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# A study on the efficacy of *Karanja Pratisaraneeya Kshara* in the management of *Arshas* w.s.r. to Internal Haemorrhoids

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## ABSTRACT

*Arshas* is by far the most common ano-rectal disease that comes across in the out-patient departments. Despite having various treatment modalities in case of *Arshas*, even today many lacunas are still existing. To overcome the lacunas, this study namely "A study on the efficacy of *Karanja Pratisaraneeya Kshara* in the management of *Arshas*" has been taken up. To evaluate the efficacy of *Karanja Pratisaraneeya Kshara*, another group comprising of *Apamarga Pratisaraneeya Kshara*, an established study was taken up. **Materials and Methods:** The study was conducted within the facilities available in the OPD and IPD of S.J.I.I.M. Hospital, Bengaluru. 40 cases of *Abhyantara Arshas* were selected from the OPD and IPD of the aforesaid institution and randomly assigned into two groups namely A and B. Subjects under Group A were treated with *Karanja Pratisaraneeya Kshara*, while subjects under Group B were treated by *Apamarga Pratisaraneeya Kshara*. **Results:** The treatment modalities of *Karanja Pratisaraneeya Kshara* and *Apamarga Pratisaraneeya Kshara* are equally efficacious in treating *Arshas*. Clinically there is no difference in the overall effect between the two groups but in minimizing the pain, bleeding per rectum and regression of pile mass after *Kshara Karma* was found earlier in *Apamarga Teekshna Pratisaraneeya Kshara* compared to *Karanja Teekshna Pratisaraneeya Kshara*. **Conclusion:** The study showed that group A and group B are equally effective.

**Key words:** *Arshas*, *Haemorrhoids*, *Karanja Pratisaraneeya kshara*, *Apamarga Pratisaraneeya Kshara*.

## INTRODUCTION

Generally none of the OPD and IPD of a hospital is run without a patient who complains of suffering from piles. It is an aphorism; the patient takes any

complaints in the perianal region as piles. Many of them may be suffering from piles and some may be suffering from other diseases of anal canal. This disease is as old as the act of defecation and maximum sufferers of the disease are one who follow sedentary habits, irregular in intake of food, excessive intake of food, spicy intake of food, etc.

Incidence of Haemorrhoids is about 10-12% of all anorectal cases. Approximately 50 to 66% of people have problems with haemorrhoids at some point in their lives.<sup>[1]</sup> In our institution i.e. Shalya Tantra OPD GAMC, Bengaluru shows, remarkable increase in incidence upto 26% of total cases.

Ancient Acharyas considered *Arshas* as one of the *Mahagada* and has been described in all Ayurvedic classics. Acharya Sushruta,<sup>[2]</sup> the father of Indian

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Surgery described about this disease in detail, the prime etiological pathogenic factor of *Arshas* is *Mandagni* i.e., hypofunction of digestive enzyme, which in turn leads to constipation and prolonged contact of accumulated *Mala* to *Gudavali* causes development of *Arshas*.

Today haemorrhoidectomy is considered as an ideal treatment in haemorrhoids. Other modern modalities evolved in haemorrhoids are rubber band ligation, sclerotherapy, infrared photocoagulation, cryosurgery, laser therapy, staple technique etc.<sup>[3]</sup> But none of these fulfil the requirement in successful management.

A good number of surgical, parasurgical and medical treatments have been advocated to manage this condition (*Arshas*). Four principal therapeutic measures are told in the management of *Arshas*<sup>[4]</sup> i.e. *Bhesaja*, *Kshara*, *Agni* and *Shastra Karma*. *Acharya Sushruta* in spite of being primarily a surgeon, has laid minimum emphasis on surgery, has emphasized much on the procedure of *Kshara Karma* among para surgical procedures while describing the *Chikitsa* of *Arshas*. The effect of *Kshara* is praised so much that it can replace *Shastra Karma* since it does the *Chedana*, *Bhedana*, *Lekhana Karma*<sup>[5]</sup> without the help of *Shastra*. *Kshara Karma* is a minimal invasive procedure, which is simple, safe, effective, ambulatory, minimal or no complications and easily acceptable by patients.

In particular, *Kshara Karma*, for the treatment of piles is cost effective, needs minimal hospitalization and has least adverse effects and can be employed efficiently in the management of haemorrhoids particularly internal haemorrhoids. It is also observed that recurrence rate by *Kshara Karma* treatment is remarkably less when compared to the surgical methods of management in previous works done.

