

Ksharasutra Ligation Treatment for Arsha (3rd Degree Piles): A Case Report

Case Report

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Abstract

Ksharasutra treatment is in practice since ancient time as Sushruta has mentioned its application in *Nadivrana*, *Arbuda* and *Arsha* in *Sushruta Samhita*. It is safe, effective and economical for treatment of piles with least side effect. In this study, a patient was suffering from 3rd degree interno-external pile masses at 3, 7 and 11 o'clock with one secondary pile mass at 5 o'clock position of anal canal. All pile masses were treated with *Ksharasutra* ligation (KSL) under spinal anaesthesia. Post operative assessment was done daily by recording the relief observed in signs and symptoms. The ligated pile masses were cut through by 6th / 7th post operative day and resultant wounds were healed latest by 25 day uneventfully. There were some advantages observed in *Ksharasutra* ligation in management of 3rd degree piles which is shared in this case report.

Keywords: *Arsha*, *Ksharasutra*, KSL, Piles.

Introduction

Arsha is included in *Ashtomahagada* (Eight dreadful diseases) (1) which occurs in *Guda Pradesh*. *Guda* is included in *Sadyopranahara Marma* which requires delicate management. At present, different types of treatment modalities like rubber band ligation, cryo-surgery, infra-red coagulation therapy, haemorrhoidectomy, sclerosing injection therapy etc. are available with their own limitations.(2) There may be complication like incontinence, haemorrhage and anal stricture.(3) Sushruta has described *Pratisaraniya Kshara* (local application of *Kshara*) in treatment of *Arsha* and ligation of *Ksharasutra* in *Nadivrana* (sinus), various tumors and tumor like lesions. *Arsha* can be co-related with Piles at modern parlance which is nothing but a pedicle like lesion created due to the engorgement of haemorrhoidal veins. In this study, a case of third degree interno-external piles 3, 7, 11 and 5 o'clock position of anus was treated by *Ksharasutra* (medicated thread) ligation. That *Ksharasutra* was prepared as per Ayurved Pharmacopeia of India (API) by using *Snuhi* (Latex of *Euphorbia nerifolia*), *Apamarga Kshara* (Ash of *Achyranthus aspera* Linn.) and turmeric (*Curcuma longa* Linn.) powder coated over the Barbour's surgical thread No. 20.(4)

Case history

A 62 years old male patient of *Vatakaphaja Prakriti* visited in the outpatient department of *Shalya Tantra* for treatment of *Arsha*. He was habitual for consuming spicy foods and has addiction for tobacco chewing. By occupation, he was an unskilled laborer. The patient had complaints of protrusion of piles per

rectum during defecation for last 10 years. Bleeding per rectum during defecation in syringing form for last 2 months and pain-in-ano was noticed for 2 weeks. During local examination, piles at 3, 5, 7 and 11 o'clock positions were noticed on inspection. After investigation for HIV, VDRL, HbsAg, proctoscopy examination was performed and there were interno-external piles at 3, 5, 7 and 11 clock position were observed (Fig-1). Patient had tried conservative Ayurvedic treatment for 15 days but did not get relief. Hence, he was visited in *Shalya* OPD for *Ksharasutra* treatment. Routine laboratory investigation for blood, urine and stool were done and found within normal limit. Chest X-ray and USG of whole abdomen were done and all reports were found normal. The case was planned for *Ksharasutra* ligation under spinal anaesthesia.

Method of *Ksharasutra* ligation

Pre-operative:

The informed written consent was taken from patient. Shaving and cleaning of peri-anal area was done on one day before operation. Soap water enema at previous night and proctoclysis enema in morning on the day of operation was given. Inj. Tetanus Toxoid, 0.5ml IM was given as prophylactic measure and sensitivity test was done with Inj. Xylocaine on one day before operation. *Erand Bhrishita Haritaki*, 5 gm was given at night with luke warm water. The patient was advised nil by mouth from 10:30 pm on previous day of surgery.

Operative procedure

Patient was laid in lithotomy position after giving spinal anaesthesia. Anus and peri-anal area was painted with Betadine solution and spirit. Draping was done with sterilized linen cut sheet. Up to four fingers anal dilatation was carried out. First of all the interno-external pile mass at 3 o'clock was hold by piles

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holding forceps and skin of external part of piles was incised by cutting scissors up to mucocutaneous junction with saving the sphincter muscles and mucosal part. Then transfixation and ligation was done at the base of pedicle by *Ksharasutra* with help of a round body curved needle. The thread then placed along the incised part of interno-external piles mass and reef knot was applied. Same procedure was adopted for piles situated at 5, 7 and 11 o'clock positions of anal canal (Fig-2). After achieving proper haemostasis, the part was cleaned by Betadine solution and a diclofenac suppository was inserted inside rectum. Finally, T-bandage was applied and patient was shifted to the recovery room with stable vitals.

