

MANAGEMENT OF ARSHOBHAGANDARA THROUGH PRATISARANEYYA KSHARA KARMA AND MODIFIED CHEDANA – A CASE REPORT

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ABSTRACT

Arshobhagandara, as the name suggests is a conglomeration of two words *Arshas* and *Bhagandara*. Ayurveda considers both *Arshas* and *Bhagandara* among *Ashtamahagadas* indicating their grievous condition. Acharya Vagbhata has described 7 types of *Bhagandara* among which *Arshobhagandara* is told as caused by vitiation of *Kapha* and *Pitta dosha*. In this condition patient presents with features of both *Arshas* and *Bhagandara*. *Chaturvidha upakramas* of *Arshas* includes *Bheshaja Chikitsa*, *Kshara karma*, *Agnikarma* and *Shastra chikitsa*. *Bhagandara chikitsa* involves *Shodhana* by means of *Virechana*, *Eshana*, *Paatana* and *Agnikarma*. In the present case report, A patient aged 42 years who is N/K/C/O DM, HTN, TB came with complaints of bleeding per anum and burning sensation after defecation occasionally since 6 months, mass per anum since 4 months. He also complained of pus discharge occasionally in the past 2 months. On examination he was diagnosed with internal haemorrhoid at 7, 11 o'clock position and Blind external fistula in ano with internal opening at 6 o'clock, 1 cm away from anal verge which can be correlated with *Arshobhagandara*. Patient was treated with *Pratisaraneeya Kshara karma* for *Arshas* and modified *Chedana* in the form of electrocautery to lay open the blind external fistula track at 6 o'clock and got fully recovered in 33 days.

INTRODUCTION

In Ayurveda both *Arshas* and *Bhagandara* are considered among *Ashta Mahagadas*, which means they are difficult to cure.^[1]

Arshas can be considered as haemorrhoids in modern medicine. Haemorrhoids are dilated, tortuous veins occurring in relation to the anus and originating in the epithelial plexus formed by radicals of the superior, middle and inferior rectal veins which has clinical features like bleeding per anum, prolapse of mass per anum, pain and mucus discharge from anus.^[2]

Acharya Sushruta states four treatment modalities for *Arshas* i.e., 1. *Bhaishajya chikitsa* 2. *Kshara karma*, 3. *Agnikarma* 4. *Shastra karma*. *Ksharakarma* is indicated in *mru*du (Soft), *prasruta* (Extensive), *avagadha* (Deep), and *uchhritani* (Raised) *arsha*.^[3] *Kshara*, in Ayurveda, performs various crucial functions such as *chedana* (cutting), *bhedana* (Splitting), and *lekhana* (Scraping). It also has properties like *dahana* (Burning), *pachana* (Digesting), *vilayana* (Dissolving), *shodhana* (Cleansing), *ropana* (Healing), *shoshana* (Drying), *sthambhana* (Stopping bleeding), *krimighna* (Anti-parasitic), *kaphaghna* (Alleviating phlegm), *kushtaghna* (Treating skin diseases), *vishaghna* (detoxifying), and

medoghna (Reducing fat). Due to these multifaceted therapeutic actions, *ksharakarma* is regarded as superior among surgical and parasurgical techniques in Ayurveda.^[4]

Modern treatment options for haemorrhoids include conservative management with laxatives and high-fibre diets. However, these methods have limitations and cannot provide a radical cure, as the pile mass often requires surgical intervention. Surgical methods include Sclerotherapy, Rubber Band Ligation, Infrared Photocoagulation, Maximal Anal Dilatation (Lord's Procedure), Haemorrhoidectomy, Cryosurgery, Ligation and Excision Method, DGHAL (Doppler Guided Haemorrhoidal Artery Ligation), Stapled Haemorrhoidectomy, and Laser Haemorrhoidoplasty. Each of these procedures comes with its own set of complications. Common acute complications include bleeding, infection, and urinary retention, while the most feared long-term complications are fecal incontinence, anal stenosis, and chronic pelvic pain.

