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Efficacy of *Ksharasutra* in the management of *Charmakeela* : A Case Report

Anisha S Ashraf¹, Mahesh Kumar ES², Prasanna N Rao³

¹Post Graduate Scholar, Department of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, Karnataka, India.

²Associate Professor and HOD, Department of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, Karnataka, India.

³Principal and Professor, Department of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, Karnataka, India.

ABSTRACT

Sentinel pile/*Charmakeela* is a skin tag in the lower margin of the anal fissure which is oedematous and commonly associated with chronic Fissure-in-ano. It causes discomfort, itching, low grade infection, perianal hematoma and abscess formation. A case report of 34 years old lady who presented with complaints like anal discomfort, swelling, mild pain and itching in the anal region which has been treated with *Ksharasutra* application without any surgical intervention has been discussed here.

Key words: *Sentinel pile, Fissure-in-ano, Charmakeela, Ksharasutra*

INTRODUCTION

Fissure-in-ano (*Parikartika*) is an ulcer in the longitudinal axis of the lower anal canal, which commonly occurs in the midline, posteriorly but can also occur in the midline anteriorly. Anterior anal fissure is common in middle aged females due to lack of support to pelvic floor. Ulcer is superficial and small but the lesion is distressing.^[1] Fissure-in-ano is of two types namely acute fissure and chronic fissure. Sentinel pile (*Charmakeela*) is a skin tag in the lower margin of the anal fissure which is oedematous and commonly

associated with chronic fissure. It causes discomfort, itching, low grade infection, perianal hematoma and abscess formation. The common etiological factors are constipation, diarrhoea, trauma, sexually transmitted diseases, etc.

In most of the patients, history and physical examination will allow the diagnosis of an anal fissure without further investigations. An acute anal fissure appears as a fresh laceration, while a chronic anal fissure has raised edges exposing the internal anal sphincter muscle fibres underneath. Chronic anal fissures are also often accompanied by an external skin tag (sentinel pile) at the distal end of the fissure and a hypertrophied anal papilla at the proximal end (difficult to see on physical examination).

In classics, *Parikartika* resembles with fissure-in-ano having cutting and burning pain at *Guda*. The factors responsible for *Parikartika* are found as *Basti* and *Virechana Vyapada* (complication of the *Basti* and *Virechana* procedures).^[2] Chronic fissure-in-ano is having the prevalence rate approximately 30–40% of total ano-rectal sufferings whereas the incidence is supposed to be very common in constipated people particularly one who pass hard and dry stool.^[3] The

Address for correspondence:

Dr. Anisha S Ashraf

Post Graduate Scholar, Department of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Hassan, Karnataka, India.

E-mail: anishasa016@gmail.com

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modern surgical treatments such as Lord's anal dilatation, fissurectomy, and sphincterotomy have their own limitations like recurrence, incontinence, etc.

Ksharasutra therapy is becoming popular in the day-to-day practice because of its unique advantages in curing the diseases. It is a known fact that satisfactory and curable result is being achieved in ano-rectal disorders like piles, fistula, fissure, sentinel tag etc., by the application of *Ksharasutra* and other products of *Kshara* due to its *Ksharana* and *Kshanana*^[4] property. Thus, considering all factors this case study was done to evaluate the efficacy of *Ksharasutra* in the management of *Charmakeela*.

CASE REPORT

A 34 years old female patient approached *Shalya Tantra* ARC OPD with OPD number 198805. She presented with the complaints of anal discomfort, swelling, mild pain and itching in the anal region since 5 months.

History of Present Illness

Patient was apparently healthy 5 months back. Then, she had developed with constipation and there was an acute onset of pain and bleeding per rectum during defecation as streaks. The pain was present after defecation and lasted for few minutes to hours. Gradually she felt some discomfort over anal region which was associated with swelling over the anal verge. After 2 months, she had severe itching over the anal verge. So, she consulted to the *Shalya Tantra* ARC OPD of SDM College of Ayurveda & Hospital, Hassan for Ayurvedic management. Based on the symptoms and per rectal examination, she was diagnosed with *Charmakeela* (sentinel pile) as a result of chronic fissure in ano.

History of Past Illness

There were no past history of any type of allergy, diabetes mellitus, hypertension, tuberculosis or any other major systemic disorder.

