

## A COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF PUTIKA PRATISARANIYA KSHARA AND APAMARGA PRATISARANIYA KSHARA IN THE MANAGEMENT OF KAPHAJA ARSHAS WITH SPECIAL REFERENCE TO HAEMORRHOIDS

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### ABSTRACT

*Acharya Sushruta*, the father of surgery employed fourfold treatment in the management of *Arshas*. This clearly shows that he did not want to land up for *Shastra karma* though he was eminent in the field of surgery. If the disease is not amenable to *Bheshaja chikitsa* then advised to adopting other measures like *Kshara Karma*, *Agni Karma* and *Shastra Karma*. This denotes *Sushruta's* therapeutic approach in the light of contemporary knowledge. The disease *Arshas* is included one among *Ashtamahagadas*. The disease *Arshas* can be correlated to Haemorrhoids. Incidence of Haemorrhoids is about 10-15% of all ano-rectal cases. Clinical features includes Bleeding, Mucoid discharge, Pruritis-ani, and Mass per anum. *Ksharakarma* is a proven para-surgical procedure for the management of *Arshas* as it is minimal invasive, day care procedure hence highly acceptable by the patients as they have phobia towards surgery.

**KEYWORDS:** *Arshas*, *Ashtamahagada*, Haemorrhoids, *Kshara Karma*.

### INTRODUCTION

*Arshas* is a common anorectal condition which affects both male and female. Due to indulgence in incompatible food there is diminution of *agni* leading to constipation which is the main cause for formation of *Arshas* and the second being *vegadharana* which leads to *pratilomagati* of *apanavayu* leading to *agnimandhya* and constipation. *Utkataasana*, *sthreeprasanga* and *prustayaana* are the *viharaja nidanas* mentioned in classics which invariably increases the intra-abdominal and rectal pressure leading to formation of *Arshas* which can be in present times related to excess indulgence in sex and riding two wheeler.<sup>[1]</sup>

*Arshas* is a disease in which the *mamsankuras* occurs at the opening of the *gudamarga* and obstructs the pathway and troubles the person as enemy,<sup>[2]</sup> *Arshas* is one among *Ashtamahagada*.<sup>[3]</sup> In contemporary science haemorrhoids are dilated veins within the anal canal in

the subepithelial region formed by radicles of superior, middle and inferior rectal veins.<sup>[4]</sup> The prevalence of haemorrhoids is 4.4% in about 10 million people.<sup>[5]</sup> In the management of haemorrhoids modern surgery includes many surgical procedures but all of them have their own drawbacks like severe post-operative pain, recurrence, expensive, prolonged hospitalization, and they are not available at rural areas.

Four principle treatment modalities told by *Sushruta* for *Arshas* are *Bheshaja*, *Kshara karma*, *Agni karma* and *Shastra karma*.<sup>[6]</sup> The effect of *Kshara* is praised that it can replace *Shastra karma*. *Kshara* does destruction (*Ksharana*) of *dooshitha Mamsa* and has *Chedana*, *lekhana*, *Shodhana*, *Ropana* and *Tridoshahara* properties. *Mrudu*, *prasrutha*, *avaghada*, *uchchritha* type of *Arshas* should be treated by *Kshara*. The drug *Putika* in *Sushruta samhita* is mentioned as *kshara dravya*,<sup>[7]</sup> and having *Kapha-vatahara* and *Arshogna* property. *Putika* is mentined as *Chirabilva* by *Acharya Dalhana*.<sup>[8]</sup>

*Kshara karma (Teekshna Pratisaraneeya Kshara) specially said for Kaphaja type of Arshas.<sup>[9]</sup> As the Kshara karma is minimal invasive, daycare procedure hence highly acceptable by the patients as they have phobia towards surgery.*

Considering all these factors, an effort was made to study the efficacy of *Putika pratisaraneeya kshara* as a substitute for *Apamarga pratisaraneeya kshara* which is not available throughout the year; it is standardized and established study in the management of *Arshas*.

### AIMS AND OBJECTIVES

- To evaluate the efficacy of *Putika Pratisaraniya Kshara* in the management of *Arshas*.
- To evaluate the efficacy of *Apamarga Pratisaraniya Kshara* in the management of *Arshas*.
- To compare the efficacy of *Putika Pratisaraniya Kshara* and *Apamarga Pratisaraniya Kshara* in the management of *Arshas*.

### MATERIALS AND METHODS

#### A. Study design

40 patients of *Kaphaja Arshas* of either gender were selected and they were randomly divided into two groups, each containing 20 patients. Patients under the Group A were treated with *Putika pratisaraniya kshara* and Group B were treated with *Apamarga Pratisaraniya Kshara*.