Bhagandara

It refers to *daarana* in *Bhaga*, *Guda*, *Basti pradesha*. *Apakaavastha* of *Bhagandara* is noted as *Bhagandara pidaka* and *Pakvavastha* is known as *Bhagandara*.^[5]

Kapha and *Pitta* invading the previously existing haemorrhoids give rise to swelling, itching, and burning sensation and very soon ripens forms a fistula by softening. The roots of the pile mass begin to eliminate fluid constantly through its sinuses. This condition is known as *Arshobhagandara* and is mentioned by Vagbhata.^[6]

Bhagandara nadi is classified based on its opening into two categories

1. **Arvachina:** This term signifies an external blind opening (*Antarmukhi*), implying that the opening of the *Bhagandara Nadi* is not visible externally.
2. **Parachina:** This term denotes an internal blind opening (*Bahirmukhi*), suggesting that the opening of the *Bhagandara Nadi* is visible externally.^[7]

In contemporary science, *Bhagandara* is compared to fistula-in-ano. The condition presents a range of symptoms, including pain, swelling, discharge, itching, and social embarrassment. In modern surgical practices, various modalities such as fistulectomy, fistulotomy, fibrin glue application, fistula plug insertion, video-assisted anal fistula treatment (VAAFT), and ligation of the inter-sphincteric fistula tract (LIFT) are employed, each carrying its own set of advantages and disadvantages.^[8]

In this case report, a patient of *Arshobhagandara* having Internal haemorrhoids at 7, 11'o clock and internal opening at 6'o clock position was treated with *pratisaraneeya ksharakarma* for *arshas* followed by *chedana* of *Bhagandara nadi*.

CASE REPORT

Chief complaints

1. Bleeding per anum since 6 months
2. Burning sensation after defecation occasionally since 6 months,
3. Mass per anum since 4 months.
4. Pus discharge occasionally in the past 2 months.

History of present illness

A 42 years old male patient who is n/k/c/o DM, HTN, TB was apparently normal before 1 year. Then he suffered from hard stools and difficulty in defecation following which he developed Bleeding per anum and burning sensation after defecation occasionally since 6 months. Later after 2 months he noticed mass per anum for which he consulted ESI Medical Hospital. He was advised to do Sitz bath twice a day and Lignocaine gel was given for local application. He got mild relief from the symptoms for few weeks but the symptoms used to recur whenever he passed hard stools. He also noticed pus discharge from anus occasionally since 2 months and therefore again consulted ESI Hospital. He was again advised with Sitz bath, antibiotics and further investigations. MRI was done at same hospital and it revealed findings of fistula in ano for which he was

advised to undergo surgery. But patient approached SJGAUH for Ayurveda management.

History of past illness

- Not known case of T₂ DM/ HTN/ TB/ Thyroid disorder
- Infected chronic fissure in ano 4 months ago.

Treatment history

Medical history

- Tab CIPLOX 500 mg bd for 5 days A/F
- Tab. PANTOP 40 mg od for 5 days B/F
- Sitz bath with warm water twice daily for 20 mins

Surgical history

Patient has not undergone any surgery before.

Family history

No other members in the family have suffered from similar complaints.

Personal history

- Appetite- Moderate
- Sleep- Sound
- Bowel – Hard stools
- Micturition- 5-6 times/day, 1-2 times/ night
- Habits: Tea- 4 times/ day
- Addictions- Nil

General examination

Temperature: 98.3 degree Fahrenheit

Pulse rate- 68 bpm

Blood pressure- 110/80 mmHg

Respiratory rate- 17cpm

Pallor, icterus, cyanosis, clubbing, lymphadenopathy and edema are absent.

Ashta sthana pareeksha

- Nadi- 72 bpm
- Mala- vaikruta, hard stools, once/ day
- Mootra- prakrita, 5-6 times/day, 1-2 times/ night
- Jihwa- Alipta
- Shabda- Prakrita
- Sparsha- Anushna sheeta
- Drik – Prakrita
- Akrti- Madhyama

Systemic examination

CNS - Concious and well oriented to time, place and person, HMF intact, Cranial nerves – within normal limit
CVS – S1, S2 heard, No cardiac murmur, No ectopic beats present

RS- Normal vesicular breath sound present, air entry bilaterally equal,

No ronchi/ rhales/ wheezing

P/A-Soft and elastic, non-tender, no organomegaly present.

Local examination

On inspection

- Mild excoriations present in perianal region
- Chronic fissure in ano at 6 o clock
- No external opening
- Pus discharge – present from inside the anus

Per rectal examination

- Sphincter tone – Normal
- Dimpling (internal opening) felt at 6 o clock position approximately 2 cm away from anal verge

Proctoscopic examination

- Internal haemorrhoids at 7, 11 o clock position
- Internal opening at 6 o'clock position, approximately 1 cm away from anal verge.

