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A CONCEPTUAL STUDY ON THE EFFECT OF SHIGRU PRATISARANIYA KSHARA KARMA IN THE MANAGEMENT OF ABHYANTARA ARSHAS

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ABSTRACT

Arshas is a condition which is characterized by abnormal protrusion of mamsa which obstructs gudamarga, causing discomfort to the patient like an enemy. In contemporary science Arshas can be correlated to Haemorrhoids, which is characterized by downward sliding of anal cushion that includes aggregated blood vessels, smooth muscles and elastic connective tissue in the submucosa that normally reside in left lateral, right posterolateral and right anterolateral aspect of the anal canal abnormally due to straining or other causes. Haemorrhoids constitutes about 50% of colorectal investigations. The incidence of haemorrhoids ranges from 50-85% around the world and in India it affects around 75% of population. It is incidence can be seen at any age but predominantly seen among the age group 45-65 years affecting both the genders equally. Acharya sushruta has mentioned four treatment modalities for arshas. Kshara karma is one such modality which is considered to be best among all surgical and parasurgical procedures. It is a simple and effective treatment measure with least chances of recurrence rate, causing minimal post-operative pain, discomfort and other complications, which requires minimal hospitilization and easily affordable and acceptable by the patients. The present study aims to explore the effect of shigru pratisaraniya kshara in the management of abhyantara arshas.

KEYWORDS: Arshas, haemorrhoids, pratisaraniya kshara, shigru.

INTRODUCTION

Arshas is one among Ashta mahagadha⁶,it is deergakalanubandi and dushchikitsya in nature and involves guda pradesha which is sadyo prana hara marma.^[7] Etiology being indulging in mithya ahara and vihara produces mandagni, and later aggravated doshas enters guda and vitiates gudavalis to form mamsapraroha called as Arshas.^[8] Clinical features are bleeding per anum which resembles splash in the pan, bright red and fresh blood, mass per anum.

Secondary feactures includes anaemia, mucoid discharge, pruritus-ani, pain may be due prolapse, infection or spasm. [9]

Treatment includes more liquid intake and fiber rich diet. Medical measures are local applications, sitzbath, laxatives, analgesics. Parasurgical measures includes Sclerotherapy, Banding, Cryotherapy, IRC, Laser therapy, DGHAL. Surgical measures are Hemorrhoidectomy, Stapled Haemorrhoidopexy. [10]

These interventions have complications like, they causes severe pain and discomfort due to spasm, nerve irritation, muscle injury, reactionary or secondary hemorrhage, ulceration, incontinence for faeces, injury to sphincter, retention of urine, anal stricture, anal fissure, increased recurrence rate and these modalities are realtively expensive. [11]

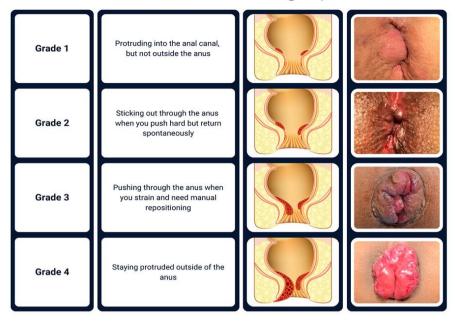
Ksharakarma is one of the four treatment modalities mentioned in *chikitsa* of *Arsha namely bheshaja, kshara, agni, shastra*. It is indicated in the *Arshas* which are *mridu, prasrita, avagada, uchchhrita*. ^[12] *Pratisaraniya teekshna ksharakarma* is one such modality which meets all the expectations enlisted above.

Shigru is a drug which is mentioned in ksharadashaka of rajanighantu in 22nd chapter, mishrakadi varga adhyaya. Shigru has gunas like kaphapittahara, shoola prashamana, vedanasthapana, shothahara, krimighna, sadyovranahara (14), arshoghna, sarvapeeda nivarana. Hence this drug is chosen for the study of pratisaraniya kshara karma in the management of

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Abhyantara arshas.

Hemorrhoid Grading System



DISEASE REVIEW

NIDANA OF ARSHAS(ETIOLOGY) Due to viruddashana, adyashana, utkstukasana, pristayana, manasika karana etc.

ROOPA OF ARSHAS(CLINICAL FEATURES)

Types	Symptoms	
Vataja asrhas	Parishushka, aruna varna, vishama madyani.	
	Resembles kadambapushpa, tundikeri, nadimukula, suchimukhakriti	
	Shula in kati, prushta, parshwa, medra, guda, nabhi ^[16]	
Pittaja arshas	Neelagra, tanu, visarpini, peetavabhasa, praklinna.	
	Resembles yakritprakasha, shukajihwa, yavamadya,	
	Jaloukavaktrasadrusha Daha and rudiraatisara ^[16]	
Kaphaja arshas	Sweta varna, mahamoola, stira, vritta, snigdha, pandu varna	
	Resembles Kariraphanasasti, gostanakara, asrava, avedana	
	Kandubahula, Mamsadhavana prakara atisara ^[16]	
Shonitaja arshas	Resembles nyagrodapraroha, vidruma, kakanantikaphala and pittaja lakshana	
	Avaghadapurisha piditani, analpa asriksrava ^[16]	
Sannipataja arshas	Sarvalakshana ^[16]	
Sahaja arshas	Durdharshana, parusha, pamshu	
	Krisha, alpabhuk, sirasantatagatra, alpapraja, ksheena reta, kshamaswara ^[16]	

SAMPRAPTI (PATHOGENESIS) OF ARSHAS

Nidana sevana (etiological factors)

1

Which lead to the vitiation of *Doshas* in one, two, or more combinations, along with *Rakta*.