#### B. Source of patients

40 diagnosed cases of *Kaphaja Arshas* (Internal haemorrhoids) of either Sex were selected from OPD and IPD of Shalya Tantra, Taranath Govt. Ayurvedic Medical College and Hospital, BALLARI.

#### Inclusion Criteria

- All the patients were diagnosed and assessed thoroughly on the basis of Ayurvedic and modern sign and symptoms of internal haemorrhoids.
- 2<sup>nd</sup> and 3<sup>rd</sup> degree haemorrhoids.
- Single pile mass.
- Age group of 30-65years irrespective of Sex, Religion, Occupation.

#### Exclusion Criteria

- Thrombosed pile mass.
- 1<sup>st</sup> and 4<sup>th</sup> degree haemorrhoids.
- Subjects associated with any other systemic disorders.
- Pregnant and lactating women.
- Chronic alcoholic and chronic liver disorder cases.
- Associated with any other ano-rectal diseases.

#### Diagnostic Criteria

Diagnosis will be made on the basis of sign and symptoms, by per rectal examination i.e. inspection, digital rectal examination and proctoscopic examination.

#### Investigations

CBC, ESR, RBS, CT, BT, HBs Ag, HIV 1&2

#### Intervention

- A total number of 40 patients diagnosed with Haemorrhoids will be randomly selected and divided into 2 groups namely Group A and Group B.
- Group A – *Putika pratisaraniya kshara*.
- Group B – *Apamarga pratisaraniya kshara*.
- The nature of the study will be explained to the patients in details and consent will be taken.
- Patient will be having all the rights to withdraw from the study at any time.
- All the data related to patient will be kept confidential.

#### Materials Required for Study



**Figure 1: Showing materials required for the study.**

**Table 1: Showing materials require for the study.**

Surgical gloves	Q.S
Sterile swabs	Q.S
Sterile gauze pieces	Q.S
Spirit	Q.S
Povidine Iodine	Q.S
Sterile pads	Q.S
Sponge holder	1 in number
Drape	• 1 in number
Towel clips	• 2 in number
Disposable syringe of 5ml with needle	• 1 in number
Inj. xylocaine 2%+ adrenaline	Q.S
Lignocaine jelly 2%	Q.S
Proctoscope(without slit)	1 in number
Slit proctoscope	1 in number
Alli's forceps	1 in number
<i>Putika teekshna pratisaraneeya kshara</i>	Q.S
<i>Apamarga teekshna pratisaraneeya kshara</i>	Q.S
Spatula	1 in number
Artery forceps	2 in number
Bowl containing fresh nimbu swarasa	Q.S
Micropore plaster(2 inch)	Q.S
Lithotomy Table	1 in number
OT Lamp	1 in number

Major O T of the institution was utilized for conducting the procedures in Group A and Group B.

### Procedure

#### Group A

##### Pre- operative Procedure

- Informed consent was taken.
- Part preparation was done.
- Inj xylocaine 2% test dose was given subcutaneously.
- Inj.T.T-0.5ml IM given.
- Enema was given.

##### Operative Procedure

- Under all aseptic precautions patient shifted OT.
- Patient was made to lie down in lithotomy position.
- Anus and surrounding area was cleaned with antiseptic lotion and Draping was done.
- Local anaesthesia was infiltrated in rhomboid method with Inj.Xylocaine2% with adrenaline 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 Alli's tissue holding forceps to get a better view of haemorrhoids.
- The healthy anal mucosa was covered with gauze pieces to prevent spilling of kshara on it.
- Then the pile mass was gently scraped with the rough surface of spatula.

- Then *Putika Pratisraniya kshara* in Group A and *Apamarga Pratisraniya Kshara* in Group B was applied over pile mass, and the opening of proctoscope was closed with the palm and left for *Shata matra kala*.
- Then the pile mass was cleaned with *Nimbu swarasa*.
- Observed for *Samyak kshara dagdha lakshana (Pakva Jambu PhalaVarna)*.
- The gauze pieces which were used to cover the anal mucosa were taken out.
- There after the anal canal was packed with Anal pack 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 sitz bath after passing motion for 10-15 minutes twice a day.
- *Hareetaki Choorna* in a dose of 1 tsp was given at night after food 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 *Ksharakarma* 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.

**Assessment Criteria**

Assessment is based on subjective and objective parameters, assessed before and after the treatment.

