



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Comparative Study To Evaluate The Efficacy Of Tilanala Pratisaraniya Kshara And Apamarga Pratisaraniya Kshara In The Management Of Arshas With Special Reference To Haemorrhoids

1Dr. Shidlingaiah Hiremathada, 2Dr. Ashwini Hallad, 3Dr. Shivalingappa J Arakeri, 4Dr. Nagarekha
13rd year PG scholar, Department of Shalyatantra, 2Assistant Professor, Department of Shalyatantra,
3HOD & Professor, Department of Shalyatantra

1Taranath Government Ayurvedic Medical College and Hospital, Ballari,

2Taranath Government Ayurvedic Medical College and Hospital, Ballari,

3Taranath Government Ayurvedic Medical college and Hospital, Ballari

ABSTRACT

The Shalya tantra, a prime branch of Astanga Ayurveda is rich in much aspect of modern surgical concepts. Sushruta elaborately described the advances of the Shalya procedures in various Ano-rectal diseases, as Arsha is one among them. The term 'Arsha' gives the meaning of, as violent as enemy. The disease Arshas is included under Ashtamahagadas and it can be correlated to Haemorrhoids, which have plagued humankind since the dawn of history. It is the commonest ano rectal disease and affects anyone at any time. Acharya Sushruta, the father of surgery described the treatment of anorectal disorders with special exactness. He describes proctoscope to examine the patient and he treated haemorrhoids with oral medicines, local applications, suppositories, chemical cauterization, thermal cautery and even by excision. This clearly shows that he did not want to land up for surgery though he was eminent in the field of surgery. If the disease is not cured by medicine then advised to adopt measures like chemical cauterization, thermal cautery and excision. This denotes Sushruta's therapeutic approach in the light of contemporary knowledge. In contemporary science numerous interventions exist for their management, ranging from topical medical therapies to outpatient treatment and surgical interventions that aim to fix and excise. Given that polysymtomatic nature, recurrence and post operative complications of the disease it is difficult to effectively judge which treatment option is best. Ksharakarma is a proven para-surgical procedure for the management of Arshas as the it is minimal invasive, day care procedure hence highly acceptable by the patients as they have phobia towards surgery.

KEY WORDS: Arsha, Pratisaraniya Ksharakarma, Haemorrhoids, Ashtamahagada.

INTRODUCTION

Arshas is as old mankind . It is a disease in which mamsankuras develops in Gudamarga, obstruct the pathway and troubles person as enemy ^[1]. Acharyas included Arshas as one among Ashtamahagada ^[2] as it is Dirghakalanubandhi and Duschikitsa. It involves Tridoshas and Marma. It can be correlated to Haemorrhoids. Haemorrhoids are dilated veins within the anal canal in subepithelial region formed by the radicles of Superior, middle and inferior rectal veins ^[3]. 50%-66% of people have haemorrhoids between 45 to 65years of age. Incidence of Hemorrhoids is about 10-12% of all ano rectal cases. Prevalence rate is 4.4% in about 10million people^[4]. Development of haemorrhoids before before age of 20 is unusual. Due to indulgence in incompatible food there is diminution of Agni leading to constipation which is the main cause for Arshas and second being the Vegadharana which leads to pratilomagati of Apanavayu leading to agnimandhya and constipation. Utkatasana, Streeprasanga and Prushtayana are the viharaja nidanas mentioned in classics which invariably increase the intra-abdominal and rectal pressure leading to formation of Arshas^[5]. which can be correlated in present time to excess indulgence in sex and riding twowheeler. Clinical features includes per rectal Bleeding (Splashes in the pan), Mass per anum, Pain (if associated with thrombosis and fissure-in-ano), Mucous discharge, pruritis ani and anaemia ^[6]. These symptoms generally affect the quality of life significantly starts from minor discomfort to severe complication like bleeding, strangulation (acute attack of pile), and suppuration etc. In contemporary science, operative management includes injection sclerotherapy, cryosurgery, elastic rubber band ligation to the base of each haemorrhoid, laser therapy, infrared photo coagulation and various formal surgeries like open and closed haemorrhoidectomy ^[7]. Four principle treatment modalities told by Sushruta for Arshas are Bhesaja, Kshara karma, Agni karma and Shastra karma^[8]. Acharya Sushruta laid minimum emphasis on Shastra Karma and emphasized much on the procedure of Kshara karma for Arshas. Mrudu, Prasruta, Avaghada, Uchrita type of Arshas treated by Kshara karma^[9]. Kshara does the destruction of dooshita mamsa, and has Chedana, Lekhana, Shodhana, Ropana and Tridoshahara properties. Action of Kshara karma can be understood as, by Ksharana guna (corrosive nature) it cauterizes the pile mass directly and it coagulates the protein in haemorrhoidal plexus which results in decreasing the size of pile mass. Further necrosis of tissue which will sloughed out followed by wound healing by minimum fibrosis. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids, hence Ksharakarma is treatment modality which is easy to perform with lesser complications and better success rate in Arsaha. Acharya Sushruta has enlisted 24 drugs as source of Kshara ^[10]. But Tilanala is not mentioned by him. In Rasatarangini Tilanala is mentioned under Astavarga kshara ^[11]. It is useful in Raktatisara and Raktarsha and one of the major advantages is its availability and cost-effectiveness. Considering all these factors, an effort was made to study the efficacy of Tilanala pratisaraneeya kshara as a substitute for Apamarga pratisaraneeya kshara in the management of Arshas.

