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Role of *Chitraka Pratisaraneeya Kshara* in *Abhyantara Arshas* w.s.r. to Internal Hemorrhoids - A Single Case Study

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ABSTRACT

Haemorrhoid is caused by increased pressure and abnormal dilatation of the hemorrhoidal vascular plexus. Today it remains the most common anorectal disorder and more than half of people will at some point develop symptomatic haemorrhoids. Various management strategies need to be considered to ensure the success of therapy and improve the quality of life of patients with internal haemorrhoids. *Kshara Karma* is a unique, minimally invasive procedure in *Ayurveda* mentioned by *Acharya Sushruta*. A 54-year-old female admitted with a complaint of bleeding per anus and was diagnosed as Internal haemorrhoid and underwent *Kshara Karma* with no complications.

Key words: *Arshas, Chitraka, Pratisaraneeya Kshara, Internal Hemorrhoids, Piles, Ano-rectal disorders, Ayurveda*

INTRODUCTION

Hemorrhoidal disease is a pathological condition due to the abnormal engorgement of the vascular plexus beneath the anal mucosa. Today it remains the most common anorectal disorder and is frequently encountered in primary care clinics, emergency wards, gastroenterology units and surgical clinics. More than half of all people will at some point develop symptomatic haemorrhoids.^[1] The reported prevalence is about 4.4% to 36.4% of the general population, with peak prevalence occurring in individuals aged 45 to 65 years.^[2] Hospital based proctoscopy studies show 86% of patients with

haemorrhoids experience symptom.^[3] Approximately one-third of patients with haemorrhoids seek medical advice and 5%-10% do not respond to conservative treatments, necessitating surgical intervention.^[2] Multiple community-based studies have reported the prevalence of rectal bleeding ranging from 13% to 34%. Patient frequently complains of painless bright red bleeding that occurs during defecation often associated with constipation, prolapse and mucous discharge.^[4] Although it is a non-threatening condition, it impacts one's lifestyle, mental health and social well-being. Therefore, comprehensive management is essential to ensure the long-term quality of life for individuals affected by haemorrhoids.

Guda Vikara is increasing due to low fibre diet, straining on bowels, travelling or prolong sitting and suppression of urine, flatus or bowel. As per *Ayurveda*, anorectal disorders are caused by *Mandagni*, leading to *Vibandha* which is considered as the root cause of *Arsha*.^[5] *Arshas* which are *Mridu* (soft), *Prasruta* (spread), *Avagada* (deep), *Uchrittha* (elevated) should be treated by *Kshara Karma* which can replace *Shastra Karma*, as it does the functions of *Chedana*, *Bhedana* and *Lekhana Karma*.^[6] In this study, *Abhyantara Arshas* was treated with *Chitraka Pratisaraneeya Kshara*.

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CASE REPORT

The case study was undertaken in SDM Ayurveda Hospital, Udupi, Karnataka. A 54years old female who is a homemaker presented with complaints of recurrent episodes of bleeding per rectum since 1 year and increased bleeding with constipation since 2 months. History was not significant for pain, protrusion, mucus discharge and any other medical illness or surgery. Anorectal examination and proctoscopy revealed a normotonic anal sphincter with a 1st degree Internal haemorrhoid at 7 o'clock position.

Investigation

Her preoperative blood and urine tests were unremarkable. Preoperative ECG showed no abnormality.

Diagnosis - Pittaja Abhyantara Arshas (1st Degree Primary Internal Haemorrhoid)

Therapeutic Intervention - Surgical Intervention

Chitraka Pratisaraneeya Kshara applied in a single setting over Internal haemorrhoid at 7 o'clock position under IV analgesia (Inj. Tramadol).

Patient was detailed regarding the operative procedure and an informed consent was taken. Preoperative procedures carried out like s/w enema, preparation of perianal part, 6hrs nil oral and administration of pre-medication. Patient made to lie in lithotomy position, prepping and draping done. Lubricated slit proctoscope introduced, positioned against pile mass and measured using measuring stick designed to measure length of pile mass. *Chitraka Kshara* was applied to the Internal haemorrhoids at 7 o'clock position and kept for *Vaak Shatamatrakala* (62sec). The Pile mass turning into blackish colour (*Pakwajambuphala Varna*) confirmed the adequacy of the treatment. *Kshara* was neutralised by cleaning the pile mass with freshly prepared Lemon juice (*Nimbu Swarasa*). Proctoscope removed after application of *Yashtimadhu Ghruta* and dry dressing done. Patient was advised oral fluids after 3hrs followed by bland diet.