Post-operative

Patient was kept nil by mouth for six hours and intravenous fluid of Ringer Lactate and Dextrose Normal Saline one litre each was given. Liquids allowed after six hours of operation. Intravenous injection of ceftriaxone 1gm two times, intravenous ornidazole two times and injection diclofenac as per need was given for two days. From next morning *Eranda Bhrishta Haritaki*, 5 gm at bed time for bowel regulation and *Triphala Guggulu*, 500mg, thrice in a day was prescribed and sitz bath with warm water and *Panchavalkala Kwatha* for two times in a day was advised. Dressing was done regularly and *Matrabasti* with 10 ml *Jatyadi Taila* was given daily after dressing. From next day evening patient advised to take diet like green vegetables, fruits, rice, daal and plenty of water. Patient was also advised to avoid non-veg, oily as well as spicy foods, junk foods and alcohol. By 7th post-operative day, some ligated necrosed piles masses were sloughed out and some were required twisting of *Ksharasutra* so that necrosed piles masses were sloughed out and fresh wounds were observed in the respective places of the pile masses (Fig-3). Dressing and *Matra Basti* with *Jatyadi Taila* was continued for further 10 days. After 10th post-operative day anal dilatation was started with anal dilator no. 4 lubricated with *Jatyadi Ghrita* daily. By the end of 25th post operative day, all the wound were observed healed and there was no feature of anal spasm / stricture or any complication (Fig-4).

Discussion

Sushruta described fourfold modality for treatment of *Arsha* (Piles) that is use of *Aushadhi* (Medicines), *Kshara* (external use of Caustic), *Agni* (therapeutic cauterization) and *Shastra* (Surgical procedure)(5). In contemporary science there are many treatment options for piles like cryo surgery, sclerosant injection therapy, infra-red therapy, rubber band ligation and open and closed haemorrhoidectomy etc. These treatment modalities have their own limitations in respect of postoperative complications, pain, haemorrhage, delayed healing, stricture formation etc. In comparison to haemorrhoidectomy, *Ksharasutra* ligation therapy is said to be better as it has minimum post operative undesirable sequels. In the present case there was no post-operative haemorrhage and retention of urine after *Ksharasutra* ligation. The delayed complications like anal stricture and fecal incontinence, were not observed.

In this study, *Ksharasutra* was applied under spinal anesthesia and it was dislodge latest by 7th post operative day. The applied *Kshara* on thread acts as anti-microbial, anti-inflammatory and chemical cauterization which promotes healing process after sloughing out of pile masses.(6) The pH of *Ksharasutra* is alkaline (pH-10.3); hence, it does not allow growth of bacteria in site of ligation. The cutting and sloughing are presumed by local action of *Kshara*, *Snuhi* and mechanical pressure effect of *Ksharasutra* ligation during initial 1-2 days of its application followed by healing in rest of the days. turmeric (*Curcuma longa*) powder which is present in *Ksharasutra*, minimizes reaction of excessive caustics and helped for healing process.(7) *Ksharasutra* has shown combined effect of all these three herbal drugs (*Apamarga Kshara*, *Snuhi Ksheera* and, *Haridra*) and said to be unique drug formulation for cutting of piles pedicle as well as healing of resultant wound.

The adjuvant drugs like *Panchavalkal Kwath* play important role in maintaining local hygiene, *Shodhan* (cleaning) and *Ropan* (healing) of the wound.(8). As patient had history of constipation, the *Eranda Bhrishta Haritaki* powder was prescribed for the *Anuloman* and patient get relieved from constipation. *Triphala Guggulu* has anti-inflammatory property so it helped to reduce post-operative swelling. After cut through of the piles, anal dilatation was advised to avoid the anal stricture. Hence, along with *Ksharasutra* ligation in piles these adjuvant drugs play important role in smooth healing of the post-operative wound. Patient was advised to consult regularly and after 26 days, patient was free from all symptoms of piles with normal scar of wound without any complications.

Conclusion

This case demonstrated that interno-external piles can be treated with *Ksharasutra* ligation without any adverse effects. As it is a single case study so it requires to study in more number of patients for concrete conclusion.

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<p>Fig-1: Interno-external piles</p>	<p>Fig-2: ligation with Ksharasutra</p>
	
<p>Fig-3: On 7th Post-operative day</p>	<p>Fig-4: On 25th Post-operative day</p>