AIMS AND OBJECTIVES

- To study the efficacy of Tilanala Pratisaraniya Kshara in the management of Arshas.
- To study the efficacy of Apamarga Pratisaraniya Kshara in the management of Arshas.
- To compare the efficacy of Tilanala Pratisaraniya Kshara and Apamarga Pratisaraniya Kshara in the management of Arshas.

MATERIALS AND METHODS

Study design

40 patients of Arshas of either gender were selected and they were randomly divided into two groups, each containing 20 patients. Patients under the Group A were treated with Tilanala pratisaraniya kshara and Group B were treated with Apamarga Pratisaraniya Kshara.

Source of patients

40 Patients with classical signs and symptoms of Arshas which can be correlated with 2nd and 3rd degree Internal haemorrhoids were selected from OPD and IPD of TGAMC & hospital, Ballari.

Criteria for selection of cases

Inclusion Criteria

All the Patients will be diagnosed and assessed thoroughly on the basis of Ayurvedic and modern signs and symptoms of internal haemorrhoids.

- Such as Bleeding PR, Pruritis-Ani, Mucous discharge and Mass per anum.
- Patients with single pile mass of 2nd or 3rd degree.
- Age group of 30-50 years irrespective of Sex, Religion, Occupation.

Exclusion Criteria

- Thrombosed pile mass and external haemorrhoid.
- 1st and 4th degree haemorrhoids
- Subjects associated with any other systemic disorders like DM, HTN.
- Pregnant and lactating women.
- Chronic alcoholic and chronic liver disorders cases.
- Associated with any other ano-rectal diseases like ca rectum, fissure in ano, fistula in ano.
- Patients with symptoms suggestive of ulcerative colits, crohns disease.

Note: The pathological conditions mentioned in exclusion criteria were ruled out after considering the features and required investigations.

DIAGNOSTIC CRITERIA

Diagnosis will be made on the basis of sign and symptoms, by per rectal examination i.e. inspection, digital rectal examination and proctoscopic examination.

INVESTIGATIONS

CBC, ESR, RBS, CT, BT, HBs Ag, HIV 1&2

INTERVENTION

A total number of 40 patients diagnosed with Haemorrhoids will be randomly selected and divided into 2 groups namely Group A and Group B.

Group A – Tilanala pratisaraniya kshara.

Group B – Apamarga pratisaraniya kshara.

The nature of the study will be explained to the patients in details and consent will be taken. Patient will be having all the rights to withdraw from the study at any time.

All the data related to patient will be kept confidential.

MATERIALS REQUIRED FOR STUDY

Table 1: Showing materials required for study.

