



## A CASE REPORT ON THE MANAGEMENT OF RAKTAJA ARSHA (BLEEDING PILES) BY KARANJA PRATISARANEYYA KSHARA KARMA THERAPY- A SINGLE CASE STUDY

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### ABSTRACT

Because of the changing lifestyle of modern society, hemorrhoids became one of the leading outpatient gastrointestinal diagnoses. Despite its high prevalence and low morbidity, it has a high impact on quality of life. When it comes to internal hemorrhoids with severe bleeding the patient becomes critical day by day with the addition of other symptoms related to blood loss. So immediate management of this condition is highly essential. There are different treatment modalities in the alternate system of medicine to manage this condition. But all of those are expensive, time-consuming, painful, have maximum postoperative complications, and the recurrence rate is also high. So, we can consider the treatment principle given by *Acharya Shusruta* for the management of *Arsha*, *Kshara Kshara Karma* is one among them. *Ksara Karma* is indicated in *Arsha* which are *Mridu*, *Prasrita*, *Avagada*, and *Uchchhrita*. And all of these characters are found in Bleeding piles. So, we can Use *Teekshna Pratisarneeeya Kshara* locally for its management.

**Keywords** - *Raktaja Arsha*, Bleeding Piles, *Pratisaraniya Teekshna Kshara Karma*

## INTRODUCTION

Human, the greatest creation of God has adopted so many things from nature, from the time of evolution to the present era. Coins have two sides so each advantage has always been followed by some disadvantages. No doubt all advantages gave the human a better identification but on other hand, it gave him certain afflictions too, like, Haemorrhoids and varicosities. Haemorrhoids are a disease that affects the human race only because of their erect posture and it's a common disease all over the world. Sushruta, the father of Surgery / Plastic surgery and the author of *Sushruta Samhita*, has included *Arsha* in *Astha- Mahagada*<sup>1</sup>, In the list of eight incurable diseases. So special attention is needed for the management of this diseases. In its treatment principle, he described *Chaturvidha Upakarma*, which includes *Bheshaja*, *Sastra*, *Kshara*, and *Agni karma*<sup>2</sup>. *Kshara Karma* is said to be better than *Sastra Karma* because of its *Chedana*, *Bhedana*, *Lekhana* function, it also possesses *Tridoshagna* qualities<sup>3</sup>. *Ksara Karma* is specifically indicated in *Arsha* which are *Mridu*, *Prasrita*, *Avagada*, and *Uchchhrita*. And all of these characters are found in Bleeding piles. In case of aged patients, those who are unfit for surgery, *Kshara Patana* can be the safe and effective treatment modality. Insignificant pain during and after the procedure is another merit of this process.

*Sushruta* has mentioned twenty-six drugs for the preparation of *Pratisaraneeya Kshara*<sup>4</sup>. Among them *Karanja Pratisaraneeya Teekshna Kshara* was selected for the study because of its *Arshogna* property, it also possesses the qualities like *Kandughna* (Antiallergic), *Vranaropana* (wound healing), *Sothahara* (anti-inflammatory), *Krimighna*<sup>5</sup> (antimicrobial), etc.

### CASE REPORT:

A 38yr male patient, a teacher by profession, nondiabetic, non-hypertensive, and without any surgical intervention in the past, visited Ano-rectal OPD with complaints of bleeding per rectum (Stream Like) since last 7 days, and there were some masses protruding out from anal verge which reduced spontaneously in the past 6 months. On examination, PR findings had not shown any abnormality. Proctoscopy revealed

secondary haemorrhoids at the primary position i.e., 3, 7, and 11 o'clock position. All the laboratory investigations are within normal limits. The patient was planned for *Kshara Patana* considering all the clinical findings described above.

### Procedure:

The procedure can be divided into 3 parts, i.e.,

#### *Poorva Karma:*

- Patients were advised to remain nil orally 4 hours prior to the procedure.
- Informed written Consent was taken.
- Part preparation of the perianal region was done.
- Proctoclysis enema was given.
- Plain 2% xylocaine sensitivity test was done.

