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Case Report

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Role of snuhi KSHAR LEPA in the management of haemorrhoids -a case study

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ABSTRACT

Haemorrhoids has become one of the commonest health problems of modern society. This disease causes discomfort, bleeding associated with prolapse, constipation, mucus discharge, perianal itching or pain and other symptoms to patients which creates problems in daily routine. With these features- a case of haemorrhoids was treated successfully by parasurgical process called kshar karma in which application of Snuhi Pratisaraniya Kshara was done on internal haemorrhoids. After the application of kshar bleeding and size of haemorrhoids was resolved in 21 days.

Keywords: Arsha, Hemorrhoids, Kshara, Kshar patan karma, Snuhi, Pratisaraniya

INTRODUCTION

Adults at aged 40 to 65 years old are most commonly affected by haemorrhoids, but young people and children may experience them as well.

Men are more prone to having hemorrhoids, but women may also develop them, especially during pregnancy. Haemorrhoid refer to enlarged and swollen blood vessels that develop in the lower part of the rectum and anus. Internal haemorrhoids are

symptomatic anal cushions and characteristically lie in the 3, 7, & 11 o clock positions. In addition, haemorrhoids may be observed between the main pile masses, in which case they are internal haemorrhoids at the secondary position. Low fibre diet, Pregnancy, Prolonged sitting on the toilet, Constipation, Obesity, Diarrhoea, Colon cancer, Previous rectal surgery, Lifting heavy weight regularly, Straining when passing a stool are some main causes of haemorrhoids.

There may be no more than the downward sliding of anal cushions associated with gravity, straining and irregular bowel habits.

Internal haemorrhoids cause painless, bright red bleeding or prolapse associated with defecation. It comes under the heading of Maharogas. So, it is very difficult to treat. Arsha occur in Guda marma, which is also known as sadyapranhar marma, so prognosis is bad and may fatal.

Varieties of treatment are from modern system of medicine as sclerotherapy, rubber band ligation, infra red coagulation, and cryosurgery etc. Unfortunately, all these procedures are having there own advantages and disadvantages with limitations. Arsha is problem from antient time, that is why various treatments are being designed from time to time, still search is going on to have better remedy. Acharya sushruta had mentioned four types of treatment as Bheshaj, Kshar karma, Agnikarma, and Shastrakarma. Since 500 BC, kshar karma chikitsa has been in practice. In the management of haemorrhoids, warts, corns and fistula in ano, pratisarniya kshar are widely used. Pratisarniya kshar karma is a reliable and safe alternative process in the management of haemorrhoids.

CASE STUDY- OBSERVATIONAL

Type of Study- Single Case Design.

Study centre Rishikul Ayurvedic P.G College Campus Hospital, Haridwar, Utrakhand
Ayurved University, Uttarakhand.

A 37 year old male patient with OPD no. 4902/1231 and ipd no. 7/5 was admitted in the shalya IPD of this hospital with chief complain of:

- Some mass coming out during defecation since one year.
- Sometimes bleeding during defecation - one and half month itching- sometimes.

Before one year ago the patient was fine. Then he noticed some mass was coming out during defecation, but

Mass returns spontaneously to the anal canal and occasional bleeding during defecation since one year. He felt itching at anal region. The patient took treatment for the above complaints from local doctor and did not try any other treatment. He did not get any relief, now he come to Rishikul Ayurveda hospital for better treatment. After careful interrogation of the patient, the following causative factors were identified as mentioned in classical texts. i.e., prolonged sitting (*utkata, kathina visamasana*), intake of more spicy (*vidahi*), sweet (*madhura*) and cold (*sita*) food, irregular food habits (*ajirna bhojana*), and straining to pass stool (*pratata atipravanhana*) habitually. This is a primary disease (*Svatantra vyadhi*), with impaired digestion (*agnimandya*) as the underlying pathogenesis. Proctoscopic examination confirmed the diagnosis as a case of 5 'o' clock position second-degree internal hemorrhoids.

The patient was not ready to undergo surgery and requested Ayurvedic treatment. Hence, *Kshara karma* procedure was offered. This particular case was treated by *Kshara karma* because it was having symptoms of '*Raktarsha*' (bleeding piles) with soft-elevated, well-defined mass. The bleeding was also noted during proctoscopic examination.

Past history

No any history of DM and HTN

No history of any major illness

No history of Asthma

No history of any surgical illness

History of drug allergy

Patient was not known allergic to any drug or substance.

Personal History

Diet-mixed

Apetite-good

Sleep- normal

Bowel- normal

Micturition- normal

Occupation- bussiness

Addiction- smoking, Alcohol

Family history – Maternal history- no specific

Paternal history- no specific

General examinations

G/C- fair
 Temperature – 98 F
 Pulse-84/ min
 BP – 110/80 mm of hg
 Eyes- no icterus
 Skin-no pallor
 Tongue- no cyanosis, No coating

Systemic examination

R S – Clear
 CVS – S1 S2 normal No added sounds
 CNS – oriented
 P/A – soft
 L/E- After Proctoscopic examination, second-degree internal hemorrhoid at 5 ‘o’ clock position was present.

Investigations

Hb – 15.0 gm%
 WBC – 7400/cmm
 RBC – 4,800 millions/mm³
 Bleeding time- 1:55 min
 Clotting time – 5.21min
 Glucose Fasting- 83.00mg/dl
 Glucose(PP)- 84.00mg/dl
 Urine routine- NAD, Microscopic – NAD
 HbsAg – non reactive
 HIV– non reactive
 HCV- negative

Diagnosis

Proctoscopic examination confirmed the diagnosis as a case of 5 ‘o’ clock position second-degree internal hemorrhoids.