Surgical gloves	Q.S
Sterile swabs	Q.S
Sterile gauze pieces	Q.S
Spirit	Q.S
Povidine Iodine	Q.S
Sterile pads	Q.S
Sponge holder	1 in number
Drape	1 in number
Towel clips	2 in number
Disposable syringe of 5ml with needle	1 in number
Inj. xylocaine 2%+ adrenaline	Q.S
Lignocaine jelly 2%	Q.S
Proctoscope (without slit)	1 in number
Slit proctoscope	1 in number
Alli's forceps	1 in number
Spatula	1 in number

Artery forceps	2 in number
Tilanala teekshna pratisaraniya kshara	Q.S
Apamarga teekshna pratisaraniya kshara	Q.S
Bowl containing fresh nimbu swarasa	Q.S
Micropore plaster (2 inch)	Q.S
Lithotomy Table	1 in number
OT Lamp	1 in number

Major OT of the institution was utilized for conducting the procedures in Group A and GroupB.

PROCEDURE

Group A & Group B

Pre-operative Procedure:

- Informed and written consent was taken.
- Part preparation was done.
- Inj Xylocaine 2% test dose was given subcutaneously.
- Inj.T.T-0.5ml IM given.
- Enema was given.
- Vitals checked.

Operative Procedure:

- Under all aseptic precautions patient shifted OT.
- Patient was made to lie down in lithotomy position.
- Anus and surrounding area was cleaned with antiseptic lotion and Draping was done.
- Local anaesthesia was infiltrated in rhomboid method with Inj.Xylocaine 2% with adrenaline and manual anal dilatation was done upto four fingers.
- Then slit proctoscope was introduced and skin around pile mass was pulled laterally with Alli's tissue holding forceps to get a better view of haemorrhoids.
- The healthy anal mucosa was covered with gauze pieces to prevent spilling of kshara on it.
- Then the pile mass was gently scraped with the rough surface of spatula/sterile gauze piece.
- Then Tilanala teekshna pratisaraniya kshara in Group A and Apamarga teekshna pratisaraniya kshara in Group B was applied over pile mass, and the opening of proctoscope was closed with the palm and left for Shata matra kala.
- Then the pile mass was cleaned with Nimbu swarasa.

- Observed for Samyak kshara dagdha lakshana (Pakva Jambu PhalaVarna).
- The gauze pieces which were used to cover the anal mucosa were taken out.
- There after the anal canal was packed with Anal pack soaked in Povidine iodine, dressing was done and the patient was shifted to the ward.

Post operative procedure:

- Anal pack was removed after 6 hours, from next day onwards patient was advised to take sitz bath after passing motion for 10-15 minutes twice a day.
- Hareetaki Choorna in a dose of 1 tsp was given at night after food with luke warm water as a laxative.
- Diet was advised to the patient. Analgesics were administered if needed.

These changes were recorded in the proforma of case sheet prepared for the study. After the completion of Ksharakarma observations regarding the changes in the features and regression of pile mass were recorded in the proforma of case sheet prepared for the study.

Assessment Criteria

Assessment is based on subjective and objective parameters, assessed before and after the treatment.

