



A Comparative Clinical Study to Evaluate the Effect of *Arshogna Lepa* and *Apamarga Pratisaraniya Kshara* in the Management of *Abhyantara Arsha* (2nd Degree Haemorrhoid)

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ABSTRACT

Introduction: *Arsha* is the most common anorectal diseases. Acharya Vaghbata has described that *Arshas* are *Mamsankura* that obstructs the anal canal and which destroys the person just like an enemy. It is considered as one among the *Ashta mahagada* because of it's *Deerghakalanubandhi*, *Dushchikitsya* and as it mainly occurs in *marma shana*. Due to sedentary life style, inappropriate diet, irregular sleep habits and *Veghadarana* which disturbs the digestive system and causes constipation, irregular bowel habits which are the trigger factors for *Arsha*. It's incidence increases as age advances and at least 50% of the people over the age of 50 years have some degree of haemorrhoidal symptoms. Haemorrhoids may occur at all ages, but are uncommon below the age of 20 years. *Arsha* can be correlated to Haemorrhoids. Haemorrhoids are the dilated veins within the anal canal in the sub-epithelial region formed by radicles of the superior, middle and inferior rectal veins. Internal haemorrhoids are those which are within the anal canal and internal to anal orifice. *Arsha* which is formed within the *Gudoushta* (anus) is *Abhyantara arsha* which is associated with symptoms of *Mamsankura* in *guda*, *Shula*, *Raktasrava*. Among the *Shashtras* and *Anushashtras*, *Kshara* is the *pradhana*. The effect of *kshara* can be praised as it replaces *Shashtra karma* as it does *Chedana*, *Bhedana*, *Lekhana*, *Tridoshagna* properties. *Pratisaraniya kshara* is used in *Arsha* treatment. *Arshogna lepa* has *Snuhi* and *haridra*. *Snuhi ksheera* has *kshara karma* and *Haridra* is one among the *Lekhaniya dravya* which has *Lekhana* property. As *Snuhi* and *Haridra* are cost effective and can be prepared as the ingredients are cheap and easily available.

Methods: Total 40 cases of *Abhyantara Arshas* were included for the study. These 40 cases included were randomly allotted into 2 groups namely group A and group B with 20 patients in each group.

Results: In group A, 4 patients (20%) showed poor response, 6 patients (30%) showed mild response, 4 patients (20%) showed moderate response and 6 patients (30%) showed marked response. In group B, 0 patient showed poor response, 1 patient (5%) showed mild response, 2 patients (10%) showed moderate response and 17 patients (85%) showed marked response.

Conclusion: On comparing the effect of treatment between two groups, Group B (*Apamarga Pratisaraniya Kshara*) have statistically better results than Group A (*Arshogna lepa*) in all the parameters of pain, bleeding and colour of the pile mass.

Keywords: *Arsha*, *Ashta mahagadha*, Haemorrhoids, *Kshara*, *Kshara karma*, *Apamarga Pratisaraniya Kshara*, *Arshogna lepa*.

INTRODUCTION

Ayurveda the science of life explains unique methods for maintenance of health, prevention of disease and management of various diseases. The method of treatment depends on the intensity of *Nidana* and *Samprapthi*. Disease requires two fold treatment – *Aushada* (Medicine) and *Shashtra* (Surgery) which again depends on the nature, extent and occurrence of disease.

Arshas is commonest Ano rectal condition and actual meaning of *Arsha* which is mentioned in ayurveda is any Ano rectal Projections like Haemorrhoids, skin tag, Rectal Polyps etc. here in my study *Arsha* is taken as Internal haemorrhoids. It is also secondary to other diseases like *Atisara*, *Grahani*, *Gulma* etc. *Atisara*, *Arsha*, *Grahani* diseases are causes of each other.¹

Acharya Charaka and Acharya Sushruta both have described four types of measures for the treatment of *Arshas*. Acharya Charaka has laid more emphases on *Bheshaja*, whereas Acharya Sushruta speaks much about *Kshara*, *Agni* and *Shashtra Karma*. While going through the chapter of *Arsha*, it becomes quite evident that *Kshara karma* has been indicated for all varieties of *Arsha*. Whereas the other measures like *Bheshaja*, *Agni* and *Shashtra karma* have been advocated in selected cases.

The conservative management with laxatives and a high residual diet are examples of contemporary therapy approaches. However, there is no medication-based cure and there are some restrictions because the pile mass that has formed requires surgical intervention. Surgical methods include Sclerotherapy, Rubber band ligation, Infrared photocoagulation, LASER therapy, Lord's anal dilatation, Haemorrhoidectomy, Cryo- surgery, Transanal haemorrhoidal artery ligation, DGHAL and Stapled haemorrhoidectomy.