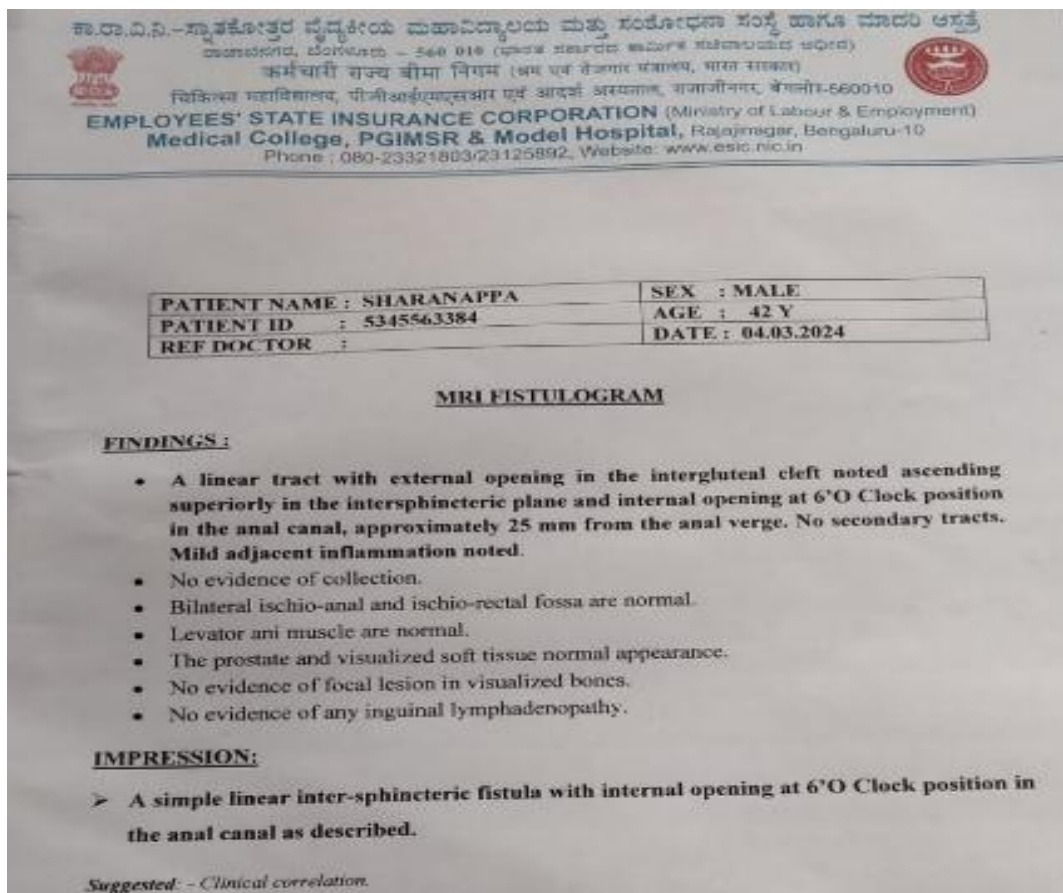
Investigations

Haemoglobin	12.7 g/dL
Total Count	8.2*10 ³ /uL
RBC	4.5*10 ⁶ /uL
ESR	26 mm/ 1 st hr
BT	2 mins 8 secs
CT	4 mins 32 secs
Platelet count	2.98* 10 ³ /uL
RBS	118 mg/dL
HIV	Non-reactive
HbSAG	Negative

MRI Report

A linear tract with external opening in the intergluteal cleft noted ascending superiorly in the intersphincteric plane and internal opening at 6'O Clock position in the anal canal, approximately 25 mm from the anal verge. No secondary tracts. Mild adjacent inflammation noted.

Impression: A simple linear inter sphincteric fistula with internal opening at 6 o clock position in the anal canal as described.



METHODOLOGY

Pre-operative procedure

- ❖ Informed written consent was taken.
- ❖ Part preparation done.
- ❖ Vitals recorded.
- ❖ Weight of patient was measured.
- ❖ Inj. T.T 0.5 ml IM was given.

- ❖ Inj. xylocaine test dose 0.5 cc was given subcutaneously.
- ❖ Sodium phosphate 100 ml enema was given. Patient was shifted to operation theatre after confirming the bowel clearance.

