



Research Article

**A CLINICAL STUDY ON THE EFFICACY OF VASA PRATISARANEYYA TEEKSHNA KSHARA IN THE MANAGEMENT OF ABHAYANTARA ARSHA/HAEMORRHOID**

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**ABSTRACT**

*Astamahagda*, group of eight dreadful clinical conditions told in all Ayurvedic classics. *Acharya Sushruta* enlisted *Arsha* in *Astamahagada*. *Arsha* is known as haemorrhoids in modern parlance. The altered lifestyle in this modern world is the leading cause in the incidence of Haemorrhoids (*Arshas*). Symptoms of internal haemorrhoids closely resemble to clinical features of *Abhyantara Arshas*. *Acharya Shusruta* described four types of treatment modalities for the management of *Arsha*, they are *Bheshaja Karma*, *Kshara Karma*, *Agni Karma* and *Shastra Karma*. *Kshara* is one of the most essential methods that can be used safely. An attempt has been made in this study to test the effectiveness of *Vasa Pratisaraneeya Teekshna Kshara* in the management of *Abhyantra Arsha*. In this study, 15 patients suffering from *Abhyantra Arsha* were selected from OPD and IPD of the PG Department of Shalya Tantra, NIA, Jaipur. The data obtained have been statistically analyzed and it has been observed that *Kshara Karma* is effective in curing the disease, preventing recurrence and cost-effective Para-surgical procedure. The outcome of *Kshara Karma* interference is motivating.

**KEYWORDS:** *Abhyantra Arsha*, Internal Haemorrhoids, *Vasa Pratisaraneeya Teekshna Kshara*, Para-surgical procedure.

**INTRODUCTION**

*Guda Vikara* (anorectal disorders) are gradually increasing due to sedentary lifestyle, unhealthy and improper eating patterns, excessive sitting or standing etc. in population. Such clinical manifestation not only effects physical wellbeing of the person but disturbs mental health as well. These anorectal conditions are usually associated with psychiatric symptoms due to their position and impaired suffering that impacts the quality of life. As per Ayurveda, anorectal diseases are usually caused by *Mandagni*, leading to *Vibandha* (Constipation), which is considered as the root cause of *Arsha*.

In *Sushruta Samhita* the author has described concept of *Ashta-Mahagada*<sup>[1]</sup> i.e., eight such disorders which are considered to be incurable. The *Arsha* (Haemorrhoids) has been classified under *Ashta-Mahagada*.

*Kshara* is one of the important methods which can be practiced safely. *Kshara Chikitsa* is done by two ways<sup>[2]</sup>: Internal administration of *Paneeeya Kshara* and External application of *Pratisaraneeya Kshara*.

Numerous research works have been carried out on the effectiveness of *Apamarga*, *Chitraka*, *Aragvadha*, *Saptachhada*, *Arka*, *Palasha*, *Kadali*,

*Patala*, *Nimba* and *Snuhi Kshara* in the administration of *Arsha Roga* in various centres in India. Such *Kshara* preparations, while being effective, can also cause postoperative discomfort and burning pain. Therefore, in order to solve this issue, *Vasa Pratisaraneeya Teekshna Kshara* was picked, known for its medicinal value, such as *Raktastambhaka* (Haemostasis), *Vednasthapaka* (Analgesic), *Shothahara* (Anti-inflammatory), *Jantughna* (Antimicrobial) etc. There is a need for alternative care modalities due to the shortcomings of conventional medical and surgical administration. *Pratisaraneeya Teekshna Kshara Karma* for the management of *Abhyantara Arsha* provides a marginal risk of recurrence, it is cost effective, causes less pain and bleeding, does not induce inflammation, it does not induce anal incontinence and needs a minimal hospital stay during care. No research has been carried out on the role of *Vasa as Pratisaraneeya Kshara* in the management of *Abhyantara Arsha*.

**AIMS AND OBJECTIVES**

To evaluate the efficacy of *Vasa Pratisaraneeya Teekshna Kshara* in the management of *Abhyantara Arsha*.

