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CHEDANA OF BAHYA ARSHA BY AGNIKARMA – A CASE REPORT

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ABSTRACT

As Astanga Sangraha said while defining the disease *Arsha* in *Nidanasthana* as the disease which tortures the patient like an enemy and the Acharya Sushruta includes disease *Arsha* one among the *Ashtamahagada* this shows the grievance of the disease *Arsha* from the ancient time. While classifying the disease *Arsha* acharya had classified it as *Abyantara* and *Bahya Arsha*. The signs explained for *Bahya Arsha* can be correlated with the Sentinel pile which is explained in contemporary science and this signs also fits with the *Agnikarma* which is explained one of the *Chaturvidhasadhnopaya* for treating the disease the *Arsha*. *Agnikarma* being superior to *Kshara* and the disease treated with the *Agnikarma* will not reoccur. Hence a case of Posterior sentinel pile treated with *Agnikarma*, attending the OPD of Shalyatantra of Ayurveda Mahavidyalaya and Hospital, Hubballi is elaborated here.

KEYWORD – *Arsha, Ashtamahagada, Bahya Arsha, Sentinel pile, Agnikarma*

INTRODUCTION

Ayurveda is such science which was true yesterday, is true today and will be true for future - reference of this can be seen in Charaka samhita¹. Example for this is knowledge of human anatomy and Physiology which was explained thousands of year ago are so true till today. Each and every parts of the body were explained with its size, shape, location and its function.

Guda is being a last part of digestive system have given more importance in Ayurveda due to it is one among the *Karmendriya*², *Sadyopranaharaarma*³, *Dashapranayatana*⁴ and *Bahirmukhasrotas*⁵ and also perform excretion of *Mala* and *Apana vayu*. As it is above said it is being a *Marmasthana* and *Pranasthana* the serious attention is to be taken any of the diseases occurring at this place. One such disease occurring at *Guda pradesh* is *Arsha*.

Arsha as the word only suggest the Disease which hurts the person like an enemy and this disease is also considered one among the *Ashtamahagada*⁶. While classifying the disease *Arsha* acharya had classified it as *Abyantara* and *Bahya Arsha*. The signs explained for *Bahya Arsha* can be correlated with the Sentinel pile which is explained in contemporary science.

The underlying pathology of Sentinel pile is if the acute fissure does not heal readily, secondary changes develop. One of the most striking features is swelling at the lower end of the fissure, forming the so-called sentinel pile⁷.

The acharya's have explained different treatment modalities according to the presentations of the disease *Arsha* like *Bheshaja*, *Kshara*, *Agni* and the *Shastrakarma*⁸. As the *Bahya Arsha*⁹ formed by *vata kapha dushti*, *Stira Keelavata sadrusha* and present outside of *Guda* which is favourable for the procedure of *Agnikarma*.

The *Agnikarma* is such technique which means procedure done with fire¹⁰. References about *Agnikarma* are available in almost all Ayurvedic classics it's preventive, curative and haemostatic properties were unveiled even centuries back. These same principles are adopted in advanced technologies like cauterization, diathermy, radiation therapy, laser therapy, starion device etc. Clinically *Agnikarma* is the prime para-surgical procedure, to treat chronic diseases, which are mostly difficult to manage because of the antagonistic property of *doshas*, like disease caused by *Vata* and *Kapha*.

CASE REPORT

A 39 year old female patient visited OPD of *Shalyatantra* with a complaints of per-rectal Burning sensation after defecation, Bleeding and Feeling of Mass. She described that Burning sensation after defecation and Bleeding per-rectum has started after her first baby delivery. Which was on and off. Recently from three years she started to notice a small mass at the anal verge and it was gradually increasing in size. She had consulted many of the local doctors for the cure and she did not get any promising results so patient has consulted to OPD of *Shalyatantra*, Ayurveda Mahavidalaya and Hospital, Hubballi.

Local Examination

On local per-rectal examination - on inspection Chronic Posterior Fissure with big Sentinel pile was seen, further digital rectum examination confirmed normal Sphincter tone and by Proctoscopic examination it was confirmed that there was no associated any Pile mass or Papilla's.

Systemic Examination

Vitals of the patient were within normal limit. Systemic examination showed no any abnormal findings. Among *Ashtavidha Pariksha Mala* was *Vibhandha* and all other were within normal limit.