Internal medications like Tab. *Kaishora Guggulu* 450mg 1tid, Tab. *Gandhaka Rasayana* 250mg 1 tid and

Swadishta Virechana Churna 50gm 1/2tsp HS with lukewarm water were prescribed.

Observations and outcome

Observation	BT	1 st day	8 th day	15 th day	21 st day	Follo w-up 45 th day
PR bleeding	Severe->3drops	Mild-2drops	No	No	No	No
Mucous Discharge	Mild	No	No	No	No	No
Pain	Moderate	Moderate	Mild	No	No	No
Degree of haemorrhoid	1 st degree	Thrombosed 1 st degree	Nil	Nil	Nil	Nil
Consistency of stool (Bristol stool chart)	Type 2	Type 2	Type 3	Type 3	Type 3	Type 3
Complication if any	No	No	No	No	No	No

The patient responded well to the treatment. *Chitraka Kshara* was found effective in obliterating the haemorrhoid mass within 8 days of application and no mass was seen thereafter till follow up period. There was mild pain and no per rectal bleeding. Anal tone was normal. Consistency of stool was normal after 8th post operative day. Oral medicines were continued and no complications were noted in 2months follow up period.



Fig. 1: State of pile mass



Fig. 2: Application of Kshara

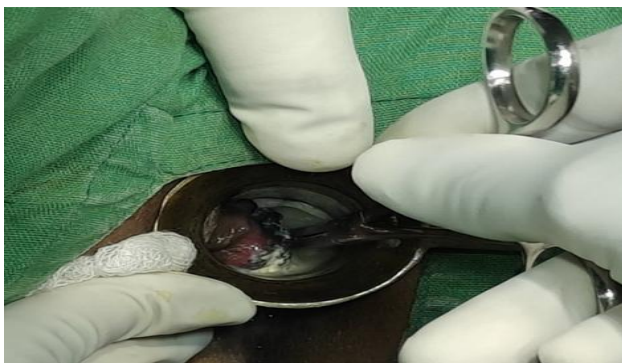


Fig. 3: Cleaned with Nimbu Swarasa



Fig. 4: Pakwajambuphala Varna



Fig. 5: Healthy granulated wound

DISCUSSION

Arshas is considered as one among the *Ashtamahagada*.^[7] This case was diagnosed as *Pittaja Arshas* which is small, purplish, moist mass with bleeding on defaecation. *Acharya Sushruta* has mentioned *Chaturvidha Sadhanopaya* in treatment of *Arshas* and *Kshara Karma* is one among them. It is indicated when *Arshas Ankura* is *Mridu*, *Prasruta*, *Avagada* and *Uchritha*.^[8] *Chitraka* is one of the drugs mentioned for the preparation of *Kshara* which has *Katu Rasa*, *Ushna Veerya*, *Arshohara*, *Lekhana* and *Krimighna* property.^[9]

Application of *Kshara* i.e. a caustic herbomineral compound, causes thrombosis of the hemorrhoidal tissue followed by necrosis and sloughing out. The inflammation that follows results in fibrosis and resolution.

Oral medications such as *Kaishora Guggulu* have predominance of *Tikta Rasa* and hence pacifies *Pitta*, reduces *Kleda Guna* of *Rakta* and also has *Lekhana*, *Shodhana*, *Vranahara* properties. It has analgesic, anti-inflammatory properties.^[10]

Gandhaka Rasayana having *Katu Rasa* and *Ushna Veerya* is a *Rasayana* and has *Tridosha Shamana*, *Vranahara*, *Jantughna* and *Shoolahara* properties. It has analgesic, anti-nociceptive and anti-inflammatory properties helping in post-operative pain management.^[11]

Swadishta Virechana Churna has laxative property which helps in making stool passage smooth with decrease in straining during defecation.^[12]

CONCLUSION

A single case study of *Chitraka Pratisaraneeya Kshara* was found effective in treating 1st degree Internal Haemorrhoid within 8 days of application and no complications were seen in 2 months follow up period. Application of this *Kshara* can be an effective alternative to conventional surgical procedures. Combination of *Kshara Karma*, oral medicines, diet restrictions and life style modifications suggested are effective in curing the haemorrhoid in the initial phase itself and preventing its recurrence.

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