## MATERIALS AND METHODS

Total 15 subjects were randomly selected for the study, with ages ranging from 20yrs to 60yrs, irrespective of gender, religion etc. from OPD / IPD of P.G. Department of *Shalya Tantra*, National Institute of *Ayurveda*, Jaipur. The treatment regimen was explained clearly to the subjects and their signed, written informed consent was taken before starting of the trial.

### Inclusion Criteria

- Patients of *Arsha* between the ages of 20yrs to 60yrs.
- Patients of *Arsha* which are *Mridu*, *Prasrita*, *Avagada* and *Uchchhrita*<sup>[3]</sup>.
- Patients of *Arsha* having *Pittaja* and *Raktaja* origin.
- Diagnosed case of Internal Piles of first, second and third degree.

### Exclusive Criteria

- Patients of *Arsha*, age less than 20yrs and more than 60yrs.
- Patients with other systemic illness like uncontrolled Diabetes mellitus, Hypertension, Malignancy, Hepatitis B, Tuberculosis and Retrovirus positive.
- Fourth degree internal piles, external piles and other associated Ano-rectal diseases.
- Thrombosed or Strangulated pile mass.
- Infective and Neoplastic conditions of rectum, Rectal prolapse.
- Pelvic pathology and Pregnancy.

**Assessment criteria:** Both subjective & Objective parameters were assessed in this study, details are as follows.

**Pain:** Intensity of Pain was assessed based on grading of VAS Scale score.

### Pain:

Grade	Explanation
0	: No Pain
1	: Mild Pain (1-3)
2	: Moderate Pain (4-7)
3	: Severe Pain (8-10)

### Raktasrava (Bleeding Per Rectum)

The bleeding per rectum was graded on the basis of different criteria according to patient's own words.

### Bleeding per rectum

Grade	Explanation
0	: No Bleeding
1	: 0-5 drops
2	: 5-10 drops
3	: Bleeding in the form of splash in the pan
4	: Bleeding in the form of stream

## Size of the Pile Mass

Grade	Size of pile mass
0	: Not measurable
1	: $\leq 1.5 \text{ cm}^3$
2	: $1.6-2.5 \text{ cm}^3$
3	: $2.6-3.5 \text{ cm}^3$
4	: $3.6-4.5 \text{ cm}^3$
5	: $\geq 4.5 \text{ cm}^3$

Size of pile mass was measured by using Vernier caliper. Height and width of pile mass was measured with this instrument and length measured with thread. Size was obtained by multiplying length, breadth and height ( $l \times b \times w$ ).

## Treatment Procedure

### Poorva karma

Patients selected for the procedure were advised to remain nil orally for at least 4 hours prior to the procedure. Consent was taken. Part preparation was done in perianal region. Proctoclysis enema was given. Pre medications were administered according to need. Plain 2% xylocaine sensitivity test was done.

### Pradhana karma<sup>[4]</sup>

Patient was placed in lithotomy position on operation table. Perianal region was cleaned with antiseptic solution and draping was done. Local anaesthesia (2% xylocaine with adrenaline) was infiltrated in operative site. Lubricated normal proctoscope was introduced in anal canal, position of pile mass was noted and proctoscope was removed. Slit proctoscope was introduced and skin around pile mass was pulled laterally with Allis tissue holding forceps to get a better view of pile masses. The healthy anal mucosa was covered with wet cotton balls to prevent spilling of *Kshara* on it. *Vasa Pratisaraneeya Teekshna Kshara* was applied over pile mass and the opening of proctoscope was closed for *Shatamatrakala* (~ 2 minutes) with the palm. The pile mass was cleaned with *Nimbu Swarasa*. It was observed that whether the pinkish pile mass was turned to blackish (*PakvajambuPhala Varna*). If not, *Kshara* was applied once again till the pile mass turned to blackish colour. Once again it was washed with *Nimbu Swarasa*. This procedure was repeated on all the pile masses. Thereafter the anal canal was packed with gauze piece soaked in *Yastimadhu Taila* (*A.H. Chi. 22/41-44*) to prevent burning sensation and local oedema. Dry dressing was done and the patient was shifted to ward.