All surgical procedures have their own complications and limitations. And for these reasons there is a continuous search for newer methods. Despite a variety of therapy approaches, the choices are constrained by their efficacy. When it comes to hemorrhoids treatment, there are still existed controversies and lack of agreement. The modern surgery has made a rapid progress where no organ or the tissue is spared from the surgical approach. Though there is such progress, but in the surgical procedures of Ano-rectal diseases it is not so encouraging. Therefore, there is room to identify a therapy approach that would deliver the disease's cure in a shorter amount of time, without consequences, and at a lower cost.

Hence, *Kshara Karma* has often advocated for the illness *Arsha*, has provided motivation to combat the illness -*Arsha*, with *Pratisaraniya Kshara's* assistance. Among the *Anu Shashtra Karmas*, *Kshara karma* is said to be the best² and most effective procedure as it has important properties like *Chedana*, *Lekhana* and *Ropana*. So in the present study, patients suffering from *Abhyantara Arsha* are subjected to *Kshara karma* procedure. The efficacies of two *Lepas* are compared. An effort is made in this study to find out a safe, simple and cost effective procedure in the management of *Abhyantara Arsha* through *Kshara Karma* procedure.

METHODOLOGY

Source of data:

Total 40 subjects were randomly selected for the study with ages ranging from 25 – 50 years, irrespective of gender, religion etc from the OPD/IPD of P.G. studies in Department of Shalya Tantra, Shree Jagadguru Gavisiddeshwar Ayurvedic Medical College and Hospital, Koppal. The study was explained clearly to the subjects and their signed, written informed consent was taken before starting of the trail. This study was approved by the Institutional Ethics Committee (IEC), Shree Jagadguru Gavisiddeshwar Ayurvedic Medical College and Hospital, Koppal via Ref No: SJGAMC&H/IEC/744/2021; dated 23/07/2021, before starting the clinical trail in patients of *Abhyantara Arsha*.

Method of collection of data:

Study design: An open label randomized comparative clinical study.

Sample size: Total 40 cases of *Abhyantara Arshas* was included for the study. These 40 cases included were randomly allotted into 2 groups namely group A and group B with 20 patients in each group.

Selection Criteria:

Diagnostic Criteria:

As per the clinical features of *Abhyantara Arshas* (2nd degree Haemorrhoids)

Inclusion criteria:

- Patients with *Lakshanas* of *Abhyantara arsha* (2nd degree haemorrhoids).
- Age between 25 to 50 years of either gender.

Exclusion criteria:

- External and thrombosed haemorrhoids.
- Patient with HIV and HBsAg positive.
- Patient with known case of diabetes.

Preparation of *Kshara*³:

Whole plant of *Apamarga* was collected, dried in shade, burnt and ash (1 kg) was collected. To the collected 1 part of the ash, 6 times of water was added and kept undisturbed overnight. The supernatant portion was collected and the sediment was discarded. Collected solution was filtered 21 times & got *Gomutra varna* solution and heated over an iron pan in mild flame with continuous stirring. It was heated till 2/3rd was reduced and to 1/10th part of the ash, red hot fine powders of *Katasharkara* (50 grams) & *Shankhanabhi* (50 grams) was added. Continued the heating till liquid evaporates. Freshly prepared fine paste of *Chitrakamula* (10 grams) weighing 1/10th part of *Katasharkara* & *Shankhanabhi* was added. Continued heating till liquid evaporates. And stored in air tight glass jar container.

Intervention:

Total 40 patients were randomly selected and divided into two groups, 15 in each group. Total study duration was 21 days including follow-up. Follow-up was done on 7th, 14th and 21st days (Table No -1).

Table No. 1 - Intervention

Arms	Assigned Intervention
Group A – 20 Patients	<i>Arshogna Lepa^d Karma</i> on 1 st day followed by regular sitz bath for 7 days.
Group B – 20 Patients	<i>Apamarga Pratisaraniya Teekshna Kshara Karma</i> on 1 st day followed by regular sitz bath for 7 days.

“For both groups, Sitz bath with *Triphala Kwatha* for pain management and Pathya was advised.”

