

**Efficacy of *Shallaki Niryas Ksharsutra* in the Management of *Arsha* (Hemorrhoids)  
-A Case Study**

**Shailesh Dhenge<sup>1</sup>, Pronab Halder<sup>2</sup>, K Baslingappa<sup>3</sup>**

<sup>1</sup> PhD Scholar, Shalyatantra, Mandsaur University, Mandsaur Madhya Pradesh

<sup>2</sup> Professor, Rasashastra, MIAER & Hospital, Mandsaur, Madhya Pradesh

<sup>3</sup> Associate professor, Shalyatantra, Government Ayurved Medical College and Hospital, Bilaspur, Chattisgarh

According to **2019 ICD-10-CM Diagnosis Code K64.9** hemorrhoids are dilated veins in the lower part of the rectum or anal canal. Hemorrhoids can be internal or external, or protruding from inside to outside of the anal canal and having symptoms which include bleeding, itching, and pain. *Guda* (~anus) is undoubtedly a *Marma* (~vital points), and it is well known for its chronicity and difficult management and *Arsha* (~hemorrhoids) occurs in anal region. Vitiated *Dosha* (ailments) localizes in *Gudavali* (~folds), *Pradhanadhamani* (~vein) and *Mansadhara kala* (~layers) and vitiates *Twak* (~skin), *Mansa* (~muscle), *Meda* (~fats) and *Rakta* (~blood), resulting in the *Annavahasrotodushti* (~obstruction of digestive system). *Snuhikshiraksharsutra* is considered as the standard *Ksharsutra* although this *Ksharsutra* has been a landmark success but it has certain drawbacks like pain, burning sensation and itching associated during therapy. So, through this study we find out a safe, simple, effective treatment without any complication. One patient was treated with *Shallakiniryasksharasutra* ligation. Study observed that *Shallaki niryasksharasutra* ligation gives relief in pain and burning sensation. Reduction in discharge was also observed with *Shallakiniryasksharsutra*. This study finally concluded that there is need of further study on large population to established result of current study.

**Key words:** *Arsha*, Hemorrhoids, *Marma*.

### **Introduction**

Hemorrhoids are dilated veins within the anal canal in the sub epithelial region formed by radicals of the superior, middle and inferior rectal veins. Internal hemorrhoid means it is within the anal canal and internal to the anal orifice. It is covered with mucous membrane and it is bright red or purple in color. It usually commences at the anorectal ring and ends at the dentate line. The external hemorrhoid is situated outside the anal orifice and is covered by skin. The two varieties may coexist and the condition is called interno-external hemorrhoids. The internal variety may be first degree where the piles remain within anus and that may bleed but do not prolapse in second degree piles that prolapsed on straining during the defecation but return or recede spontaneously in the third-degree piles that prolapsed during stool passing but can be replaced by manual help or digital pressure or protruded.<sup>[1]</sup> *Sushruta samhita* (800 – 1000 B.C.)

*Charak samhita* (1000 B.C.) and *Acharya Vagbhata* (7<sup>th</sup> A.D.) all of them have dedicated separate chapter to describe etiology pathogenesis symptomatology and the management of *Arshas*. One of the contributions during this period is application of *Ksharsutra* described by *Chakrapani* (11<sup>th</sup> A.D.) in his *Chakradutta* in the context of *Arshobhagandar chikitsa*.<sup>[2]</sup> *Ayurveda* classified different types of *Arsha* including *Vataj, Pittaj, Kaphaj, Sannipataj, Raktaj* and *Sahaj*.<sup>[3]</sup> *Ayurveda* described some factors for *Arsha* like cold water, continuous seating and riding suppression of normal urge of micturation and defecation.<sup>[4]</sup> *Arsha* can be managed by various parasurgical measures such as *Agnikarma, Ksharkarma, Ksharsutra*. *Acharya Sushruta* has advised to apply *Ksharasutra* in weak, feeble, fearful and difficult to treat patients.<sup>[5]</sup> Generally *Snuhikshira Ksharsutra* used for ligation purpose but it also suffers with some adverse effect such as pain, irritation and burning sensation. Therefore, it was required to evaluate efficacy of some other *Ksharsutra* in the management of *Arsha*. Considering this fact present study was carried out to measure efficacy of *Shallaki niryas Ksharsutra* in the management of *Arsha*. *Shallaki Ksharsutra* made with water soluble *Shallaki niryas* liquid instead of *Snuhi kheer*. *Shallaki niryas, Apamarga* and *Haridra* were used to prepare *Shallaki niryas ksharsutra*. [Table - 1]

**Table 1: Method of Preparation Shallaki niryas Ksharsutra**

S. No.	Ingredients combination for <i>Shallaki niryas Ksharasutra</i>	No. of coatings	Total coatings
1	<i>Shallaki niryas</i>	11	21
2	<i>Shallaki niryas + Apamarga Kshara</i>	7	
3	<i>Shallaki niryas+ Haridra Churna</i>	3	