### Paschat Karma (Post-Operative Treatment)

Patients were kept nil by mouth for 6 hours after the procedure. Packing was removed after 6

hours and 20 ml of *Yasthimadhu Taila* was administered per rectal. From next day onwards, patients were advised to take sitz bath with *Sphatika Bhasma* after passing stools for 10-15 min twice a day and *Yasthimadhutaila* was pushed rectally after sitz bath for 7 days and also advised them to take following medicine:

1. *Triphala Guggulu*- 2 tablets twice daily for 7 days
2. Laxative- *Haritaki Choorna*- 5 grams at bed time for 7 days with Luke warm water.

**OBSERVATION AND RESULTS**

The data obtained was statistically analyzed as follow:

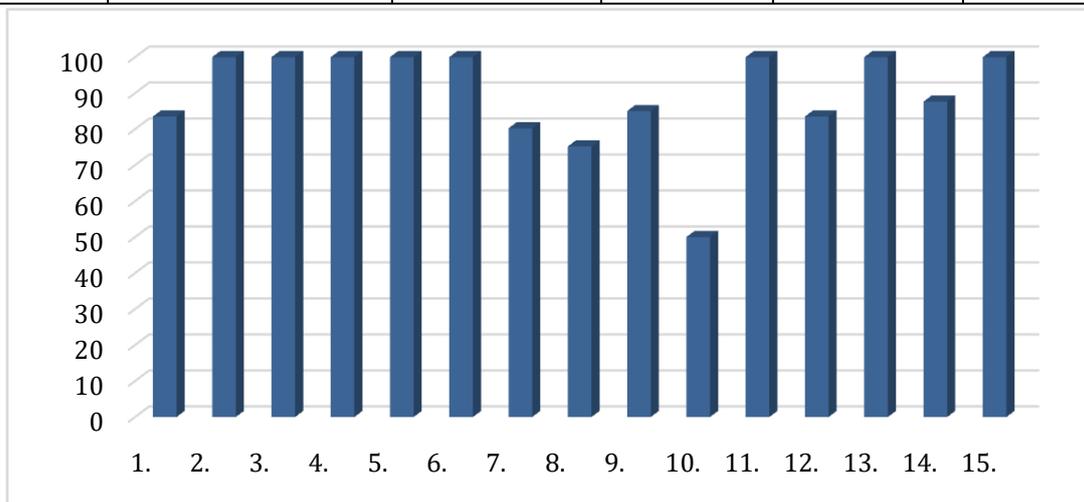
**Table 1: Observations**

Sr. No.	Parameter	Period	Observations in all 15 subjects															
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1	Bleeding	BT	2	1	1	1	1	1	1	2	1	2	2	2	1	3	3	1
		IIFW	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0
		IIFW	1	0	0	0	1	0	0	0	1	0	0	0	1	1	1	0
		IIFW	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		AT	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
2	Pain	BT	1	1	1	1	1	1	1	1	1	1	1	2	2	1	1	
		IIFW	2	1	1	2	0	1	1	1	1	1	1	2	2	1	1	
		IIFW	1	0	0	1	0	1	1	0	0	0	1	1	1	0	0	
		IIFW	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	
		AT	0	0	0	0	0	0	1	1	0	1	0	0	0	0	0	
3	Size of pile mass (prolapse)	BT	3	2	3	3	4	3	2	2	4	3	3	3	4	4	2	
		IIFW	2	1	1	0	1	2	1	1	1	1	1	1	1	1	0	
		IIFW	2	1	1	0	1	1	0	0	1	1	1	1	0	1	1	
		IIFW	1	0	0	0	0	0	0	0	1	0	0	1	0	1	0	
		AT	1	0	0	0	0	0	0	0	0	1	1	0	1	0	1	