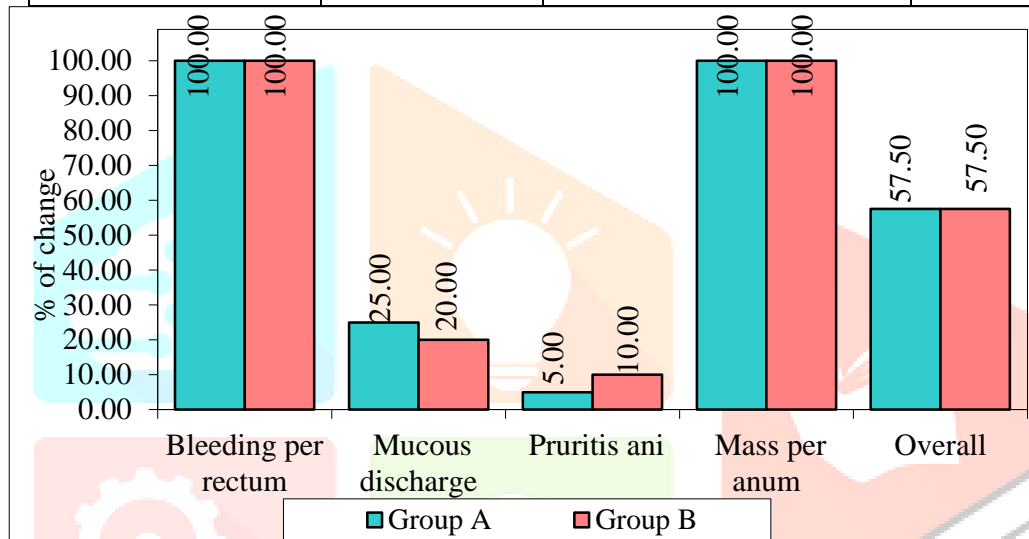
Table 02: Showing the assessment parameters.

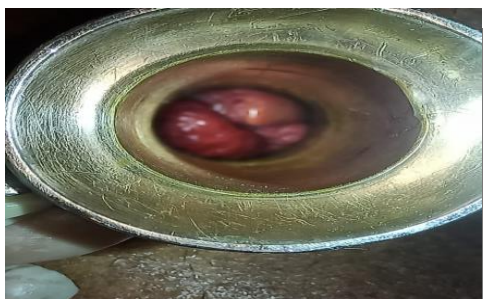
Subjective Parameter	Mucoid discharge	Present
		Absent
	Bleeding PR	Present
		Absent
	Pruritis ani	Present
		Absent
Objective parameter	Mass per anum	Present
		Absent

RESULTS

Table 03: Overall changes in all parameters in Group A and Group B

Parameters	Changes from	% of change in Group A	% of change in Group B
Bleeding per rectum	BT to Day 15	100.00	100.00
Mucous discharge	BT to Day 15	25.00	20.00
Pruritis ani	BT to Day 15	5.00	10.00
Mass per anum	BT to Day 15	100.00	100.00
Overall	BT to Day 15	57.50	57.50

**Graph no.1: Overall changes in all parameters in Group A and Group B.**

Treatment in Group A**Before treatment****During procedure (Pakva jambu phala varna)****After 8th day****After treatment****Treatment in Group B****Before treatment****After 8th day****During procedure (Pakva jambuphala varna)****After tre**

DISSCUSSION

Kshara is an alkaline caustic chemical obtained from the ashes of medicinal plants. It is the superior most among the sharp and subsidiary treatments because of performing Chedana (excision), Bhedana (Incision), Lekhana (Scraping) and Shamana of the Tridoshaja disorders. Arshas includes all kinds of growths like sentinel tags, hypertrophied papillae, anal polyps and haemorrhoidal masses also. Hence all Arshas are not Haemorrhoids but all haemorrhoids can be considered as Arshas.

Pratisaraniya kshara acts on Haemorrhoids in two ways

1. It cauterizes the pile mass directly because of its Kshara guna (corrosive nature)
2. It coagulates protein in Haemorrhoidal plexus.

The coagulation of protein leads to disintegration of haemoglobin into haem and globin. Synergy of these actions results in decreasing the size of pile mass. Further, necrosis of tissue in the haemorrhoidal vein will occur. This necrosed slough out is blackish brown discharge for 3 to 7 days. The haem present in the slough gives colour to the discharge. The tissue become fibrosed and scar formation is seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

- Ischemic necrosis occurs as the blood supply to the pile mass gets impeded.
- Chemical cauterization will be done by Tilanala and Apamarga Kshara.
- Debridement of unhealthy tissue will also be done by Tilanala and Apamarga Kshara.
- Sloughing of the mass in 3 to 7 days starts once the mass is completely devitalized.
- Wound healing by minimum fibrosis is facilitated by the action of Tilanala and Apamarga Kshara.