*Karanja* is having *Kshara* property and is described as *Kapha Vatahara*, *Shothahara*, *Bhedana* and *Arshoghna*. *Karanja* has varied degrees of *Kshara* property and is said to possess anti inflammatory, anti-microbial property. One of the big advantage of

*Karanja* is that it is easily available and cost effective.<sup>[6]</sup>

Considering all these factors, an attempt was made in this study to substitute *Apamarga Pratisaraneeya Kshara* with *Karanja Pratisaraneeya Kshara* for the procedure of *Kshara Karma* used in the management of *Arshas*.

The present study aims towards the efficacy of *Karanja Pratisaraneeya Kshara* in the management of *Arshas*. To assess the significance of the same, another study was taken up where in, *Kshara* prepared out of *Apamarga* was used in the management of *Arshas* which is an established study.

## AIMS AND OBJECTIVES

1. To study the efficacy of *Karanja Pratisaraneeya Kshara* in *Arshas*.
2. To study the efficacy of *Apamarga Pratisaraneeya Kshara* in *Arshas*.
3. To determine the efficacy of *Karanja Pratisaraneeya Kshara* by comparing the effect with *Apamarga Pratisaraneeya Kshara* in *Arshas*.

## MATERIALS AND METHODS

### Method of collection of data

The study was conducted at SJHIM Hospital Bengaluru. Patients suffering from classical features of *Arshas* specially internal haemorrhoids were selected for the study from the OPD & IPD. It is the open clinical study where 40 patients suffering from *Arshas* were selected randomly and made each group of 20 patients.

### Criteria for selection of cases

#### Inclusion criteria

- Bleeding per anum
- Pruritis ani
- Mucoid discharge
- Patients with single pile mass of 2<sup>nd</sup> or 3<sup>rd</sup> degree.

**Exclusion criteria**

- Associated with any other ano-rectal diseases.
- Internal haemorrhoids with any complications
- Thrombosed haemorrhoids.
- Age of the patients below 16yrs and above 60yrs.
- Haemorrhoids during pregnancy.
- Patients suffering with any other systemic diseases.

**Study Design**

40 patients suffering from Internal haemorrhoids were selected for the study and included under two groups namely Group A and Group B with 20 patients in each group.

**Group A** - Patients under this group were subjected to *Karanja Pratisaraneeya Ksharakarma*.

**Group B** - Patients under this group were subjected to *Apamarga Pratisaraneeya Ksharakarma*.

**PROCEDURE****Group A****Pre-operative Procedure**

- Informed consent was taken.
- Part preparation was done.
- Inj Xylocaine 2% test dose was given subcutaneously.
- Soap water enema about 100ml was given.
- Pre medications and anaesthesia were administered according to the need.

**Operative Procedure**

Patient was made to lie down in lithotomic position; anus and surrounding area was cleaned with antiseptic lotion. Draping was done. Local anaesthesia was infiltrated in rhomboid method with 2% xylocaine and manual anal dilatation was done sufficient enough to admit four fingers. Lubricated normal proctoscope was introduced, position of pile mass was noted and proctoscope was removed. Then

slit proctoscope was introduced and skin around pile mass was pulled laterally with Allis's tissue holding forceps to get a better view of haemorrhoids.

The healthy anal mucosa was covered with wet cotton balls to prevent spilling of kshara on it. Then the pile mass was gently scraped with the rough surface of spatula. Then *Karanja Teekshna Kshara* was applied over pile mass, and the opening of proctoscope was closed for about 1 to 1½ minute (*Shata Matra Kala*) with the palm. Then the pile mass was cleaned with lemon juice and normal saline.

Observed whether the pinkish pile mass was turned to blackish (*Pakva Jambu Phala Varna*). If not, *Kshara* was applied once again till the pile mass turned to blackish colour. Once again it was washed with lemon juice and normal saline wash was given. There after the anal canal was packed with gauze piece soaked in povidine iodine, dry dressing was done and the patient was shifted to the ward.