Doshas then move downward through the Mahadhamani

Affects *Gudavalitraya* and causing *Arshas* in people who have *Mandagni* and other local causes.

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SAMPRAPTI GHATAKA

doshas	Tridoshaja
srotas	Raktavaha, mamsavaha and purishavaha
dooshya	Rakta, mamsa, medas and twak
srotodushti	Sanga, siragranthi
udbhavasthana	Ama-pakwashayodbhava
Avayava vikriti	Gudavalitraya
rogamarga	Abhyantara and bahya
Agni	Jataraagnimandya

DRUG REVIEW

Shigru is a drug which is mentioned in ksharadashaka of rajanighantu in 22nd chapter, mishrakadi varga adhyaya. [13] Shigru has gunas like kaphapittahara,

shoola prashamana, vedanasthapana, shothahara, krimighna, sadyovranahara, arshoghna, sarvapeeda *nivarana*^[14] property.

PROPERTIES OF SHIGRU KSHARA

Rasa: katu Veerya: ushna Vipaka: katu

Doshagna: tridoshagna

Guna: teekshna, ushna, laghu, kaphapittahara

shoolaprashamana, vedanasthapana. shothahara, krimighna, sadyovranahara, arshoghna, sarvapeeda nivarana, dahana, paachana, daarana,

vilayana, shoshana, ropana

Preparation of pratisaraneeva kshara

The Shigru panchanga, is collected and made into small pieces and dried.



Over the heap of shigru, sudhasharkara is placed and burnt into ashes by using dried tilanala.



When the ash cools down 1 drona of this ash is taken. The collected ash is mixed with 6 drona of udaka, then is kept undisturbed for 12 hours.



Later it is filtered twenty one times through mahati vastra, thick cloth to obtain the clear liquid. The liquid obtained is called ksharodaka. The filtrate (ksharodaka) obtained is kept on mandagni and continuously stirred well.



From this ksharodaka 1 to 1 and half part is removed and kept aside, this is meant for preparing the paste of katasharkara, bhasmasharkara,shukti,shankhanabhi.



Thereafter, the mixture of katasharkara, bhasmasharkara, shukti, shankanabhi, is made red hot taken in the quantity of 8 pala and is made into a paste form, added with 2 drona of ksharodaka and the process of boiling is continued. After that shukti pramana of chitraka is made into shlakshna choorna and added.



Boiling is continued till the content attains neither solid nor liquid consistency. Then it is removed from boiling and is transferred into sterile separate glass container with lid.







PROCEDURE OF PRATISARANIYA KSHARA KARMA

POORVAKARMA

- Informed written Consent is taken before the procedure.
- Injection Xylocaine test dose is given.
- Injection TT 0.5ml is given.
- ❖ Part preparation is done in perianal region.
- Proctoclysis enema is given to clear the bowel.

PRADHANA KARMA

- Subject is made to lie in lithotomy position.
- Perianal region is cleaned with betadine solution and draping is done.
- Local anaesthesia is achieved by means of infiltration block.
- Manual anal dilatation is done.
- Position of Haemorrhoidal mass is noted by proctoscopic examination.
- Then a Slit proctoscope is introduced to expose the haemorrhoidal mass.
- ❖ The healthy anal mucosa adjacent to haemorrhoidal mass is carefully covered by sufficient gauze so as to prevent spillage of *kshara* on healthy mucosa.
- ❖ Then the *shigru Pratisaraniya kshara* is applied over complete area of haemorrhoidal mass.

- Opening of proctoscope is closed with pani/vastra for shatamatra kaala.
- The haemorrhoidal mass is observed to be turned to pakwa jambu phala varna as a result of chemical cauterization by Kshara Karma.
- ❖ Then the mass is cleaned with *jambeera swarasa*.
- This procedure is repeated for the other haemorrhoidal mass also.
- All the gauze and instruments are removed and hemostasis is maintained.
- Anal canal is packed with sterile pads soaked in yashtimadhu ghrita, dressing is done. Then patient is shifted to ward.

> PASHCHAT KARMA

- Anal pack is removed after 6 hours.
- ❖ Analgesics are administered on need basis.
- From next day onwards, patient is advised to take panchavalkala kwatha sitz bath twice daily for 15 minutes after passing stool.

Triphala choorna in a dose of 5 gms with warm water is given at bed time.

Diet restriction is advised to the patient.





Figure 4: Before Tretment.



Figure 6: Pakva jambu phala varna



Figure 5: During treatment.



Figure 7: After treatment.

Materials required for pratisaraniya kshara procedure of pratisaraniya kshara karma

DISCUSSION

Kshara as described by Sushruta Acharya, holds a prominent place in Shalya Tantra due to its diverse and potent qualities like Pachana, Vilayana, Chedana, Tridoshaghna, Bhedana, Lekhna, Sodhana, Ropana, Stambhana; destroys Krimi, Ama, Kapha, Kusta, Visha and Meda. Kshara, made from a combination of drugs, possesses Tridosha Shamaka properties, indicating its balancing effect on the three doshas according to Avurveda.

Probable mode of action of shigru kshara

Pratisaraniva Ksharakarma, the application of Kshara to Arshas (haemorrhoids) induces coagulation of 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 the pile mass.



Further, necrosis of the tissue in the haemorrhoidal vein will occur.



This necrosed tissue slough out as blackish brown discharge for 3 to 7 days, the haem present in the slough gives the discharge its colour.



The tissue becomes fibrosed and scar formation seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

CONCLUSION

Hence, pratisaraniya kshara karma is a simple and effective treatment measure with least chances of recurrence rate, causing minimal post-operative pain, discomfort and other complications, which requires minimal hospitilization and easily affordable and acceptable by the patients.

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