

# Effect of *Moolaka Ksharasutra* in the Management of *Arsha*: A Case Report

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## Abstract:-

### ➤ *Background:*

A haemorrhoids condition, which affects the a no rectal area and is characterised by engorgement of haemorrhoids venus plexus.it is one among Ashtamahagadha. Prevalence -Hemorrhoids are the most common benign anorectal disorder diagnosed in clinical practice and constitute about 50% of colorectal investigations. Its incidence can be seen at any age and in both genders equally. It is estimated that 50-85% of people around the world had hemorrhoids. In India 75% of the population was affected.

### ➤ *Aim:*

To evaluate the effect of ligation of Moolaka kshara sutra at 3,7 o clock position under local anesthesia.

### ➤ *Result and Conclusion:*

The effect of treatment was assessed on the basis parameter of like bleeding per rectum, pain, Sloughing and falling of pile mass and wound healing of anus .there was no recurrence noticed till 60<sup>th</sup> post operative day .This study established the effectiveness of Ksharasutra in the Arshas and identified Moolaka ksharasutra as a effective Substitute for Apamarga ksharasutra.

**Keywords:-** Moolaka Ksharasutra, Arshas, Haemorrhoids.

## I. INTRODUCTION

Haemorrhoids are present universally in healthy individuals as cushions surrounding the anastomoses between rectal arteries. None the less, the term haemorrhoid is commonly invoked to characterize the pathologic process of symptomatic haemorrhoid disease ,instead of normal anatomic structure <sup>1</sup>

Hemorrhoids are the most common benign anorectal disorder diagnosed in clinical practice and constitute about 50% of colorectal investigations <sup>2</sup> . Its incidence can be seen at any age and in both genders equally. It is estimated that 50-85% of people around the world had hemorrhoids. In India 75% of the population was affected <sup>3</sup>.

Haemorrhoids are very rare in nations where people squat to defecate. Its incidence can be seen in any age. Both genders report peak incidence from age 45 to 65 years<sup>1</sup> .

Current statistics suggest nearly half of the world's population will experience some form of haemorrhoids especially when they reach the golden age of fifty<sup>4</sup>

In comtemporary medicine the common treatment procedure adopted are haemohoidectomy, haemorrhoidopexy, banding and catheterization. Topical ointment, corticosteroid cream, lignocaine, cream etc where in the result was found to be less satisfactory due to local adverse reaction likr skin atropy, itching, irritation, dryness in anal region.

Along with these, treatment like sclerotherapy ,infrated photocoagulation cryosurgery ,direct current eletrotherapy etc .are also in practice .

According to Acharya Susrutha, managemet of Arsas includes Bheshaja, Kshara karma, Agni karma, and Sastra karma <sup>5</sup> . Acharya Chakrapani has mentioned Ksharasutra as a treatment modality in the context of management of Arshas<sup>6</sup> , which possess cutting and healing properties. The procedure of Ksharasutra ligation can be considered as a "Sastra karma" as excision of pile mass is achieved. At the same time as the thread is processed with successive coatings of kshara, it incorporates the actions of Kshara like Chedana, Bhedana, Lekhana also. Ksharasutra procedure thus enables simultaneous cutting and healing. Our Acharyas have mentioned different types of drugs for the preparation of Kshara and Ksharasutra.

Acharya Sushruta has explained 23 drugs for the preparation of Kshara in Ksharapakavidhi Adhyaya; like Aparmarga, Kadali, Arka, Kutaja, Palasha etc<sup>7</sup>.

Moolaka is one such a drug described under the Kshara-dashaka in Rajanighantu <sup>8</sup>. Bhavaprakasha Nighantu describes Moolaka having the properties having Tridoshahara, Mridu Virechana, Mutrala, Anaha, Shoola, Arshoghna & Ashmarighna properties <sup>9</sup> . In Kshara form it attains Chedana, Bhedana and Lekhana properties. Rajnighantu describes Moolaka is having Tikshna, Ushna, Katu, Grahi, and promotes the Deepana. It is Guru, and is indicated in Arshas, Gulma, Hridroga, and Vatahara.