**Post operative procedure**

- Anal pack was removed after 6 hours, from next day onwards patient was advised to take *Panchavalka Kwatha* sitz bath after passing motion for 10-15 minutes twice a day.
- *Triphala Choorna* in a dose of 1 tsf was given at night with luke warm water as a laxative.
- Diet restriction was advised to the patient. Analgesics were administered according to the need.
- These changes were recorded in the proforma of case sheet prepared for the study. After the completion of *Kshara Karma* observations regarding the changes in the features and regression of pile mass were made daily and the same were recorded in the proforma of case sheet prepared for the study.
- In cases where total recovery was obtained, a duration of 60 days was fixed to observe the possibility of recurrence and the same was recorded in the proforma of case sheet.

**Group B**

**Procedure of *Kshara Karma***

Pre-operative and post-operative procedure is same as above

**Operative Procedure:** Procedure is same as above, but here instead of *Karanja Kshara*, *Apamarga Kshara* is applied.

**ASSESSMENT CRITERIA**

**Subjective parameters**

**Bleeding Per anum**

Absent - A

Present - P

**Pruritis ani**

Absent - A

Present - P

**Mucoid discharge from the anus**

Absent - A

Present - P

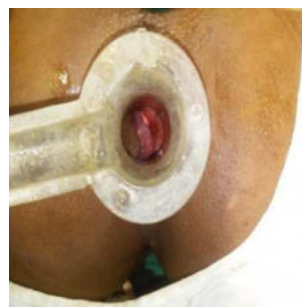
**Regression of pile mass**

Absent - A

Present - P



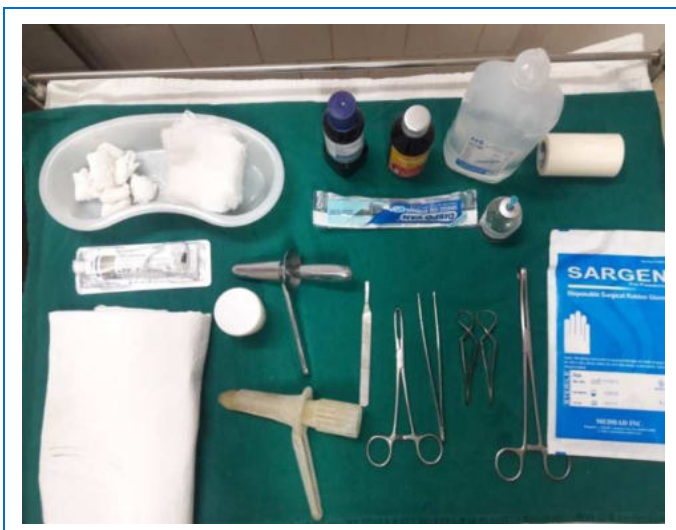
Photographs showing the procedure of *Apamarga Pratisaraneeya Kshara Karma*



**RESULTS**

Table 1: Showing Overall effect of treatment in group A.

Grading	Relief in Percentage	Relief in Patients
No Improvement	0-25%	0



Photographs showing procedure of *Karanja Pratisaraneeya Kshara Karma*

Mild Improvement	26–50 %	0
Moderate Improvement	51 – 75%	0
Marked Improvement	76 – 100 %	20

The percentage of improvement in Group A on Bleeding Per Rectum is 100%, Pain is 100%, Pruritis Ani is 100% and Mucoid Discharge is 100%.

**Table 2: Showing Overall effect of treatment in group B.**

Grading	Relief in Percentage	Relief in Patients
No Improvement	0-25%	0
Mild Improvement	26–50 %	0
Moderate Improvement	51 – 75%	0
Marked Improvement	76 – 100 %	20

The percentage of improvement in Group B on Bleeding Per Rectum is 100%, Pain is 100%, Pruritis Ani is 100% and Mucoid Discharge is 100%.

**Table 3: Comparative results of Group-A and Group-B**

Characteristics	Group-A			Group-B		
	Mean score		Relief (%)	Mean score		Relief (%)
	BT	AT		BT	AT	
Bleeding Per Rectum	0.95	0	100	0.95	0	100
Pain	0.95	0	100	0.95	0	100
Pruritis Ani	0.4	0	100	0.35	0	100
Mucoid Discharge	0.6	0	100	0.45	0	100

## DISCUSSION

*Karanja* is described as having *Kapha Vatahara*, *Shothahara*, *Bhedana*, *Arshogna* properties. *Karanja* has varied degrees of *Kshara* property, analgesic, anti-microbial property. One of the big advantage of *Karanja* is that it is easily available and cost effective. After the preparation of *Kshara* the pH of *Karanja Kshara* was found to be 11.5 where as pH of *Apamarga Kshara* was found to be 13.5.

