

***Ksharasutra* Ligation in the management of Interno-external hemorrhoids  
(*Arsha*) – A case report****Raj Kishor Sah<sup>1</sup>, Bijendra Shah<sup>2\*</sup>, Rupesh Sonam<sup>3</sup>**

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**Abstract:**

Hemorrhoids is the dilated veins in anal canal. It can be compared with *Arsha* in Ayurveda. Various types of treatment for *Arsha* are described in Ayurveda text. Among them *Ksharasutra* Ligation is the simple, less time consuming and reliable procedure for the management of *Arsha*. *Ksharasutra* ligation for the *Arsha* is described in *Bhaisajya Ratnavali* in the chapter *Arsa chikitsa*. In the case, male patient of 35 years of age came in the OPD of Shalya Tantra Department presenting with complaint of protrusion of mass per anum from 2 years. On the basis of history and clinical finding the case was diagnosed as *Arsha* (interno-external hemorrhoids) at 7 O'clock and 11 O'clock position. *Ksharasutra* ligation for the pile mass followed by daily dressing with *Panchawalkal kwath* and *matra vasti* with *Jatyadi* oil was done. Patient got cured in 16 days with no any complication. Since it's an easiest procedure for both surgeon and patient and has less chance of reoccurrence it can be the best operative procedure for the *Arsha* (Hemorrhoids).

**Keywords:** Ayurveda, *Ksharasutra*, Hemorrhoids, Piles

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**Introduction:**

Hemorrhoids is the varicosities of veins of anal canal.<sup>[1]</sup> It is caused due to constant pressure on branch of superior haemorrhoidal artery. Depending upon the location of hemorrhoids, it can be classified as Internal haemorrhoids (above the dentate line, covered with mucous membrane), External haemorrhoids (at anal verge, covered with skin), Interno-external (both varieties together).<sup>[2]</sup> It can be correlated with Arsha in *Ayurveda*. It is described in chapter 14 chikitsasthana of *Charak Samhita* and chapter 2 of *Nidanasthana* and chapter 6 *Chikitsasthana* of *Sushrut Samhita*. Ayurveda, from the treatment point of view classified piles under two categories. Suskarsa(non-bleeding piles) which occurs due to dominance of *vata* and *kapha* and *Raktarsa*(Bleeding piles) which occurs due to the dominance of *pitta* and *Rakta*.<sup>[3]</sup> Treatment of hemorrhoids is non-operative for 1<sup>st</sup> and 2<sup>nd</sup> degree haemorrhoids and operative for 3<sup>rd</sup> and 4<sup>th</sup> degree. Generally *Ksharasutra* ligation in *ayurveda* and hemorrhoidectomy and stapler Haemorrhoidopexy is the operative procedure in modern science. In Ayurveda context, *Bhesaja* (medical treatment), *Kshara Prayoga* (Caustic), *Agni* (fire cautery) and *Shastra prayoga* (Surgery) are the treatment described in *Sushruta Samhita*.<sup>[4]</sup> Beside it, *Ksharasutra* for the treatment of *Arsha* (Hemorrhoids) is described in *Bhaisajyaratnawali*.<sup>[5]</sup>

**Case Report:**

A Male patient of 35 years presenting with the complain of mass per anum from 1 year came in the OPD of Shalya Tantra Department of Ayurveda campus and Teaching Hospital, Kirtipur, Kathmandu Nepal. According to the patient, there was protrusion of mass during defecation which had to reduce manually. Protrusion was associated with bleeding usually at the time of constipation. He had a history of chronic constipation, straining during defecation, irregular bowel habit and defecation was also painful. It got aggravated while having spicy food and if having non vegetarian food. There was no history of burning sensation, itching and pus discharge. There was no history of fever as well. Patient had taken medications but could not get any improvement. After local examination the case diagnosed as internal hemorrhoids at 7 and 11 O' clock position continuous with external mass. i.e. interno - external hemorrhoids. [Fig.1] *Ksharasutra Ligation* (KSL) was planned.

Following Pre-operative investigations were done and found within normal range. CBC, ESR, Hb%, RBS, BT, CT, HIV, HCV, HBsAg, Urine RME, Blood Urea and Serum creatinine, Chest X-ray P/A view, USG abdomen and pelvis, ECG was all in normal limit.

