



## ROLE OF PALASH KSHARSUTRA INMANAGEMENT OF ARSHA: A CLINICAL CASE REPORT

Dr.Rohit Baldha\*<sup>1</sup>, Dr.Narendra Yadnik<sup>2</sup>,Dr.Vaibhav Biradar<sup>3</sup>

1.PG Student, Department of kriyasharir, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat. 391760

2.Assistant Professor Departmentof kriyasharir, Parul Institute of Ayurveda, Limda, Vadodara, Gujarat. 391760

3.Professor& HOD Department of kriya sharir, Parul Institute of Ayurveda And Research ,Ishwarpura , Vadodara, Gujarat.391760

DOI: 10.48047/ecb/2023.12.si4.1631

---

### ABSTRACT

In this study, a case with internal piles at 3 o'clock, 7 o'clock, and 11 o'clock was treated with Palash Ksharasutra. Postoperative assessment was done daily by recording the relief and observing the signs and symptoms. Good results were attained after postoperative and no adverse effects. Kshara sutra remedy is a minimally invasive ayurvedic Parasurgical procedure and time-tested ayurvedic fashion in the operation of anorectal diseases.

**KEYWORDS:** Arsha, Palashkshara sutra, parasurgical procedure,kshara sutra

---

### INTRODUCTION

According to the Susruta Samhita, Arsha is one of the Ashtamahagada, famous for its terrifying pain-like foe that has tormented humanity numerous times since the Vedic age. One anorectal illness known as Arsha is also known as "Durnam" in Bhaishajyaratnavali.<sup>1</sup> Arsha is described by Yogaratnakara as Mansakalika, which obstructs Gudamarga.<sup>2</sup> The Ayurvedic system of medicine divided arsha into several categories, including vataja, pittaja, kaphaja, sannipataja, raktaja, and sahaja.<sup>3-4</sup> At least 50% of adults over the age of 50 experience some level of hemorrhoid-related symptoms, making arsha one of the most prevalent disorders that affects the ano-rectal region and whose incidence rises with age.<sup>5</sup> The current pace of this totals the current life. The words "haemorrhoid" and "piles" are derived from the Latin word "pile," which means "a ball," which refers to a circular mass, and the Greek words "shaem," which means "blood," and "rhoos," which means "flowing." Haemorrhoids, also known as arsha, are an engorgement of the haemorrhoidal venous supersystem, which includes the ballooned modes in the anal conduit and the subepithelial region formed by the radicles of the superior, middle, and inferior rectal modes.<sup>6</sup> This condition is characterised by bleeding from the rectum, constipation, pain, prolapse, and discharge. It is a result of an improper diet, prolonged standing, and improper defecation habits that derange the Tridosha, particularly the Vata Dosha.<sup>7</sup> When performing in the Annavaha Sroto Dushti, the vitiated dosha affects

Twak, Mansa, Meda, and Rakta and localises in Gudavali, PradhanaDhamani, and Mansdhara Kala.<sup>8</sup>

**CASE HISTORY**

A 40-year-old male patient visited the Shalya Tantra OPD with complaints of pain during urination, a palpable mass at the anal area for the last six years, bleeding in drops for the past five months, and burning pain for the past month. Examination revealed interno-external pile masses at 3, 7, and 11 o'clock locations. Internal piles were seen during a proctoscopy examination at the 3, 7, and 11 o'clock locations (Fig. 1). For four months, the patient underwent cautious Ayurvedic treatment, but no improvement was seen. He went to the OPD for Ksharasutra treatment as a result. The results of routine laboratory testing on blood, urine, and faeces were within normal limits.