**Table 02: Showing the assessment parameters.**

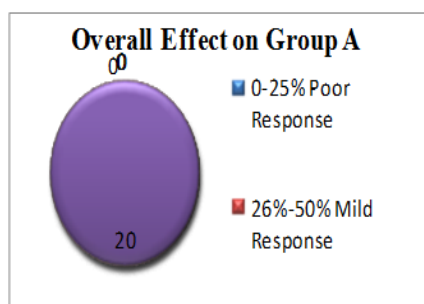
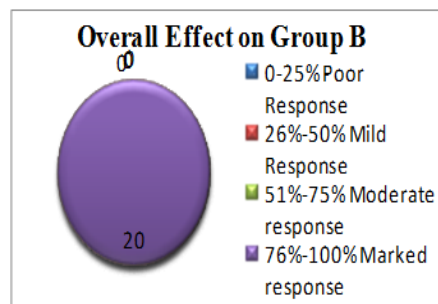
Subjective Parameter	Mucoid discharge	Present
		Absent
	Pruritis ani	Present
		Absent
Objective parameter	Mass per anum	Regression of pile mass-Present
		Regression of pile mass-Absent

**RESULTS****Table 03: Overall effect of *Putika pratisaraneeya ksharakarma* in Group A.**

OVERALL EFFECT OF TREATMENT		
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

**Table 04: Overall effect of *Apamarga pratisaraneeya ksharakarma* in Group B.**

OVERALL EFFECT OF TREATMENT		
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

**Overall effect of treatment****Figure 2: Showing overall effect in Group A****Figure 3: Showing overall effect in Group B****Table 05: Showing the overall comparative results of Group A and Group B.**

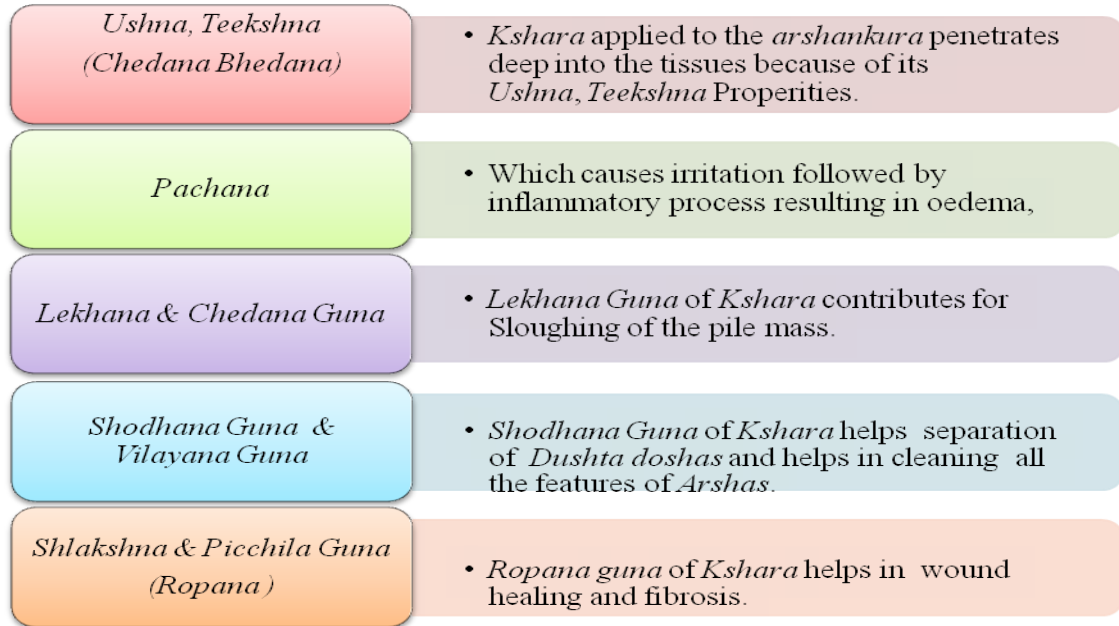
Parameters	Group	Mean		%	SD	SE	Chi Sq. &T value	P value	Remarks
		BT	AT						
Pruritis ani	A	1.70	0.00	100	0.410	0.092	2.179	0.042	Significant
	B	0.70	0.00	100	0.00	0.000			
Mucoid discharge	A	0.35	0.00	100	0.366	0.082	1.042	0.305	NS
	B	0.50	0.00	100	0.224	0.050			
Mass per anum	A	1.00	0.00	100	0.503	0.112	-0.312	0.757	NS
	B	1.00	0.00	100	0.00	0.00			

**Treatment in Group A****Figure 4: Before Treatment.****Figure 5: During treatment.****Figure 6: Pakva jambu phala varna.****Figure 7: After treatment.****Treatment in Group B****Figure 8: Before treatment.****Figure 9: During treatment.****Figure 10: Pakva jambu phala Varna.****Figure 11: After treatment.****DISCUSSION**

The disease *Arshas*, an ano-rectal disorder is as old as mankind. Still, a large proportion of the world's population is troubled with *Arshas*. All the definition and synonyms of *Arshas* reveals that *Arshas* troubles the person like an enemy and disturbs the physiological condition with a growth in the region. By this one can infer that the term *Arshas* includes all kinds of growths like sentinel tags, hypertrophied papillae, anal polyps and haemorrhoidal masses also. Hence all *Arshas* are not

Haemorrhoids but all haemorrhoids can be considered as *Arshas*.