### ➤ *Aim of the Study*

To evaluate the effect of ligation of Moolaka kshara sutra at 3,7 o clock position 3<sup>rd</sup> degree interno-external haemorrhoids under local anesthesia.

**II. MATERIALS AND METHODS**

**A. Study Design**

In the present study *Moolaka kshara sutra* have been prepared and evaluated clinically on the patients of *Arshas roga*.

**B. Place of Study**

Shalya tantra OPD and IPD Hospital, Alvas Ayurveda medical college moodbidire.

**C. Selection of the Patient**

Patient suffering from *Arshas* has been selected randomly after taking written consent. Selected cases was suffering from internal haemorrhoids.

**D. Inclusion Criteria**

- The patients having classical symptoms of *Arshas* will be selected.
- Patients will be selected between the age group of 18-70 yrs of either gender, irrespective of religion, occupation, Socio-economic status.
- Patients diagnosed 3<sup>rd</sup> degree internal haemorrhoids.

**E. Exclusion Criteria**

- Patients suffering secondary to inflammatory diseases like Ulcerative colitis, Crohn’s disease, Cirrhosis of Liver.
- Haemorrhoids associated with Fissure in Ano, Fistula in Ano, Anal stricture, Perianal abscess, malignancy and Polyps.
- Patients suffering from HIV, Tuberculosis and Ca of rectum, Hepatitis A, Hepatitis B
- Pregnant women.

**III. CASE REPORT**

In the present case study, A 40 years old male patient with the chief complains of bleeding per rectum, mass per rectum, Associated with C/O Constipation from 10 days come to our OPD of PG Department of Shalya Tantra of Alvas Ayurveda medical college Moodbidri.

- History of past Illness: K/C/O - DM since 3years.
- Treatment History –Undergoing allopathic medication for type 2 DM
- Surgical History – No surgical history
- Family history –All family members are healthy and have no H/O any other sever illness

➤ *General Examination*

- BP-130/90mmhg
- Pulse -81/min
- Height -158cm
- Temp-97.4F
- Respiratoy rate -18/min
- Tongue-coated
- Pallor-Absent
- Icterus- Absent
- Clubbing- Absent
- Edema- Absent
- Lymphadenopathy- Absent

➤ *Astha Vidha Pariksha*

- Nadi-81/min
- Mala-1times/day
- Mutra-4-5 times/day
- Jihva-malavrit
- Shabda-Samanya
- Sparsha- Samanya
- Drika- Samanya
- Akriti-Madhyama

➤ *Personal History*

- Diet-Mixed
- Appetite-normal
- Thirst-4-6time /day
- Micturition- Increased
- Sleep-Disturbed
- Marital status-married
- Addiction-no addiction

Table 1: Local Examination

<b>A.Inspection</b>	
i. External pile mass	Absent
ii. Discharge	Absent
<b>B.Digital examination</b>	
i. Tonicity	Normal
ii. Tenderness	Allowing to palpate
<b>C.Proctoscopic Examination</b>	
i. Number of pile mass	02
ii. Degree of pile mass	3 <sup>rd</sup> degree
iii. Position of pile mass	3 Oclock and 11clock
iv. Bleeding of pile mass	Present
<b>D.Prashna pareeksha</b>	
i. Pain	Absent
ii. Bleeding	present
iii. Mass	Present

Table 2: Investigation

Haemoglobin	14.5gm/dl
Total count	8,370cells/cumm
Differential count	
Neutrophils	53%
lymphocytes	40%
Eosinophils	05%
Monocytes	02%
ESR	10mm/hr
Serum creatinine	1.2mg/dl
HIV	Non reactive
HBsAg	Negative
Bleeding time	2min 20 sec
Clotting time	4min 10 sec
RBS	85mg/dl

#### IV. METHOD OF KSHARA SUTRA APPLICATION

##### ➤ Materials Used:

- Proctoscope,
- Anaesthetic gel (lignocaine2%)
- Local anaesthetic drugs(Inj.Lignocaine2%),
- Syringe with needle
- Betadine (Povidone Iodine) solution, Surgical spirit,
- *Yashtimadhu taila*
- Sponge holding forceps
- Needle holding forceps
- Alli's tissue holding forceps
- Pile holding forceps
- Scissors
- Mosquito forceps
- Kidney tray
- Towel clips
- Cut and Hole towels
- Sterilized-Cotton pad, Gauze, Adhesive plaster.