**Past History**

No History of - HTN, DM, TB  
No History of -Previous surgery

**Personal History**

Stool- 3 to 4 times/day  
Urine-4-5 times/day  
Sleep- normal  
Diet- vegetarian  
Addiction- No  
Exercise- No

**Physical Examination**

General condition - Average  
Temperature – 98.6F  
B.P -130/80mmhg.  
PR-85min  
Spo2-98%  
Weight-43.6 kg  
Pallor - (+), No icterus, cyanosis, clubbing

**Lab Investigations: -**

Laboratory parameter	Value	Laboratory parameter	Value
<b>Hb</b>	10.9 gm %	<b>Creatine</b>	0.9 mg/dl
<b>E.S.R</b>	5 mm/hg	<b>Total Bilirubin</b>	0.6 mg/dl
<b>W.B.C</b>	8,770 Cumm3	<b>Direct Bilirubin</b>	0.3 mg/dl
<b>Neutrophils</b>	55%	<b>Indirect Bilirubin</b>	0.3 mg/dl
<b>Lymphocytes</b>	38%	<b>S.G.P.T</b>	10.0 U/L
<b>Eosinophil</b>	04 %	<b>S.G.O.T</b>	15.0U/L
<b>Monocytes</b>	03 %	<b>HBsAg</b>	Negative

<b>Platelet count</b>	3,48,000/cumm <sup>3</sup>	<b>HIV</b>	Negative
<b>Bleeding time</b>	1min 4 sec	<b>Urine routine and microscopic</b>	WNL
<b>Clotting time</b>	4 min 10 sec		
<b>RBS</b>	90 mg/ dl		

**Systemic Examination**

CNS Examination -Conscious and oriented

CVS Examination – S1 & S2 Heard Normal

**Preoperative Procedures**

A signed informed consent from the patient was acquired. The peri-anal area was cleansed and shaved the day before surgery. A proctoclysis enema was given the morning of the procedure. Tetanus toxoid intramuscular injection of 0.5ml was administered as a preventative measure, and one day before surgery, an injection of xylocaine was utilised to test for sensitivity. At night, 5 grammes of Erand Bhrishta Haritaki were given along with Luke warm water. On the morning of the procedure, the patient was instructed to take nothing by mouth starting at 1:00 am.

**Operative Procedures**

The patient was put in the lithotomy position after receiving spinal anaesthesia. Betadine solution was draped over and applied to the peri-anal and gluteal regions. Up to four fingers' worth of anal dilation was achieved. Using forceps designed for grasping piles, the internoexternal pile mass was first gripped at three o'clock. Using cutting scissors, the skin of the external part of the piles was removed up to the mucocutaneous junction while sparing the sphincter muscles and mucosal area. Palash Ksharasutra then carried out transfixation and ligation at the base of the pedicle using a round, curved needle.<sup>9</sup>The thread was then positioned along the interior collecting mass and tied in a surgical knot. The piles in the anal canal at the seven and eleven o'clock locations (Fig. 2) were treated using the same method. After the area was cleaned with Betadine solution and the proper haemostasis was obtained, a diclofenac suppository was inserted into the rectum. The T-bandage was ultimately applied, and the patient was then sent to the recovery room with stable vitals.

**Post Operative –**

Ringer Lactate and Dextrose Normal Saline were administered intravenously, and the patient was denied food and beverages for six hours. Liquids are allowed six hours into operation. In accordance with the anaesthesiologist's advice, diclofenac intravenous injection was given for two days as needed and ceftriaxone 1 gm intravenous injection twice. The following day, warm water hotsitz baths, Triphala Guggulu 500mg three times a day, Eranda Bhrishta Haritaki 5 gm at bedtime for bowel control, and Panchavalkala Kwatha were advised. After usual dressing, daily Matrabasti with 30 ml of Jatyadi Taila was given. The patient was instructed to start eating green vegetables, fruits, rice, daal, and plenty of water the following evening. Additionally, the patient was advised to avoid spicy, fried, and non-vegetarian foods. Some ligated necrosed heaps masses had been sloughed off by the eighth post-operative day,

while others still required the twisting of the Ksharasutra. As a result, where the pile masses had once been, there were now fresh wounds (Fig. 3). Jatyadi Taila and Matra Basti were worn for a further ten days. The wound had fully recovered by the end of the 42nd post-operative day, and there were no indications of anal spasm, stricture, or any other problems (Fig. 4).