**Probable mode of action of Kshara**



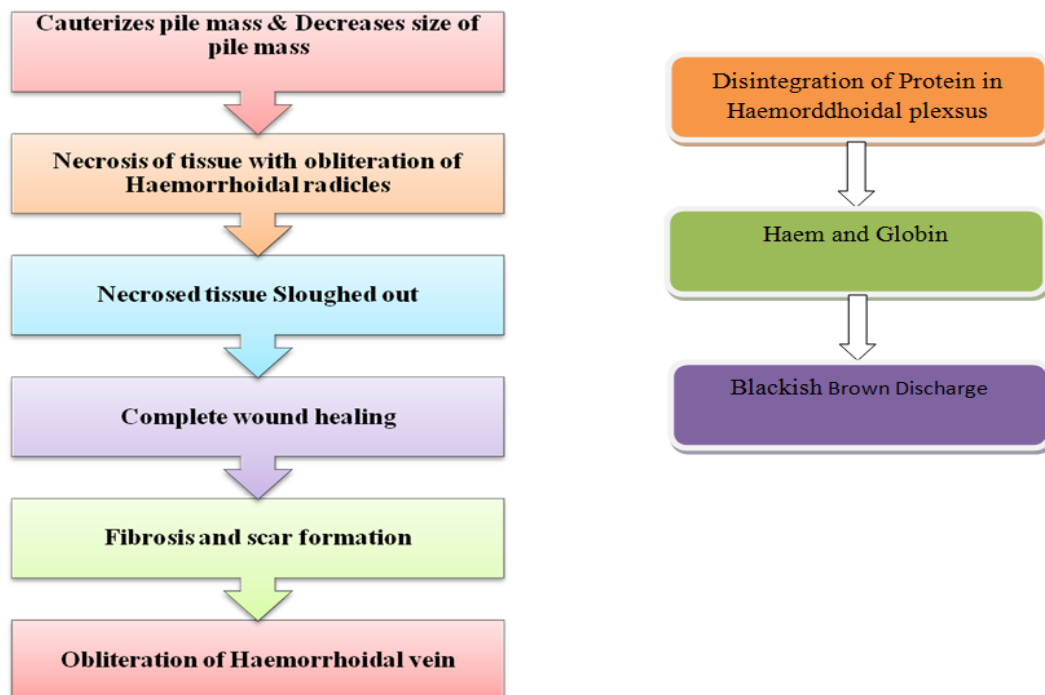
*Pratisaraneeya kshara* acts on Haemorrhoids in two ways

1. It cauterizes the pile mass directly because of its *Kshara 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 pile mass. Further, necrosis of tissue in the haemorrhoidal vein will occur. This necrosed slough out is blackish brown discharge for 3 to 7days. The haem present in the slough gives colour to the discharge. The tissue become fibrosed and scar

formation is seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

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



**CONCLUSION**

- The present study was conducted on 40 patients who were diagnosed with *Arshas* were randomly divided into 2 groups. Patients of Group A were treated with *Putika pratisaraniya kshara* and Group B patients were treated with *Apamarga pratisaraniya kshara*.
- The effect of treatment in both the groups have shown statistically highly significance results (p value <0.001) in all the assessment parameters. The effect of treatment in between the groups has shown statistically Non-significant except in Pruritis-Ani.
- The percentage of improvement in Group A on Pruritis-Ani is 100%, on Mucooid discharge is 100%, on Mass per anum is 100%.
- The percentage of improvement in Group B on Pruritis-Ani is 100%, on Mucooid discharge is 100%, and on Mass per anum is 100%.
- Overall results of treatment in Group A are 100% and in Group B are 100%.
- No untoward effects were observed in any of the cases in both the method of management.
- No recurrence was observed in both the groups in the follow up period.
- Based on the observations and results following hypothesis is accepted.
- *Putika Pratisarniya Kshara* is as efficacious as *Apamarga Pratisaraniya kshara* in the management of *Arshas* with special reference to Haemorrhoids.

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