**Percentage Difference of Individual Variable**

**Table 2: % of difference**

Sr. No.	Parameter	BT Mean	AT Mean	Mean diff.	% Diff.
1.	Bleeding	1.60	0.06	1.54	96.25
2.	Size of pile mass	3.00	0.33	2.67	89
3.	Pain	1.33	0.02	1.31	100



**Relief Percentage in Individual Subject**

**Table 3: Percentage Difference in Individual Subject**

Patient no.	BT	AT	Mean	% Difference
1.	2.00	0.33	1.67	83.50
2.	1.33	0.00	1.33	100.00
3.	1.67	0.00	1.67	100.00
4.	1.67	0.00	1.67	100.00
5.	2.00	0.00	2.00	100.00
6.	1.67	0.00	1.67	100.00
7.	1.67	0.33	1.34	80.24
8.	1.33	0.33	1.00	75.18
9.	2.33	0.33	2.00	85.00
10.	2.00	1.00	1.00	50.00
11.	2.00	0.00	2.00	100.00
12.	2.00	0.33	1.67	83.50
13.	3.00	0.00	3.00	100.00
14.	2.67	0.33	2.34	87.64
15.	1.33	0.00	1.33	100.00

**Table 4: Total Effect of Therapy in 15 Patients**

Treatment Response	No.	%
Cured	13	86.67
Marked improvement	1	06.67
Moderate improvement	1	06.67
Mild improvement	0	0
Unchanged	0	0

Observing the percentage of difference in each individual after four weeks of treatment, among 15 patients, 13 patients got cured (80%-100%), 01 patient had marked improvement (65%-79%) and 01 patient had moderate relief (40%-64%) by *Vasa Pratisaraneeya Teekshna Kshara*.



**Measuring the size of pile mass**



**Pile mass before application of Kshara**



**Pile mass just after application of Kshara**



**Pile mass after completion of the procedure**

## DISCUSSION

### Effect on Bleeding Per Anus

Vasa Pratisaraneeya Kshara provided highly significant ( $p=0.001$ ) results in reduction of bleeding per anus with percentage of relief by 46.25% after 1<sup>st</sup> week of the treatment. On 2<sup>nd</sup> week follow-up, it showed highly significant ( $p<0.001$ ) results with percentage of relief by 75.00%. On 3<sup>rd</sup> week, it showed highly significant ( $p<0.001$ ) results with percentage of relief by 96.25%. On last follow-up, it showed highly significant relief in reduction of bleeding per anus of 96.25% with p value ( $<0.001$ )

### Effect on Pain

In group B, patient showed not significant variation up to 1<sup>st</sup> follow-up ( $p=0.564$ ). While comparing up to 2<sup>nd</sup> ( $p=0.002$ ) shows significant and 3<sup>rd</sup> follow-up the result ( $p<0.001$ ) shows highly significant differences. Similarly, after treatment has shown highly significant result on pain reduction ( $p=0.001$ ).

### Effect on Size of Pile Mass

Vasa Pratisaraneeya Teekshna Kshara provided Highly significant ( $p=0.001$ ) results in reduction of size of pile mass with percentage of relief by 66.67% after 1<sup>st</sup> week of treatment. In 2<sup>nd</sup> week, it showed highly significant ( $p=0.001$ ) results with percentage relief by 73.33%. In 3<sup>rd</sup> week, it showed highly significant ( $p=0.001$ ) results with percentage relief by 91% and on last follow-up, it showed highly significant ( $p =0.001$ ) results with relief of 89%.

## CONCLUSION

From the present study, it can be concluded that Vasa Pratisaraneeya Teekshna Kshara Karma yielded promising outcome for the management of Abhayantara Arsha and it is cost effective para surgical procedure. Excellent results were obtained for both subjective and objective parameters. The present study was planned with a smaller sample size. So similar study should be carried out with larger sample size for a more reliable and comprehensive assessment.

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