Operative procedure

- ❖ Patient was taken in lithotomy position.
- ❖ The surgical area was painted with a 10% povidone iodine solution followed by surgical spirit and then draped with hole towel
- ❖ Local anaesthesia was infiltrated with inj. Lignocaine 2% after calculating maximum dose according to weight. (3.5 – 5 mg/kg).
- ❖ Surgical procedure was started after confirming the effect of anaesthesia.
- ❖ Manual anal dilatation was done and achieved up to 4 fingers.
- ❖ Lubricated proctoscope was introduced. Haemorrhoidal mass and their position were noted.
- ❖ Slit proctoscope was introduced with respect to position of haemorrhoidal mass and skin around haemorrhoidal mass was retracted with Alli's tissue holding forceps to get a better view of haemorrhoid.
- ❖ The anal mucosa around the haemorrhoidal mass was covered with wet gauze piece to prevent spilling of *kshara* on it.
- ❖ Haemorrhoidal mass was gently scraped with the serrations over BP handle. Then *nakhotsedha matra teekshna apamarga kshara* was applied over haemorrhoidal mass and opening of proctoscope was closed for *shata matra kala* with the palm.
- ❖ Haemorrhoidal mass was observed for the change in colour from reddish pink to bluish- black (*pakwa jambu phala varna*) and then *Kshara* was washed with vinegar followed by normal saline.

- ❖ Same procedure was followed for haemorrhoidal mass at 11 o clock position.
- ❖ Slit proctoscope and wet gauze piece were removed from anal canal.
- ❖ Retrograde probing was done from internal opening and fistula tract was laid open (modified *chedana*) by means of electrocautery.
- ❖ Haemostasis was achieved
- ❖ An anal pack smeared with povidone-iodine, 2% lignocaine gel, and *Yashtimadhu Ghrita* was placed within the anal canal.
- ❖ Sterile dressing was done.
- ❖ Patient withstood the procedure well and the procedure went uneventful.
- ❖ Vitals recorded and the patient was shifted to ward.

Post operative procedure

- ❖ Anal pack was removed after 6 hours.
- ❖ Analgesics were administered according to the need.
- ❖ From Post operative day 1 patient was advised to do *panchavalkala kwatha* sitz bath twice daily for 20 mins
- ❖ 20 ml of *Yashtimadhu ghritiha purana* was done for 7 days.

Oral medications

- 1) *Triphala churna* in dose of 1 tsp was given at night with luke warm water as laxative.
- 2) *Triphala guggulu* 1-1-1 A/F
- 3) *Gandhaka rasayana* 1-1-1 A/F



Treating arshas with pratisaraneeya kshara karma



Treating bhagandara nadi with modified chedana using electrocautery

OBSERVATION AND RESULT

Patient complaining of bleeding per anum and burning sensation after defecation occasionally since 6 months, mass per anum since 4 months, pus discharge occasionally in the past 2 months. N/K/C/O T2DM, HTN and Thyroid disorder was diagnosed as *Arshobhagandara* and planned for *Pratisaraneeya Ksharakarma* for *Arshas* followed by Modified *Chedana karma* for *Bhagandara nadi*.

Teekshna Apamarga Kshara was applied over haemorrhoidal mass, colour change was observed from reddish pink to bluish black (*Pakva jambuphala varna*) in 100 sec (*Vaak shata matra kala*). Retrograde probing followed by modified *Chedana karma* was done for fistula tract using electro cautery.

From post operative day 1 *yastimadhu ghrita poorana* 20 ml from anal route was started for 7 days.

POD 1	O/I	No prolapse of haemorrhoidal mass Post operative fistulotomy wound – healthy granulation tissue present No slough No pus discharge present No Active bleeding present
	O/P	P/R – not done (due to post operative wound) No tenderness
POD 17	O/I	No prolapse of haemorrhoidal mass Post operative fistulotomy wound- Healed
	O/P	Sphincter tone – Normal No tenderness
POD21	O/I	No prolapse of haemorrhoidal mass Post operative fistulotomy wound- Healed
	O/P	Sphincter tone – Normal No tenderness
	Proctoscopic examination	Internal haemorrhoidal mass present
POD 33	Proctoscopic examination	Scar formation with fibrosis was observed at 7 and 11 o clock position
Internal medication		<i>Triphala Guggulu</i> 1-1-1 (A/F) <i>Gandhaka vati</i> 1-0-1 (A/F) <i>Avipattikara choorna</i> 0-0-1 Tsf with a glass of warm water <i>Varunadi Kashaya</i> 15ml -0-15ml B/F with warm water.
Other advises		PVK sitz bath for twice a day for 20 mins.

DISCUSSION

Arshas is described as "*arivath praninam mamsakilaka vishasanti*" (One that afflicts like an enemy), is considered one of the *Ashta Mahagada* (Eight major diseases) and renowned for its difficulty in treatment. The challenging nature of *Arshas* is highlighted consistently throughout Ayurvedic texts. Classical symptoms, as mentioned in the scriptures, include *gudagata raktasrava* (Bleeding per Anum) and *arshaankura* (Mass per anum), corresponding to modern clinical features of bleeding per anum and the presence of mass per anum.