### Case Report

A 36 years old male patient visited to outpatient department of *Shalyatantra* OPD of Mandsaur institute of ayurvedic education and hospital, Mandsaur with OPD no 7937/730<sup>7937</sup> on 7<sup>th</sup> July 2020 with complaints of feeling of protrusion of mass during defecation and replaced manually with pressure since last 1 year. Intermittent active bleeding through anus during defecation since last 4 months. Discomfort during walking. On per anal examination 3,7,11 o'clock big inflamed interno-external hemorrhoids were seen. [Fig -1] Proctoscopic examination was done after blood investigations for HIV, HbsAg. Diagnosis was confirmed as a case of third grade interno-external hemorrhoids. Patient had history of constipation since last 1 year. Patient was thoroughly examined and detailed history was taken. Patient had no any history of HTN, DM or any cardiovascular disorders and had no alcoholic or narcotic addiction as well as no any significant family history. The routine laboratory investigations for blood, urine was done and all reports were found within normal limit. Patient was physically and mentally fit for surgery under local anesthesia. The patient was daily needs shop owner by occupation. This case was planned for *Shallaki niryas ksharsutra* ligation of interno-external hemorrhoids under local anesthesia.

### Pre-operative

Written informed consent was taken from patient. Part preparation was done on previous day of operation. At night soap water enema was given and in morning day of operation also soap water enema was given. Inj. Tetanus Toxoid 0.5 ml and Inj. Xylocaine sensitivity test was done on previous day of operation. Patient was advised to take breakfast in morning day of operation.

### *Ksharsutra* ligation Procedure

Patient was kept in lithotomy position on operation table. Painting and drapping was done by taking all aseptic precautions. Plain 2% Xylocain was infiltrated around the anal canal under the advice of anesthetics and draping was done. Later on, position of various pile masses was assessed. First of pile mass at 11 o'clock (right anterior) was hold by pile holding forceps and skin of external piles was incised by scissors up tomucocutaneous junction. Transfixation and ligation done with *Shallakiniryas ksharsutra*. Riff knot was applied along the incised part at four directions. Same procedure was adopted for hemorrhoids situated at 7 o'clock and 3 o'clock position. [Fig – 2] Haemostasias achieved and part was cleaned by normal saline. 5 ml *Jatyaditail* was pushed in anal canal with the help of syringe and rubber catheter. Dressing was done with *Yashtimadhughrita*. T-Bandage was applied and patient shift in the male surgical ward. Before *ksharsutra* ligation blood pressure of patient is 130/80, pulse rate was 90 /minute and oxygen saturation were 100 % after *ksharsutra* ligation blood pressure of patient is 110/80, pulse rate was 95 /minute and oxygen saturation were 99 %.

### Post *Ksharasutra* Regime

The patient was advised to have sitz bath (Luke warm water) twice a day. The patients were advised to take easily digestible diet and avoid long sitting. Appropriate antibiotics and analgesics were given for initial 5 days. *Ayurvedic* medicines were starts from next day morning for 15 days, *Panchasakarchurna* 5 gm once at night with lukewarm water, *Triphalaguggulu* 500 mg three times with normal water and per rectal instillation of *Jatyadi tail* 5 ml daily in morning.

On third post *Ksharsutra* ligation day pile masses became blackish and necrosed due to *Ksharsutra* ligation. [Fig – 3] On seventh day post *Ksharsutra* ligation pile masses sloughed out easily and fresh wound was observed. On fifteenth day of *Ksharsutra* ligation wound was observed in healing stage. On 21<sup>th</sup> day of *Ksharsutra* ligation wound was almost healed. On 30<sup>th</sup> day of wound was healed with minimum scar and there was no anal spasm. The patient was followed every 15 days up to 3 months and there was no any complaint regarding hemorrhoids.

### Result and Discussion

The use of *Shallaki* has been reported in some chronic inflammatory diseases like rheumatoid arthritis, bronchial asthma, osteoarthritis, ulcerative colitis and Crohn's disease which also shows its anti-inflammatory and analgesic property<sup>[6]</sup>.