Treatment History: NIL

Personal History

- Diet : Non-vegetarian
- Appetite : Good
- Bowel : Constipated
- Micturition : Regular
- Sleep : Sound

Menstrual History

Age of Menarche - 13 years

Cycle length & Frequency - 5/28

Interval - Regular

General Examination

- General Condition : Fair
- Nutritional status : Well nourished
- Pallor : Absent
- Icterus : Absent
- Cyanosis : Absent
- Clubbing : Absent
- Lymphadenopathy : Absent
- Oedema : Absent

Vitals

- BP : 110/70 mm of Hg
- Temperature : Afebrile, 98.4°F
- Pulse : 76bpm, Regular
- Respiratory rate : 18/min

Systemic Examination

Central Nervous System: Intact, Conscious, well oriented to time, place and person.

Cardiovascular System : S₁ S₂ M₀

Respiratory System : Equal air entry to B/L lung fields, NBVS +

Per Abdomen : Soft, no organomegaly, Tenderness present in Right iliac & hypogastric region

Per Rectal Examination:

- Inspection : Healed fissure with Sentinel tag at 12 'o' clock
- Digital Rectal Examination : Normal tonicity
- Proctoscopy : Anal mucosal congestion

Investigations

Routine hemogram test, Random blood sugar HIV, VDRL, Hepatitis-B surface antigen, were carried out before the treatment for fitness of the patient. Reports were normal.

Diagnosis: *Charmakeela*/Sentinel pile at 12 'o' clock position

TREATMENT METHODOLOGY

Procedure : *Ksharasutra* ligation

Purva Karma

- Patient was laid down in lithotomy position.
- Painting with Betadine solution followed by draping was done.
- All the necessary instruments, *Ksharasutra*, etc. made ready.

Pradhana Karma

- Apamarga Ksharasutra* was applied at the base of the sentinel pile with the help of artery forceps.

Paschat Karma

- Yashtimadhu Taila Pichu*
- Patient was instructed to do Sitz bath using *Triphala Kashaya* twice daily.

Follow up

- Every consecutive week until the *Ksharasutra* gets cut through.
- Signs & symptoms and size of sentinel pile was assessed every week till the *Ksharasutra* gets cut through.

Oral medications

- Tab. *Nimbadi Guggulu* (2-0-2) A/F

- Sukumara Ghritha* 10ml BD - 6am, 6pm
- Tab. *Anuloma DS* (2HS) B/F

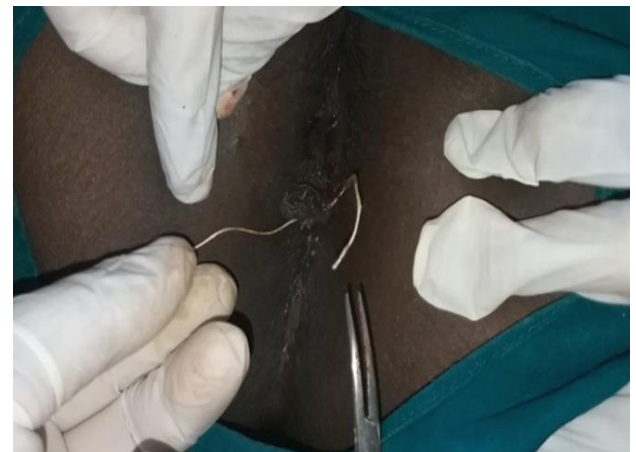
Figure 1: Sentile Pile at 12 O' Clock Position**Figure 2: Kshara Sutra Ligation at the base of sentinel tag****Figure 3: First Follow Up**