CONCLUSION

- The present study was conducted on 40 patients who were diagnosed with Arshas were randomly divided into 2 groups. Patients of Group A were treated with Tilanala pratisaraniya kshara and Group B patients were treated with Apamarga pratisaraniya kshara.
- The effect of treatment in both the groups have shown statistically significance results (p value <0.001) in all assessment parameters except pruritis ani. The effect of treatment in between the groups has shown statistically Non-significant.
- The percentage of improvement in both Groups on bleeding PR and Mass per anum is 100%.
- The percentage of improvement in Group A on Pruritis-Ani is 5%, on Mucous discharge is 25%.
- The percentage of improvement in Group A on Pruritis-Ani is 10% , on Mucous discharge is 20%.
- Overall result of treatment in Group A is 57.50% and in Group B is 57.50%.

- Kshara karma is a minimally invasive procedure and requires less hospital stay.
- Kshara destroys unhealthy tissue and promotes healing process.
- Patients of both the groups were cooperative, withstood the procedure well.
- By this study it can be concluded that pratisaraniya kshara is effective in obliterating pile mass and its shrinkage and as well it prevents recurrence.
- No untoward effects were observed in any of the cases in both the method of management.
- No recurrence was observed in both the groups in the follow up period.
- Based on the observations and results following hypothesis is accepted.

Tilanala Pratisarniya Kshara is as efficacious as Apamarga Pratisaraniya kshara in the management of Arshas with special reference to internal Haemorrhoids.

REFERENCES

1. Acharya Vagbhata. Ashtanga Hrudaya, Edited with Nirmala.Hindi Commentary,by Dr.Brahmananda Tripathi, Chaukambha Sanskrit sansthan, Varanasi, Nidana sthana,7th chapter.verse, 1: 477.
2. Acharya Sushruta. Sushrutha Samhita.(Nibhanda Sangraha commentary of Dalhana acharya and NyayaPanjika commentary of Gayadasa).Edited by Yadavji Trikamji,1st Edition.,Varanasi;Chaukamba Sanskrit Samsthana, Sutra sthana,33rd chapter verse no, 2014; 4: 144.
3. S.Das.Concise Textbook of Surgery.9th Edition, 2014, 45th: 1074.
4. SRB's Manual of Surgery, 6th Edition.2019. 25th Chapter, 962pp.
5. Acharya Sushruta. Sushrutha Samhita.(Nibhanda Sangraha commentary of Dalhana acharya and Nyaya Panjika commentary of Gayadasa).Edited by YadavjiTrikamji,1st Edition.,Varanasi;Chaukamba Sanskrit Samsthana 2014, Nidana sthana, 2nd chapter verse no.4,271pp.
6. S.Das.Concise Textbook of Surgery.9th Edition.2014, 45th Chapter, 1076pp.
7. RM Kirk. General surgical operations.4th ed.London:Churchill Livingstone; 2000.353-358pp.
8. Acharya Sushruta. Sushrutha Samhita.(Nibhanda Sangraha commentary of Dalhana acharya and Nyaya Panjika commentary of Gayadasa).Edited by Yadavjitrikamji,1st Edition.,Varanasi;Chaukamba Sanskrit Samsthana 2014, Chikitsa sthana, 6th chapter verse no.3,430pp.
9. Acharya Sushruta. Sushrutha Samhita.(Nibhanda Sangraha commentary of Dalhana acharya and Nyaya Panjika commentary of Gayadasa).Edited by YadavjiTrikamji,1st Edition.,Varanasi;Chaukamba Sanskrit Samsthana 2014, Chikitsa sthana, 6th chapter verse no.3,430pp.
10. Acharya Sushruta. Sushrutha Samhita.(Nibhanda Sangraha commentary of Dalhana acharya and Nyaya Panjika commentary of Gayadasa).Edited by YadavjiTrikamji,1stEdition.,Varanasi;Chaukamba Sanskrit Samsthana 2014, Sutra sthana, 11th chapter verse no.11,47pp.
11. Sadanandasharma. Rasatarangini. Edited by KrishnanathShastri. Reperint 2004; MotilalBanarsidas. Delhi. Chapter 14. Verse no 59-66. 337-339pp