##### ➤ Pre-Operative Procedure:

- Well written inform Consent of patient was taken
- The perianal part was shaved and preparation done
- Soap water enema was given 2 hours prior to the procedure.

##### ➤ Operative Procedure:

- Patient was made to lie down in Lithotomy position.
- The part was cleaned with betadine and spirit, and the area will be draped with sterilized cut and hole towels.
- Local Anesthesia (Inj. Lignocaine 2%) is administrated.
- Anus was dilated with two finger using local anesthetic gel
- Positions of pile masses was assessed using proctoscope.
- **Catch hold:** Skin was retracted with Alli's tissue holding forceps to expose the pile mass.
- Then the pile mass was held with the help of Pile-holding forceps.

- **Trans-fixation and Ligation:** Each pile mass was transfixed by passing the curved cutting bodied needle mounted with Moolaka Ksharasutra at its base. After transfixation of Ksharasutra, the pile mass will be ligated with adequate knots.

- Packing was done using *Jathyadi Taila*.
- The the patient was shifted to the recovery room.

##### ➤ Post-Operative Procedures:

- Blood pressure, Temperature, Pulse Rate and Respiratory rates will be monitored.
- Packing was removed after 3-4 hours. 8 hours after the procedure:
- Hot water sitz bath will be given for 10-15 minutes twice daily.
- *Jathyadi Taila* Pichu will be applied per anum (externally) twice daily.
- Tab. *Triphala Guggulu*- 1 tablet (250mg) thrice a day after food.
- Tab. *Gandhaka Rasayana*- 1 tablet (125mg) thrice a day after food.
- Triphala Choorna 2 teaspoons with warm water at bed time.
- Analgesics – Tab Diclofenac sodium 50mg 1-0-1 for 2 days
- Antibiotics – T. Ofloxacin200mg with Ornidazole 500mg 1-0-1 for 5 days , given.

##### ➤ Follow-up of the Patient

The patient of Arshas roga were asked to attend the OPD after Kshara sutra ligation

- Observation period was of 28 days and the patient was advised to come on 3<sup>rd</sup> 5<sup>th</sup> ,7<sup>th</sup> , 14<sup>th</sup> , 21<sup>st</sup> and 28<sup>th</sup> days.
- Follow up will be done on 45<sup>th</sup> day and 60<sup>th</sup> day.

#### V. ASSESSMENT CRITERIA

The patients of arshas roga were assessed on basis of subjective and objective parameters such as pain ,Bleeding ,sloughing and falling of pile mass,wound healing **Subjective parameters:**

- *Ruja* (Pain)
- *Srava* (Discharge per rectum)

##### ➤ Objective Parameter:

- Sloughing and falling of pile mass
- Wound healing

The patients were assessed on the basis of following parameters before and after treatment as follows:

➤ *Post-Operative Pain Per Rectum*

Table 3: Pain Parameter

Pain	Grading
No pain	0
Mild	1-3
Moderate	4-6
Severe	7-9
Worst pain	10

➤ *Post-Operative Bleeding*

Table 4: Bleeding Parameter

Bleeding per Rectum	Grading
No bleeding	0
Stains of blood along with stool and after defecation	1
Dropping of blood along with stool and after Defecation	2
Profuse bleeding along with stool and after Defecation	3

➤ *Scoring Pattern*

Table 7: Subjective Response

SI No	Lakshana	BT	POST OPERATIVE DAYS				AT			Follow Up	
		Day 1	Day 3	Day 5	Day 7	Day 14	Day 21	Day 28	Day 45	Day 60	
1	Pain	0	3	2	2	0	0	0	0	0	
2	Bleeding	4	1	1	0	0	0	0	0	0	