CASE REPORT

The patient is anaesthetized with local anaesthesia, lubricated slit proctoscope was introduced into the anus and Kshara paste was applied 5 ‘O’ clock position internal hemorrhoid and wait for 2 minutes. After application on hemorrhoid, the applied Kshara was cleansed with lemon juice after two minutes to neutralize the Kshara. Then, the proctoscope was removed and the anal canal was finally irrigated with Jatyadi oil, anal pack was done with madhuyashthi ghrit. The patient was discharged on the same day after 3 hours of observation, as there was no postoperative bleeding.

Patient was advised to attend the surgery department for anal examination once a week for 4 weeks. Patient was suggested to follow Diet and lifestyle guidelines, and patient was expected to follow these guidelines for at least one year. For this one-month period, following medications were prescribed to reduce pain and inflammation and promote healing. Orally: Tablet Gandhaka Rasayana (250 mg twice a day after food), Tablet Triphala Guggulu (250 mg twice a day before food); Triphala churna (5gm HS daily) Per rectum: Jatyadi Taila (3 ml twice a day). Lukewarm sitz bath was advised twice daily. After this one month treatment, Patient was advised to take Triphala churna (3gm twice daily) to cure bowel or digestive impairment for 2 months. During each follow-up visit, signs and symptoms were observed. There was moderate to mild pain, tenderness, inflammation, and brownish red discharge on first visit and second visit. During the third and fourth visit, there was no pain, tenderness, discharge, or anal stricture and the internal hemorrhoids had completely resolved [Table 1].

Follow up visit	1 st visit (after 7 days)	2 nd visit (after 14 days)	3 rd visit (After 21 days)	4 th visit (after 28 days)
PATIENT OBSERVATION				
a) Pain	Moderate	Mild	-	-
b) Mucous	Mild	-	-	-
c) Blood	Moderate	-	-	-
d) Itching	Mild	Mild (occasional)	-	-
e) Burning sensation	Mild	-	-	-
SURGEONS OBSERVATION				
a) Discharge	Mild	Mild	-	-

b) Sloughing	Mild	-	-	-
c) Tenderness	Mild	Mild	-	-
d) Discolouration	Brownish red	red	Colour of scar	-
e) Inflammation	Mild	-	-	-
PROCTOSCOPIC EXAMINATION	Mucosal ulcer	granulation	Pile mass reduced	Normal

- To assess pain in this particular case, following criteria were adopted:
- Severe - To relieve from pain, analgesic injections are required/Pain or discomfort dose not reduce after oral analgesics.
- Moderate - To relieve from pain, oral analgesics are required.
- Mild - Feeling discomfort within tolerable limit, no requirement of analgesic either orally or in other route.
- Nil - No discomfort in any manner in the site, no analgesics.
- Discharge –**
- Severe - Changing sanitary pads or cotton pads minimum 2 times a day
- Moderate - Changing of pads once a day only
- Mild - No requirement of pads
- Nil - Area is completely dry

Tenderness standard assessment

- Severe - Patient feeling pain by touching perianal area. Not possible to perform P/R examination.
- Moderate - Little finger P/R can be done, patient feeling very much tolerable pain

- Mild - Index finger P/R done with very much tolerable pain
- Nil - Index finger insertion to anal canal without any pain or discomfort

DISCUSSION

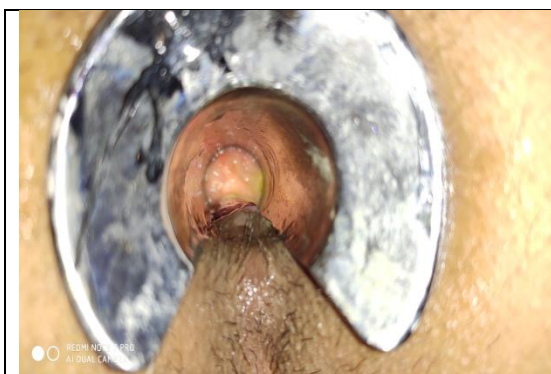
Pratisaraneeya kshara was applied to the internal hemorrhoids. After 2 minutes, the Kshara was then washed by Lemon juice (citric acid) with the help of a syringe to neutralize the *kshara*. Burning sensation was observed during & after the kshar patan, which was managed by packing anal canal with madhuyashthi ghrit. Patients complained of watery discharge & slight oozing of blood upto 3 to 4 days after the application of kshara, which was self controlled. Snuhi kshar have Vilayan, Shoshan & Lekhan properties due to which prolapsed pile was reduced. Reduction in the size of pile mass was also due to the Shoshan, Dahan & Pachan karma of Kshara. Further Kshar also has Shodhan, Ropan and tri-dosha samak action, due to which it play important role simultaneously to relieve the symptoms of Arsha.



Before treatment



During kshar lepa



After Treatment



After Treatment

CONCLUSION

Pratisaraneeya kshara was found effective in obliterating the pile mass within 21 days of application. The patient was followed up regularly. In each visit, by doing proctoscopic examination, did not reveal any evidence of recurrence of the pile mass. No adverse effect was observed during and after the treatment. This case is being reported after a follow up of one year non-recurrence of pile

mass. The patient was on active treatment for only a period of three months. Diet restrictions were followed for a year. This case study shows that a combination of *kshara karma*, conservative treatment (*saman aushadhis*), diet restrictions, and life style modifications administered over a period of one year is effective in obliterating the pile mass as well as preventing recurrence on a long-term basis.

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