Figure 4: Second Sitting of Kshara Sutra Ligation

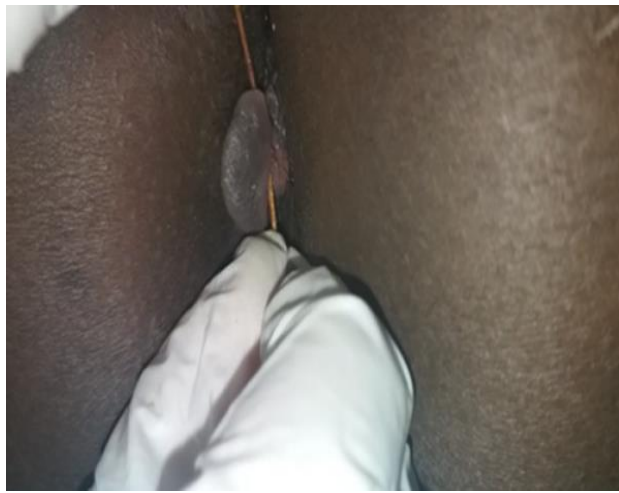


Figure 5 : Second Follow Up



Figure 6 : Third Sitting of Kshara Sutra Application

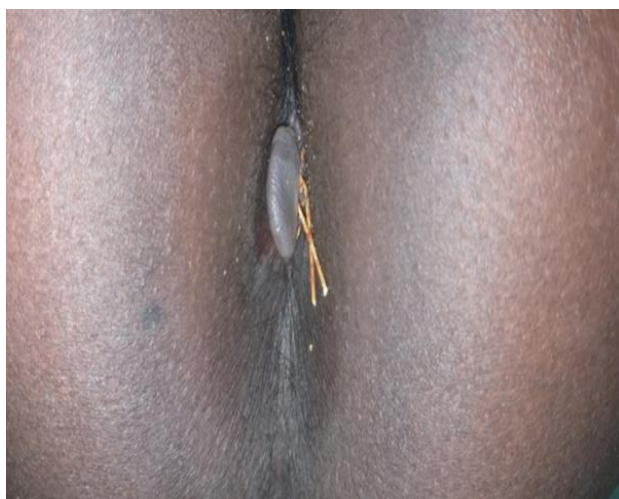


Figure 7: Sentile Pile got cut through



RESULT

- The *Charmakeela* got cut through on 3rd week with negligible wound.
- Patient was free from pain.
- Patient got symptomatic relief from the symptoms and quality of life improved.

DISCUSSION

In the present study, weekly assessment was done to find out the efficacy of *Ksharasutra* by relief in postoperative pain, oozing and days required for complete wound healing.^[5]

Table 1: Criteria of Assessment

Grade	Description
Criteria for pain	
0	Patients free from pain
1	Pain at the time of defecation and bearable which does not require any analgesic drug
2	Pain at the time of defecation and continuous which relieves after giving oral analgesic drug
3	Unbearable and continuous pain which relieves after giving injectable analgesic

Criteria for oozing	
0	Observe dry gauze piece after 24 h of dressing
1	Observe spot of blood on gauze piece after 24 h of dressing
2	Observe partially wet gauze piece with blood after 24 h of dressing
3	Observe complete wet gauze piece with blood after 24 h of dressing
Criteria for wound healing	
0	Complete healed wound with healthy scar
1	Partially healed wound with healthy granulation tissue
2	Cleaned wound without slough/discharge
3	Wound with discharge

Probable mode of action of Ksharasutra

Ksharasutra is prepared using *Apamarga Kshara* (*Achyranthus aspera* L.), *Snuhi Ksheera* (latex of *Euphorbia nerifolia* L.), and *Haridra Churna* (powder of *Curcuma longa* L.) and prepared with a standard method described in Ayurvedic Pharmacopia of India.^[5] The properties of *Apamarga Kshara* are *Chedana* (excision), *Bhedana* (incision), *Ksharana* (debridation), *Stambhana* (haemostatic), *Shodhana* (purification) and *Ropana* (healing). *Chedana* and *Bhedana* properties of *Kshara* helped in the excision of the sentinel pile.^[6] and makes the wound healthy by *Shodhana* property.^[3] The *Snuhi Ksheera* is slightly acidic in nature but also has antibacterial property^[7] which helped to check secondary infection. The *Haridra* has anti-inflammatory as well as anti-bacterial properties and hence, it is capable to make the wound clean, healthy, and promote early healing.^[3]

CONCLUSION

Though surgical management is the choice of treatment but it carries significant morbidity, expensive and needs long time for the recovery with post operative complications. *Ksharasutra* application is a minimal invasive parasurgical procedure which is cost effective. *Ksharasutra* ligation of sentinel pile is a safe, ambulatory, OPD procedure that is a good alternative to surgical management. Hence, applicability of *Ksharasutra* plays an important role in the management of *Charmakeela*.

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