**Fig1: Interioexternal piles**



**Fig2 Ligation with palash ksharasutra**



**Fig3-On 13<sup>th</sup> post operative day**



**Fig 4-After 42<sup>th</sup> post operative day**

## DISCUSSION

The main treatment for haemorrhoids in 2,3degrees is surgery, but in ayurveda the main 4 treatments are aushadhi (medicines), kshara (caustic material), Agni (therapeutic cauterization), and shastra (surgical procedure).<sup>10</sup> Haemorrhoids are one of the painful diseases of the anal region in which the person has immerse pain. They are typically caused by sedimentary lifestyle of person, and secondary to constipation. Cryosurgery, sclerosant injection, rubber band ligation, open & closed hemorrhoidectomy, and other options are available in modern medicine. However, each of these treatment modalities has its own limitations and post-operative complications, for this investigation, the Palashakshara sutra was taken into consideration, and no complications, such as delayed anal stricture complications or postoperative haemorrhages, were noted.<sup>11</sup> The PalashaKshara Sutra was applied while the subject was under spinal anaesthetic in the aforementioned investigation. The anti-inflammatory and anti-microbial qualities of the kshara utilised in the thread help post-operative wounds heal.<sup>12</sup> The consequence is enhanced by the cutting and pressure effects of the kshara sutra, which stop the blood flow to the pile mass where it is knotted. The post-operative medications included Triphalaguggulu for its anti-inflammatory action, Eranda Bhrishta Haritaki for its laxative action, sitz bath with panchavalkalkwath helps to relieve the

inflammation at site, and matrabasti with jatyadi tail helps in healing of wound and promotes lubrication in passage which reduces pain during defecation. Additionally, daily anal dilatation was performed with one finger during dressing to avoid anal stricture.

## CONCLUSION

Despite the fact that this instance had a positive outcome, more research with a larger sample size is necessary to provide a conclusive answer. The cases of Arsha (piles) can be effectively controlled by the kshara sutra therapy, without any complications.

## REFERENCES

- [1]Ambikadatta Shastri Editor, BhaishyajyaRatnavali of Govind Das, ArshachikitsaPrakaran, Chapter 9, Verse 1. Varanasi: Chaukhambha Sanskrit Sansthan, 2005; p. 294.
- [2]Laxmipati Shastri Editor, Yoga Ratnakar of Unknown Author, Arshanidan, Varanasi: ChaukhambhaSanskrit Sansthan, 2005; p. 294.
- [3]Anant Ram Sharma Editor, Sushruta Samhita of Sushruta (Vol. I), Nidansthana; ArshanidanAdhyaya: Chapter 2, Verse 3. Varanasi: ChaukhambhaSubharatiPrakashana, 2008; p. 474.
- [4]Ibidem 2, Arshanidan. p. 294.
- [5]Haemorrhoids/Prevalence rate; Available from <https://www.news-medical.net/health/Epidemiologyof-Hemorrhoids.aspx>. Last accessed on 03/08/2018.
- [6]Haemorrhoids/Definition; Available from [www.merriam-webster.com/dictionary/hemorrhoid](http://www.merriam-webster.com/dictionary/hemorrhoid). Last accessed on 19/07/2018.
- [7]Ibidem 3, (Vol I), Nidansthana; ArshanidanAdhyaya: Chapter 2, Verse 4. p. 474.
- [8]Ibidem 12, (Uttarardha), Chikitsasthana; ArshachikitsaAdhyaya: Chapter 14, Verse 24-25. p. 328.
- [9]Ksharasutra/Procedure of ligation; Available from [www.ncbi.nlm.nih.gov/pmc/articles/PMC3296345/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3296345/). Last accessed on 15/08/2018.
- [10]Ibidem 3, (Vol II), Chikitsasthana; ArshachikitsaAdhyaya: Chapter 6, Verse 3. p. 225.
- [11]Ibidem 3, (Vol II), Chikitsasthana; ViarpanadistanrogchikitsaAdhyaya: Chapter 17, Verse 30-33. p. 307.
- [12]Ibidem 1, ArshachikitsaPrakaran, Chapter 9, Verse 35. p. 301