ASSESSMENT CRITERIA:

Treatment duration: 1 day

Follow up days: 7th, 14th, 21st day

Assessment days: 1st, 7th, 14th, 21st day

Total study duration: 21 days

PROCEDURE OF KSHARA KARMAKSHARA KARMA**Purva karma:**

Well informed consent was taken after explaining the procedure Part preparation was done. Soap water enema was given. Inj Xylocaine 2% test dose given s/c. Inj T T 0.5 ml given IM

Pradhana karma:

Under all aseptic precautions part painted and draped in lithotomy position. Pudendal block was given with Inj Xylocaine with adrenaline. Firstly Per-digital rectal examination was done. Next lubricated proctoscope was introduced to note the position of the pile mass. Then slit proctoscope was introduced and pile mass was pulled laterally with Alli's forceps to get better view of haemorrhoids. The anal mucosa behind the pile mass was covered with wet cotton swab to prevent spilling. Pile mass was cleaned with normal saline. Then *Arshogna lepa Pratisarana* for Group A patients and *Apamarga Pratisaraniya Kshara Karma* for Gropu B patients was done over the mass and left for *Shata matra kala*. And was cleaned with *Nimbu swarasa* followed by normal saline. Pile mass was observed for change of colour from plum to *Pakwa Jambu Phala Varna*. If there was no change in the colour of the pile mass, than Pratisarana was repeated.

Paschat karma:

Anal pack was removed after 6 hrs. Sitz bath for 15 mins with *Triphala kwatha* was advised thrice a day for 7 days. Soft diet was advised for patient.

PROCEDURE OF APAMARGA PRATISARANIYA TEEKSHNA KSHARA KARMA

Before application

During application

After 100 Matra Kala

PROCEDURE OF ARSHOGNA LEPA KARMA



Before application

During application

After 100 Matra Kala

Assessment criteria:

Gradings of Subjective Parameters:

Shula (Pain) – Visual Analogue Scale

VAS	PAIN	GRADE
0	No pain	0
1-3	Mild pain	1
4-6	Moderate pain	2
7-9	Severe pain	3
10	Worst pain	4

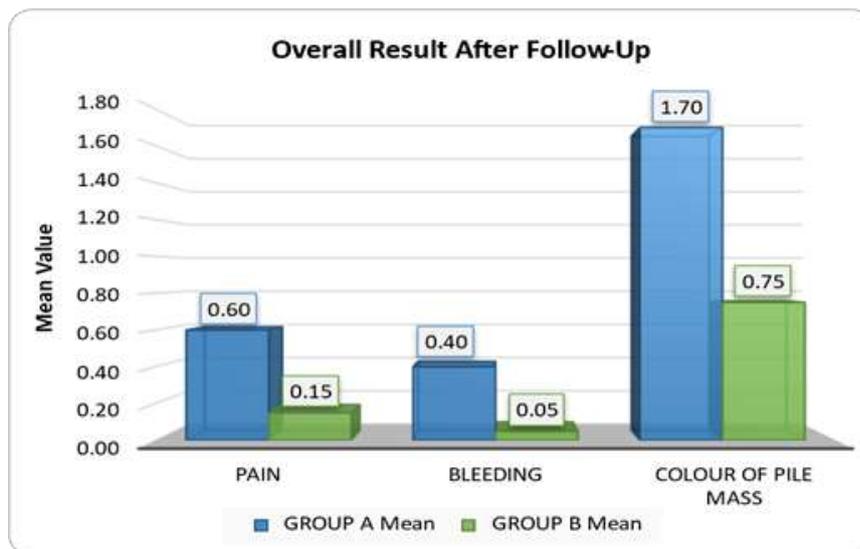
Raktasrava (Bleeding)

Absent	0
Present	1

Gradations of objective parameters:

Varna of mamsankura:

Pinkish colour	0
Slightly blackish colour	1
<i>Pakwa Jambu Varna</i> (Reddish black colour)	2
Plum colour	3



DISCUSSION

The ingredients of *Arshogna lepa* in present study are *Snuhi* and *Haridra*. *Snuhi* is described as having *Katu rasa*, *Guru*, *Tikshna guna*, *Ushna virya*, *Katu Vipaka*, has *Kshara karma* and is *Kaphavatahara*, *Pitta shodhaka*. and *Haridra* is one among the *Lekhaniya* dravya which has *Lekhana* property.

➤ Probable mode of action of *Arshogna lepa*:

Snuhi Ksheera is corrosive in nature and does the chemical cauterization as it does *Kshara Karma*. *Haridra* is one among the *Lekhaniya dravyas* and does the *Lekhana*. *Haridra* contains Demethoxycurcumin which has anti-inflammatory properties and is antiseptic.

