative preparation done and <i>Kshara karma</i> under local anaesthesia was done. Ice fomentation was advised post

		operatively for 48 hrs.
26/07/23	1 st post-operative day, moderate pain and swelling was present	Oral Administration of <i>Triphala guggulu</i> (1gm BD), <i>Tarunikusumakara churna</i> (3gm HS) after food. <i>Matra vasthi</i> with <i>Yashtimadhu taila</i> 60ml was advised for daily use
28/07/23	Pain and swelling persists. Defecation was painful	Internal medication and <i>Matra vasthi</i> was continued. Hot water sitz bath with <i>Tankana bhasma</i> was advised
01/08/23	Mild swelling and pain present. Bowel evacuation - satisfactory	Internal medicines were continued for 1 week
04/08/23	No swelling or pain present. No visible pile mass was observed during proctoscopy	Oral medicines stopped. Dietary advice was prescribed
10/08/23	Last follow up was done. No mass per anum noticed and normal bowel evacuation present	No medication was advised

Standardised method of preparation of Ksharsutra

As per Dr SS Handa, 21 coats of three precise ingredients namely *Snuhi ksheer*, *Apamarg kshar* and *Haridra churna* mounted on No.20 barber's linen thread. The 11 coats mounted with *Snuhi ksheer*, followed by 7 coats of *Snuhi ksheera* and *Apamarg kshar*, and then remaining 3 coats with *Snuhi ksheera* and *Haridra churan*.

Ksharsutra had been standardised by the Centre Council of Research in Ayurveda Sciences (CCRAS) and the Department of *Shalya/Shalaky*a at Banaras Hindu University in Varanasi, and is known as standard *Apamarga Ksharasutra*. We must therefore look into alternative medications that may be employed in the manufacture of *Ksharasutra* in accordance with the comments given by our Acharyas at various points in their treatises because we cannot rely just on one form of *Ksharasutra*.



Surgical Linen Thread No .20



Linen Thread Tied on Hangers



Coating of *Snuhi Ksheera*



Coating of *Apamarg Kshara*



Coating I of *Haridra*



Drying of *Kshar Powder Sutra*

Apamarga Kshar Preparation



Sanuhi Panchang



Firing Sanuhi Panchang



Ash



Filtration of Ash



Boiling



Prepared Apamarga Ksharsutra

DISCUSSION

The successful management of haemorrhoids in this instance can be attributed to the efficacious implementation of *Kshara karma*. *Kshara karma* is the procedure that entails the direct application of a corrosive alkaline paste to the afflicted region. In this particular scenario, the paste induces the coagulation of proteins within the hemorrhoidal plexus. This protein coagulation plays a role in breaking down haemoglobin into its constituent elements: heme and globin. The combined effect of these actions culminates in a reduction in the dimensions of the pile mass. Concurrently, necrosis of the tissue within the hemorrhoidal vein takes place. This necrotic tissue is shed naturally within a span of 7 days, a process characterized by the presence of haemoglobin lending its color to the discharge. The resultant tissue is fibrous, contributing to the formation of scar tissue. Notably, the hemorrhoidal vein undergoes complete obliteration, yielding a reduction in haemorrhoid size and a mitigation of associated symptoms.

Triphalaguggulu, an Ayurvedic formulation containing the blend of three potent herbs, namely *Amalaki*, *Bhibhitaki*, and *Haritaki*, was administered orally. It is known for its beneficial effects in reducing post operative pain and inflammation, which played a crucial role in reducing strain during bowel movements, thereby minimizing the chances of haemorrhoids. Ice fomentation and infiltration with *Yasthimadhu taila* helped in minimising post operative oedema and managing the post operative pain. Sitz bath helped in reducing inflammation and swelling and

relaxation of sphincter muscles which may have gone to post operative spasm.

CONCLUSION

In conclusion, this case report underscores the notable efficacy of Ayurvedic treatment as a proficient approach in the management of haemorrhoids, presenting a viable and non-surgical option for patients averse to contemporary surgical interventions. While *Kshara karma*, although considered an office-based procedure, does entail post-operative discomfort and swelling, the in-patient care paradigm emerges as a preferable strategy, fostering enhanced patient well-being and confidence. Particularly for internal haemorrhoids, *Kshara karma* emerges as a remarkably effective intervention, demonstrating the potential to supplant the conventional surgical procedures. The demonstrated outcomes indicate a multitude of merits, encompassing reduced hospitalization duration, absence of intra- or post-procedural bleeding, minimal post-operative complexities, cost-effectiveness, and heightened acceptability spanning diverse demographics. Importantly, no untoward effects were documented throughout the follow-up phase, further affirming the safety and utility of *Kshara karma* in the realm of haemorrhoid management.

REFERENCES

1. Acharya JT, Kavyatirtha NRA, editors. *Susruta Samhita of Susruta* (Nibandha sangraha,

- Dalhanacharya, commentary, Sanskrit) Varanasi: Chaukhamba Surbharati Prakashan; 2017.
2. Miyamoto H. Minimally Invasive Treatment for Advanced Hemorrhoids. J Anus Rectum Colon. 2023; 7(1): 8-16.
 3. Ng KS, Holzgang M, Young C. Still a Case of “No Pain, No Gain”? An Updated and Critical Review of the Pathogenesis, Diagnosis, and Management Options for Hemorrhoids in 2020. Ann Coloproctol. 2020 Jun 30; 36(3): 133-47.
 4. Lohsiriwat V. Treatment of hemorrhoids: A coloproctologist's view. World J Gastroenterol 2015; 21(31): 9245-9252 Available from: URL: <http://www.wjgnet.com/1007-9327/full/v21/i31/9245.htm> DOI: <http://dx.doi.org/10.3748/wjg.v21.i31.9245>
 5. Gallo G, Martellucci J, Sturiale A, Clerico G, Milito G, Marino F, et al. Consensus statement of the Italian society of colorectal surgery (SICCR): management and treatment of hemorrhoidal disease. Tech Coloproctology. 2020 Feb; 24(2): 145-64.
 6. Talaie R, Torkian P, Moghadam AD, Tradi F, Vidal V, Sapoval M, et al. Hemorrhoid embolization: A review of current evidences. Diagn Interv Imaging. 2022 Jan 1; 103(1): 3-11.
 7. Chivate SD, Killedar MM, Ladukar LD, Vardhani GS, Kavathe SK, Kanekar SR. Transanal Suture Mucopexy for Hemorrhoids. Dis Colon Rectum. 2022; 65(5): 742-749. doi:10.1097/DCR.0000000000002191
 8. Gyu Young Jeong. Hemorrhoids. In: Lee DK, editor. Practices of Anorectal Surgery. Singapore: Springer; 2019. p. 31-44.
 9. Raj P, Mishra I, Swapna B, Kumar PH. A Case Study on Effective Management of Abhayantra Arsha by Kshara Karma. Int J Ayu Pharm Res [Internet]. 2021 Nov.7; 9(Suppl1): 70-2. Available from: <https://ijapr.in/index.php/ijapr/article/view/2057>

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