#### *Pradhana Karma:*

- After taking the patient in lithotomic position on the operation table the perianal area was cleaned with an antiseptic solution and draped.
- The operative location was injected with local anaesthetic (1 percent xylocaine with adrenaline).
- A lubricated normal proctoscope was inserted into the anal canal, and the location of the pile mass was documented before the removal of the proctoscope.
- A slit proctoscope was used to see the pile masses, and the skin around them was dragged laterally using Allis tissue holding forceps.
- To prevent *Kshara* from spilling over the healthy anal mucosa, damp cotton balls were used to cover it
- *Karanja Pratisaraneeya Teekshna Kshara* was administered to the pile mass, and the proctoscope's opening was closed with the hand for *Shatamatrakala* (around 2 minutes).
- The plum colour pile masses had turned blackish (*Pakva Jambu Phala Varna*) and were cleaned with *Nimbu Swarasa*.
- The operation was carried out on each of the pile masses in a single sitting.

- To prevent burning sensations and local oedema, the anal canal was then filled with gauze pieces soaked in *Yasthimadhu Taila* (A.H. Chi. 22/41-44).

- The patient was moved to the ward after receiving a dry dressing.

#### **Paschat Karma (post-operative treatment):**

- After the surgery, patients were kept nil by mouth for 6 hours.

- After 6 hours, the packing was removed and 20 cc of *Yasthimadhu Taila* was infused per rectal.

- Patients were recommended to take hot sitz baths with *Tankna Bhasma* after passing motion for 10-15 minutes twice a day starting from the next day, and *Yasthimadhu taila* was pushed rectally after sitz bath for 7 days, as well as the patients, were advised to take the following medicines:

1. *Triphala Guggulu*- take 500 mg thrice a day for seven days.

2. *Haritaki Choorna* - 5 gram before bed for 7 days with Lukewarm water

*Pathya Ahara* and *Vihara* were recommended for all patients.

#### **Follow-Up and Outcome**

Regular follow-up is advised in 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> postoperative weeks. It is observed that the postoperative pain was increased in 1<sup>st</sup> week and gradually reduced in 2<sup>nd</sup> week, and almost absent in 3<sup>rd</sup> and 4<sup>th</sup> follow-up periods (A.C to VAS Scale). Bleeding per rectum is mucus mixed due to sloughing out of pile masses which was also increased in 1<sup>st</sup> and 2<sup>nd</sup> week and gradually decreased in 3<sup>rd</sup> week and in 4<sup>th</sup> week it was absent. The size of the pile mass which was 3.6 c.m<sup>3</sup> before treatment was reduced to 1.2 cm<sup>3</sup> in the 2<sup>nd</sup> week of follow-up and not measurable by verniers calliper after that. Anal sphincter tonicity was normal before treatment, increased in 1<sup>st</sup> follow-up week, and again regain its normal tone in 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> follow-up weeks.

#### **DISCUSSION**

*Arsha* or Haemorrhoids is the most common Ano-rectal disease which affects the haemorrhoidal venous plexus making them prominent and showing some symptoms like BPR, prolapse of some mass from the

anal canal, etc. *Kshara karma* cauterizes the pile mass directly because of its *Ksharana Guna* (corrosive nature). It also causes the protein to coagulate in the haemorrhoidal plexus. The decomposition of haemoglobin into haem and globin is aided by protein coagulation. The effect of combining these actions is the cause behind the reduction in the size of the pile's mass. The tissue in the haemorrhoid vein will also be necrotic. For 3 to 7 days, the necrosed tissue sloughed out as a blackish-brown discharge. The discharge gets its colour from the haem in the slough. The tissue is fibrous, and scars can be seen developing. The haemorrhoid vein is entirely eliminated, and haemorrhoids do not reoccur<sup>6</sup>.

#### **CONCLUSION**

*Arsha* is one of the most common *Guda Vikara* that affects the quality of life of all affected individuals. It has been enlisted as one of the *Ashtamahagada*. The use of *Kshara* was mentioned in *Abhyantara Arsha*. A number of studies have been carried out on *Apamarga Tikshana Prateesaraniya Kshara* for the management of it. The same method of preparation is followed for the preparation of *Karanja Kshara* and applied to this patient which shows a reduction in all the symptoms i.e., complete cessation of bleeding, a decrease of the size of pile mass, and persistence of normal sphincter tone and minimal postoperative burning pain which also subsided in 2<sup>nd</sup> postoperative week.

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**Fig 1: PRE-OPERATIVE**



**Fig 2: INTRA-OPERATIVE**



**Fig 3: POSTOPERATIVE**

**Source of Support: Nil**

**Conflict of Interest: None Declared**

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