Differential Diagnosis

Abyantara Arsha
Bahya Arsha
Bhagandara
Gudabramsha

Diagnosis

As per the local per-rectal examination posterior skin tag was present at anal verge and there was no veins were involved in the skin tag so it can be concluded that it is a clear case of *Bahya Arsha* (Sentinel pile)

Treatment Plan

As the Sentinel pile was *Keelavata sadrusha* and present outside of *Guda* is as similar to the *lakshana* of *Bahya Arsha* and presentation of the Sentinel pile was being *Stira*, *Pruthu* and *Khatina* in this case which are indicated signs of *Agnikarma* hence Excision of Sentinel pile with a *Panchaloha shalaka* is planned in present case.

Investigations

Before taking Patient to the Procedure of *Agnikarma* Following Investigations were performed to rule out any systemic Problem.

Blood -

Hb%	-	11.6 gm
RBS	-	86.5 mg/dl
Blood Group	-	O +ve
BT	-	1'15"
CT	-	3'40"
CRP	-	2.8 mg/L
Tridot	-	Negative
HbsAg	-	Negative

Urine -

Sugar	-	Nil
Albumin	-	Nil
Micro	-	NAD

Treatment

Prior to Procedure *Agnikarma*, Detail procedure was explained to the patient and written consent was taken.

Purvakarma –

- Part preparation was done
- Intramuscular Inj. Tetanus 0.5cc was administered
- Intradermal Inj. Xylocine 2% 0.2cc test does was given
- patient was shifted to OT

Pradhanakarma –

- Patient was taken to the OT table in a lithotomy Position.
- Part was Painted with Betadine and surgical Spirit and draped with cloth
- Inj. Xylocine 2% was infiltrated around the anal canal in Rhomboidal shape to achieve the local anaesthesia
- After confirming the anaesthesia the Lords four finger dilatation was attained.
- Proctoscopic examination was done to rule out other pathologies in anal canal and rectum.
- Posterior Sentinel pile was held with sponge holding forceps, clamped anteriorly with Artery foreps and excised with red hot *Panchaloha shalaka*
- Perfect haemostasis was achieved
- A pack was kept in the anal canal which was dipped in *Jatyadi ghrita* to counter the oedematous changes due to dilatation

Paschatkarma –

- Patient is shifted to the ward and kept on observation till 4 hours
- After 4 hours pack was removed

Medication advised after the procedure are –

Locally : *Panchavalkala Avagaha Sweda* twice a day for 15days
Jatyadi ghritha pichu twice a day in Anal Canal for 15days.

Internally : *Triphala guggulu* 1TID for 15days
Gandhaka rasayana vati 1BD for 15 days
Swadhista virechana choorna 1tsp at bed time with hot water

Pathyaapatya advised –

Apatya – advised not to take fried items, bakery items, curd and Non-veg diet.

Patya - advised to take plenty of water, fruits, vegetables and butter milk.

DISCUSSION

Arsha being a troublesome disease to mankind which 50% experience it once in lifetime. As *lakshanas* explained by Acharya Sushruta correlate with Sentinel pile which is a guarding factor to the fissure-in-ano and also create the abscess formation and fistula formation in future to reduce the risk of this we planned in this study to excise the Sentinel pile with *Panchaloha shalaka* which has the capacity to hold the temperature for long time then other single *Loha shalaka*. After excision to treat the formed *Vrana* by *Agni*, the local application of *Jatyadi ghritha pichu* is advised which is *Pitta shamaka* and *Vrana ropaka* in nature and *Panchavalkala Avagaha Sweda* is advised.

Internal *Gandhaka rasayana vati* twice daily is advised to heal the wound and to stop the bleeding from the wound due to friction while defecation. *Triphala guggulu* trice daily is advised to do the *Smprapti vighatana* as it does the *Agni dipana* and reduce the further risk of forming the *Bahya Arsha* and also it is indicated for the treatment of disease *Arsha* along with to reduce the risk of constipation *Swadhista virechana choorna* is advised 1TSP at bed time.

And this treatment had shown the good result in treating the present case within a period of month.

CONCLUSION

Arsha is disease of yore which is troubling the mankind. *Agnikarma* is found to be effective in removing the *Bahya arsha* and its associated complaints with significant change in relief, most important being the non-recurrence.

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Before Tretment



During Tretment



After Tretment