**Materials used:**

*Ksharasutra* (prepared with *Aparmarga Kshara*, *Snuhi Kshira* and *Haridra*), Local anaesthesia lignocaine 2%, *Jatyadi* oil and all surgical instruments required for piles surgery.

**Pre-operative procedure:**

Patient was kept nil per oral from 4 hr. prior to surgery. Then written consent was taken from patient parties after describing procedure to the patient and patient parties. He was given Inj. Tetanus Toxoids 0.5cc Intra muscular and sensitivity test was done with Injection xylocaine 0.2cc Intradermally. Similarly, IV line was opened and Injection Taxim 1 gm and Injection Aciloc 50 mg was given intravenously for prophylactic measures 1 hour prior to OT. Part preparation was done by shaving the perianal region. [Fig-1] Proctolysis enema was given for cleaning colon and rectum. Then patient was prepared for OT.

**Operative Procedure:**

First of all, patient was laid down in lithotomy position and local part was painted with betadine solution. Sterile eye towel was taken and draping was done. Then manual anal dilation was done with four fingers. Proctoscopy was done to re-confirm the diagnosis. Local part was then anesthetized with Injection of 5ml xylocaine 2% with adrenaline diluted with 5ml distilled water. After that, pile mass of 7 o'clock was grabbed with pile holding forceps and external mass was incised using surgical blade giving incision to separate the muscle fibers. *Ksharasutra* fixed on round body

curved needle was transfixed and ligated at base of peduncle of pile mass. Knot was tied along the separated part of external mass. Likewise, Pile mass of 11 o'clock was also transfixed and ligated in a same way and the gap between the incisions in two pile mass was maintained to prevent from anal stricture formation. [Fig-2] Confirming haemostasis, operated part was cleaned with betadine solution and gauze pack soaked with *Jatyadi* taila was inserted in anal canal. Then T- bandaging was done.

**Post-operative procedure:**

Patient was shifted to the IPD. After 3 hour he was discharged with well counselling of nil per oral for further six hour. He was prescribed with Tab. Trifala Guggulu 500mg BD and Avipattikar churna 3gm BD for 15 days. Similarly, Tab. ciprofloxacin 500mg BD, metronidazole 400mg TDS for 5 days and pantoprazole 40mg for 7 days was given. He also advised to have a sitz bath with luke warm water and to removal a pack after 5 hour. He was advised to removal a pack after 5 hour and have a sitz bath. He was called for daily dressing in OPD. Dressing was done in aseptic condition with betadine solution, thread was twisted and *matra basti* of *Jatyadi* taila was given with rubber catheter and 10ml syringe. Necrosis of pile mass was started at 1<sup>st</sup> day of OT. Slough at 7 and 11 o'clock was removed at 5<sup>th</sup> day. [Fig-3] Wound was healthy. Dressing and *Matra Basti* was continued for 15 days with manual anal dilatation. After 21 days follow up wound was completely healed and there was no sign of anal stenosis and complain of incontinence. [Fig-4]



Fig-1:- Before Treatment



Fig-2:- During Treatment

Fig-3:- On 5<sup>th</sup> day of Treatment

Fig-4:- after 21 days

### Result and Discussion:

*Ksharasutra*, a medicated thread prepared with *Kshara*. *Kshara* has an action of *Chedana* (Excision), *Bhedana* (Incision), *Shodana* (purification), *Lekhana* (scarping) and *Ropana* (healing).<sup>[6]</sup> Due to this action, *Ksharasutra* ligation helps to cut the pile mass. And after tightening of mass due to pressure there was no blood circulation to the pile mass, necrosis and sloughing of it takes place.<sup>[7]</sup> *Jatyati taila* has wound healing and antimicrobial properties.<sup>[8], [9]</sup> It helps in the healing of the wound. Similarly, *Trifala guggulu* given also helps to cure wound and reduce pain and swelling.<sup>[10]</sup>

*Avipattikar* given is laxative helps to soften the stool as it contain *Trivrit*(*Operculina turpethum*).<sup>[11]</sup> In this way, patient got cured. There was no hemorrhage, anal stenosis and pain like complications.

### Conclusion:

*Ksharasutra* procedure is a simple, cost-effective, less time consuming procedure. There is no need of hospitalization for long time. There is no more complication in compare to hemorrhoidectomy. Since, it a single study it may be the platform for the researcher for the further studies.

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