When *lepa* is applied over the pile mass, *Snuhi* does the chemical cauterization. *Haridra*, does the *lekhana*. As *Haridra* is antiseptic it helps in wound healing and also prevents the secondary infection which may infect the wound during post-op. Its anti-inflammatory properties helps in reducing the pain and swelling.

➤ Probable mode of action of *Apamarga Pratisaraneeya kshara*:

- 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 occur. This necrosed tissue slough out as blackish brown discharge for 3 to 7 days. The haem present in the slough gives the discharge, its colour. The tissue becomes fibrosed and scar formation seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

➤ Probable mode of action of *Triphala kwatha sitz bath*:

Triphala churna is *Tridoshashamaka* and has anti-inflammatory, analgesic, antibacterial properties.

Triphala kwatha sitz bath helps to relieve pain by relaxing the anal sphincter. As the *kwatha* is warm in temperature, it improves the blood circulation so that it helps in post-op wound healing. It helps in accelerating the sloughing out of the tissue. Also helps in improving the hygiene, give relief from burning sensation.

Kegel exercise was advised during sitz bath. It enhances the strength of the sphincter muscles which reduces the chances of post-op complication.

- Soft and fiber-rich diet was advised to all the patients. Fiber is of soluble and insoluble type. Insoluble fiber has bulking properties and soluble fiber has gelatinous quality. Some fiber feed the good bacteria where they produce nutrients for the body including short chain fatty acids. These short chain fatty acids feed the cells in the colon which helps in improving the digestion and relieving the constipation.

Due to hard stools, it may irritate the wound site and cause pain and burning sensation. Fiber rich diet helps in proper digestion and relieve from constipation and hard stools.

- ❖ In *Arshogna lepa*, *Snuhi* is the only *Kshariya Dravya* and in *Apamarga Pratisaraniya Teekshna Kshara*, *Sudha varga* and *Chitraka* were added which adds *Teekshanata* to the *Kshara*. So the corrosive nature of *Snuhi* is less, compared to *Apamarga Pratisaraniya Teekshana Kshara*.
- ❖ pH of *Arshogna lepa* was 5.5 and of *Apamarga Pratisaraniya Teekshna Kshara* was 11.50 which shows its alkalinity is more than the *Arshogna lepa*. So the disintegration of the pile mass was seen more in Group B.
- ❖ It was observed that single application of this *lepa* didn't show changes in colour of pile mass, so repeated application was done till *Pakwa Jambu Phala varna* was observed.
- ❖ Among the patients subjected to *Arshogna lepa*, effective results in disintegration of the pile mass was not observed in patients having chronic history due to its low alkalinity compared to *Apamarga Pratisaraniya Teekshna Kshara*.
- ❖ So sloughing was delayed in the patients subjected to *Arshogna lepa* and occurred more in the patients subjected to *Apamarga Pratisaraniya Teekshana Kshara*.
- ❖ During the *lepa* application, care should be taken to avoid the spillage as it may cause burning type of pain.
- ❖ As this procedure was carried out in local anaesthesia, there was minimum sphincters relaxation which was difficult to carry out the procedure when the number of pile masses are more.

CONCLUSION

After thorough discussion on various observations in the present comparative clinical study the following conclusions were drawn:

- The disease described as *Arshas* in ayurvedic literature can be regarded as haemorrhoids in contemporary science of medicine.

- *Pratisaraniya Kshara karma* is safe, ambulatory type and result oriented when
- *Pratisaraniya Kshara karma* has advantages in treating *Abhyantara Arshas*.
- The present study was a comparative clinical study where 40 patients of *Abhyantara Arsha* were selected and randomly assigned into two groups.
- Overall observation of present study reveals that the incidence of disease *Arshas* is more common in age group between 25-30 years, females, middle class group, Hindu religion, laborers who do strenuous work, consuming mixed diet.
- The overall effect of treatment was statistically assessed by Repeated measures of Anova within the groups and Mann Whitney U test between the groups for the parameters Pain, Bleeding and colour of the pile mass.
- In group A, 4 patients (20%) showed poor response, 6 patients (30%) showed mild response, 4 patients (20%) showed moderate response and 6 patients (30%) showed marked response.
- In group B, 0 patient showed poor response, 1 patient (5%) showed mild response, 2 patients (10%) showed moderate response and 17 patients (85%) showed marked response.
- On comparing the effect of treatment between two groups, Group B (*Apamarga Pratisaraniya Kshara*) have better results than Group A (*Arshogna lepa*).

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