Table 8: Objective Response

SI No	Lakshana	BT	POST OPERATIVE DAYS				AT			Follow Up	
		Day 1	Day 3	Day 5	Day 7	Day 14	Day 21	Day 28	Day 45	Day 60	
1	Sloughing and falling of pile mass	0	1	1	1	0	0	0	0	0	
2	Wound healing	0	0	0	5	4	3	1	0	0	

**VI. FOLLOW UP PHOTOS**



Fig 1: 1<sup>st</sup> Day of Treatment



Fig 2: 5<sup>th</sup> Day of Treatment

Table 5: Sloughing and Falling of Pile Mass

Presence or absence of pile mass	Grading
Absent	0
Present	1

➤ *Wound Healing*

Table 6: Parameter for Wound Healing

Symptoms	Grading
Completely epithelialized	1
Epithelializing	2
Granulating	3
No granulating	4
Sloughy	5

## VII. CONCLUSION

Kshara is alkaline in nature .PH of Moolaka ksharasutra -12.1. The synergic action of mechanical striangulation by sutra,Corrosive effect of kshara and proteolytic action of Snuhiksheera results in cauterization and necrosis of Haemorrhoidal tissue.This necrosed tissue sloughs out as a blackish mass along with sutra in 5-10 days .the tissue become fibrosed with scar formation .The haemorrhoidal vein Obliterates permentantly and there is no recurrence of haemorrhoids .Overall study suggests that the Moolakaksharasutra having on Arshas.

## REFERENCES

- [1]. [www.ncbi.nlm.nih.gov/pmc/articles/PMC4755769](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4755769)
- [2]. Zhifei Sun and John Migaly, Clin Colon Rectal Surg.2016 Mar; 29(1): 22-29.doi: 10.1055/s-0035-1568144, Thieme Medical Publishers.
- [3]. Malviya V.K, Diwan S, Sainia T.K, Apte A. Demographic study of Haemorrhoid with analysis of risk factors. Surgical update: Int J surg Orthopaedics.2019;5(1):7-13.doi:10.17511/ijoso.2019.i1.02
- [4]. [www.ijurgery.com](http://www.ijurgery.com)
- [5]. Ali SA, Shoeb MFR. Study of risk factors and clinical features of haemorrhoids. Int Surg J 2017; 4:1936-9
- [6]. [www.rightdiagnosis.com/haemorrhoids/statecountry.html](http://www.rightdiagnosis.com/haemorrhoids/statecountry.html)
- [7]. Statistics by Country for haemorrhoids cited on 24 June 2014
- [8]. Acharya Sushruta, SushrutaSamhita with 'Nibandhasangraha';Commentary of Dalhanacharya edited by Priya Vrat Sharma, Chaukhamba Visvabharati,Varanasi, 9<sup>th</sup> edition, Suthrasthana – chapter no 6,Shloka no 3, page no 328.
- [9]. Chakradatta, Sri Chakrapani Datta with Vaidyaprabha hindi commentary by Dr. Indradeva Tripathi, Chauhambha Sanskrit Sansthan, reprint edition 2005, Chapter-5, Sloka 148-150, page no- 66
- [10]. Sri Narahari Pandit, Raja Nighantu, English translation and critical commentary by Dr. Sathish Chandra Sankhyadhar,1st edition 2012, Chaukhambha Orientalia, Chapter 22, Shloka no.57 Page no.1077-1078
- [11]. Sri Narahari Pandit, Raja Nighantu, English translation and critical commentary by Dr. Sathish Chandra Sankhyadhar,1st edition 2012, Chaukhambha Orientalia, Chapter 9, Shloka no.7-10, Page no.412
- [12]. Sri Bhavamisra , Bhavaprakasa Nighantu, Hindi commentary by Dr Prof.K.C. Chunekar,edited by Dr. G.S.Pandey, reprint 2006 edition, Chaukhambha Bharati Academy, Chapter 9, Shloka no.- 99-103, Page no.666-667 .



Fig 3: 7<sup>st</sup> Day of Treatment



Fig 4: 14<sup>st</sup> Day of Treatment



Fig 5: 28<sup>st</sup> Day of Treatment