*Kshara* is a caustic chemical, alkaline in nature obtained from the ashes of medicinal plants. It is a milder procedure compared to *Shastra Karma* (surgery) and *Agnikarma* (Thermal cautery).

The conventional *Teekshna Kshara* contains *Shukti*, *Shanka*, *Chitraka*. As per the opinion collected at various CME, ROTP programmes, State level and National level seminars etc., the treatment of *Arshas* by *Teekshna Kshara* prepared by using *Shankh*, *Shukti*, *Chitraka*, *Danti* etc. as mentioned in the text book '*Sushruta Sutrastana* chapter 11 *Kshara Vidhi Adhyaya*' was found very effective.

*Kshara* is described as one among the *Anushastras* or *Upayantras*. It is the superior most among the sharp and subsidiary instruments because of performing *Chedana*, *Bhedana*, *Lekhana* and destroys the *Tridoshaja* disorders. It is versatile, because even such places which are difficult in approach by ordinary measures, can be treated by *Kshara Karma*. *Kshara Karma* is more effective than the other modalities of treatment, because they can be administered both internally and externally. *Kshara Karma* is useful as a substitute of surgical instruments, because they can be used safely on the patients who are afraid of surgery. The detailed description of its preparation, classification, indications and contraindications are available in *Sushruta Samhita*.

### Probable mode of action of Pratisaraneeya Ksharakarma in general;

*Pratisaraneeya Kshara* acts on haemorrhoids in two ways,

- 1) It cauterizes the pile mass directly because of its *Ksharana Guna* (corrosive nature).
- 2) It coagulates protein in haemorrhoidal plexus.

The coagulation of protein leads to disintegration of haemoglobin into haem and globin. Synergy of these actions results in decreasing the size of the pile mass. Further, necrosis of the tissue in the haemorrhoidal vein will occur. This necrosed tissue sloughs out as blackish brown discharge for 3 to 7 days. The haem present in the slough gives colour to the discharge. The tissue becomes fibrosed and scar formation is seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

- **Ischaemic necrosis** occurs as the blood supply to the pile mass gets impeded.
- **Chemical cauterization** will be done by *Karanja & Apamarga Kshara*.
- **Debridement of unhealthy tissue** will also be done by *Karanja & Apamarga Kshara*.
- **Sloughing of the mass in 3 to 7 days** starts once the pile mass is completely devitalized.
- **Wound healing by minimum fibrosis** is facilitated by the action of *Karanja & Apamarga Kshara*.

## CONCLUSION

No untoward effect were observed in any of the cases in both the methods of management namely, *Karanja Teekshna Pratisaraneeya Kshara Karma* and *Apamarga Teekshna Pratisaraneeya Kshara Karma*. The procedures in both the methods were simple, economical with minimal hospitalization. The treatment modalities of *Karanja Teekshna Pratisaraneeya Ksharakarma* and *Apamarga Teekshna Pratisaraneeya Ksharakarma* are equally efficacious in treating *Arshas*. Comparative analysis of the overall effect of the treatments in both the groups was done statistically where in Group A overall result was 100% and Group B overall result was 100%. Clinically there is no difference in the effect between the two groups except in minimizing the pain after *Ksharakarma* where *Apamarga Teekshna Pratisaraneeya Kshara* fared better which may be because of the action of *Vata-Kaphahara* and *Ushna Virya* property of *Apamarga*, bleeding per rectum was also less in *Apamarga Teekshna Kshara* compared to *Karanja*

*Teekshna Kshara*, also regression of pile mass which was quite earlier in *Apamarga Pratisaraneeya Kshara* compared to *Karanja Pratisaraneeya Kshara*. Patients of both the groups were co-operative, withstood the procedure well and there was better acceptability in the group treated with *Apamarga Pratisaraneeya Ksharakarma* because of less pain suffered from the patients when compared to the group treated with *Karanja Pratisaraneeya Ksharakarma*. As the sample size in this study was small, high claims cannot be made as regards the total outcome. However, the future scholars can take up this study with more number of cases and in multiple centres, which may give more accurate results. No recurrence was observed in both the groups after in the follow up period.

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