Because of its tedious nature of healing *Bhagandara* is considered difficult to be cured also it is found to be one amongst the *Ashta Mahagada*, where Acharyas have explained the limitation of the treatment by considering it as *Duschikitsya Vyadhi*.

Arsho bhagandara is a type of *bhagandara*, that is located at the base of a pile mass and has a predominance of *Pitta* and *Kapha Dosha*.

Ayurveda offers a multi-dimensional treatment modalities in the treatment of *Bhagandara* as per the types and the *Saadhya-asaadhyatva* of the diseases along with the preventive and curative (Para-surgical and Surgical) measures of the disease. In *Arsho-Bhagandara* First *Arsha* should be managed then after, General management of *Bhagandara* is indicated.^[9]

Pratisaraneeya Kshara acts on haemorrhoids in two ways

- It cauterizes the pile mass directly because of its *Ksharana Guna* (Corrosive nature)
- 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 slough out as blackish brown discharge for 7 to 14 days. The tissue becomes fibrosed and scar formation occurs.^[10]

Mode of action of modified chedana using electrocautery in bhagandara

Bhagandara chikitsa sutra involves *chedana* of the trackt followed by *agnikarma*. After probing the route of *Bhagandara* it should be incised and cauterized with caustic alkali or with fire.^[11] In this advanced world of surgery a branch has been developed by making use of the principle same to that of *Agnikarma*, by which a number of diseases can be treated. Here instead of fire, electricity is used as a source of heat having destructive power which can be applied directly or indirectly over the site. Here the technique, electro surgery is carried out through electro cautery or surgical diathermy with the help of electricity.

According to scientist Dr.Ven Hanff: The place where heat burns the local tissue metabolism is improved and thus it leads to increased demand of oxygen and nutrient of the tissues. This causes enhanced delivery of nutrients and more efficient removal of waste products, hence speeding up the natural process of repair.^[12] Thus electrocautery does *chedana* of *Bhagandara* track by means of heat produced in the probe through electric current, which is nothing but a principle of *Agnikarma*.

Agnikarma has been described to be superior, as the disease treated by *Agnikarma* do not relapse and moreover those incurable by medicines (*Bheshaja*), operations (*Shastra*) and caustics (*Kshara*) can be successfully treated by *Agnikarma*. According to Dalhana, *Agnikarma* is known for its self-sterilizing effects, as it eliminates local bacteria and prevents infection.^[13] It is regarded as both an *Anushastra* (A type of instrument) and an *Upayantra* (A supportive tool), underscoring its significant role in treatment. Additionally, *Agnikarma* is included among the *Shashti Upakramas* (Sixty therapeutic procedures) for managing wounds (*Vranas*), highlighting its importance in traditional healing practices.^[14]

Discussion on post operative management

In post operative period of *pratisaraniya ksharakarma* first step of management is prevention of constipation and burning sensation so in the present study utmost care was taken to regularize the bowel with laxative like *Triphala churna*.

After *kshara karma*, Acharya Sushruta has advised to apply *Yastimadhu churna* mixed with *ghrita*.^[15] In the current study, *Yastimadhu ghrita* infiltration of 20 ml was administered for 7 postoperative days. *Yastimadhu* is *Vatahara* due to *madhura vipaka* and *madhura rasa*, *Pittashamaka* due to *sheeta veerya*, *madhura vipaka* and has *vranahara* properties.^[16] *Ghrita* has *madhura rasa*, *sheeta veerya*, *nirvavana guna* and does *vata pitta prashamana*.^[17] Thus, *Yastimadhu ghrita* alleviates severe pain from *Shastra karma* and the burning sensation caused by *Kshara*, making it highly effective in promoting the healing of postoperative wounds.

CONCLUSION

The case of *Arshobhagandara* treated with *Pratisaraneeya Kshara karma* and modified *Chedana* with electrocautery demonstrated effective management of both internal haemorrhoids and fistula-in-ano. The application of *Kshara* on the hemorrhoidal masses resulted in significant tissue necrosis and fibrosis, leading to the healing of the piles. The modified *Chedana* procedure using electrocautery successfully incised and cauterized the fistula tract, promoting rapid recovery. Post-operative care, including the use of *Yastimadhu Ghrita*, helped alleviate pain, burning sensation, and ensured proper wound healing. This multi-modal approach, combining Ayurvedic principles with modern surgical techniques, resulted in complete recovery without recurrence. The treatment proves the potential of Ayurveda in managing complex anorectal conditions effectively.

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