Boswellic Acids decrease the pro-inflammatory 5-lipoxygenase products including leukotriene B4 (LTB-4) levels. As a result, the inflammation response is dampened, thus allowing for quicker healing. Boswellic acid also helps in getting rid of foul odour and eliminating any pest in the surroundings which made wound healing faster<sup>[7]</sup>. In compare to *Snuhi Ksheera*, *Shallaki* is easily available in abundant quantity in the market, can preserve for long time. *Shallaki niryas* is described as *Vranaropaka* and *Arshoghna* in *Dhanvantarinighantu*.<sup>[8]</sup> In this study *Shallaki niryas Ksharsutra* shows tremendous result in this single case study of hemorrhoids. The applied *Kshar* acts as a *Chhedya* (excision), *Bhedya* (incision), *Lekhya* (scraping) and it renders chemical cauterization of tissue by virtue of its alkaline nature facilitates cutting of tissue.<sup>[9]</sup> *Haridra* is indicated for hemorrhoids in *Chikitsa sthana* of *Charak samhita*.<sup>[10]</sup> *Curcuma longa* L. is having anti - microbial properties.<sup>[11]</sup> Turmeric powder allows minimizes reaction of caustics and helped for healing. *Jatyadi tail* play important role in *Shodhana* and *Ropana* of wound.<sup>[12]</sup> *Panchasakar churna* acts as a laxative and helped for normal bowel as patient had history of constipation.<sup>[13]</sup> *Triphala Guggulu* is indicated for the management of *Arsha* in *Sharangadhar Samhita*.<sup>[14]</sup> *Guggulu* has anti-inflammatory action so in this case study post-operative swelling gets relieved.<sup>[15]</sup> Post-operative pain, discharge, hemorrhage, healing time were lowest experienced by *Shallaki niryas Kshara sutra*. There was no adverse effect of any of the drugs observed during the course of study. Regular follow up on every week and after 4 week a small scar seen with free from all symptoms of hemorrhoids.

## Conclusion

*Kshara sutra* therapy is a radical cure in the treatment of *Arsha* without complications and recurrence. This study proved the utility of *Shallaki niryas Ksharsutra* in the management of *Arsha*. *Shallaki niryas Ksharsutra* ligation gives relief in pain and burning sensation. *Shallaki niryas Ksharsutra* is effective, easy to prepare and without any adverse effects in the management of *Arsha*.

## References

- 1) Das S, a concise textbook of surgery, tenth edition, Kolkata 2018. p 1074,75
- 2) Tripathi I, Chakradutta by Chakrapani, Arshachikitsa prakaranam, Chaukhamba Sanskrit bhawan, reprint 2015, verse 148, p 66.
- 3) Thakral K K, Sushruta samhita of Acharya Sushruta, Nidan Sthaana, chapter 2, verses 3 Varanasi: Chaukhamba Orientalia; reprint 2016.p 710.
- 4) Thakral K K, Sushruta samhita of Acharya Sushruta, Nidan Sthaana, chapter 2, verses 4 Varanasi: Chaukhamba Orientalia; reprint 2016.p 710.
- 5) Thakral K K, Sushruta samhita of Acharya Sushruta, Chikitsa Sthaana, chapter 17, verses 29, Varanasi: Chaukhamba Orientalia; reprint 2016.p 366.
- 6) Pande G S, Chuneekar K C, Bhava-prakasha by Acharya Bhavamishra, Karpooradivarga -51, 2006, Chaukhamba Bharati Academy, Varanasi, 2001.p. 212.

- 7) Vuddanda P R, Singh S, Velaga S, Boswellic acid –Medicinal use of an ancient herbal remedy: Journal of Herbal Medicine, Volume 6, Issue 4, December 2016, Pages 163-170
- 8) e-Nighantu - niimh.nic.in, Chandanadi varga, Verse 144
- 9) Thakaraal K K, Sushruta samhita of Acharya Sushruta, Sutra Sthaana, chapter 11, verses 3, Varanasi: Chaukhambha Orientalia; reprint 2016.p 104.
- 10) Agnivesha, Charak Samhita with Ayurveda Deepika commentary by Chakrapani Datta Edited by Yadav ji Trikamji Acharya, Chaukhambha Prakashan Edition 2007, Chikitsasthana-14/52, Page-504
- 11) Muhamed IA, Ahmad WANW, Ramli NS, Ghafar NA. Antimicrobial and antioxidant property of *Curcuma longa* Linn. Int J Basic Clin Pharmacol 2019; 8:2383-8.
- 12) Shastri A editor, Bhaishajyaratnavali by Kaviraj Govind Das Sen, Vranashothachikitsaprakaranam, Verse 64-67, Varanasi: Choukhamba Prakashana; edition reprint 2016, p 851
- 13) Ayurved –Sarasangraha, Shree baidyanath Ayurved bhawan limited, Churna prakarana, choukhamba Sanskrit bhawan, edition reprint 2015,p 589
- 14) Tripathi B, Sharangadhar Samhita by Acharya Sharangadhar ,Madhyama khanda, Saptamodhyaya, verse 82-83, Choukhamba surabharati prakashan Varanasi ,reprint edition 2011, p 206
- 15) Ragavi R, Saritha A Surendran. Commiphora mukul: An Overview. Research J. Pharm. and Tech 2018; 11(7): 3205-3208. doi: 10.5958/0974-360X.2018.00589.9



Fig – 1 Pre - operative

Fig - 2 Post - operative



Fig - 3 Post -operative 3 rd day Fig - 4 Post -operative 5th day



Fig - 5 Post-operative 7<sup>th</sup> day



Fig - 6 Post-operative 10<sup>th</sup> day



Fig – 7 Post -operative 15<sup>th</sup> day



Fig – 8 Post - operative 30<sup>th</sup> day    Fig – 9 Follow up after 15<sup>th</sup> days



Follow up after 3<sup>rd</sup> months