Ksharasutra Ligation in the management of Interno-external hemorrhoids (Arsha) – A case report

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Abstract:

Hemorrhoids is the dilated veins in anal canal. It can be compared with Arsha in Ayurveda. Varied 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 complain 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
Introduction:

Hemorrhoids is the varicosities of veins of anal canal.[1] 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). [2] 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 Raka. [3] Treatment of hemorrhoids is non-operative for 1st and 2nd degree haemorrhoids and operative for 3rd and 4th 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. [4] Beside it, Ksharasutra for the treatment of Arsha (Hemorrhoids) is described in Bhaisajyaratnawali. [5] 

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 7and 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 Intra-dermally. 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. ciprofloxacin500mg 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 1st day of OT. Slough at 7 and 11 o’clock was removed at 5th 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]
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). [6] 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. [7] Jatyati taila has wound healing and antimicrobial properties. [8], [9] It helps in the healing of the wound. Similarly, Trifala guggulu given also helps to cure wound and reduce pain and swelling. [10] Avipattikar given is laxative helps to soften the stool as it contain Trivrit(Operculina turpethum). [11] 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.
References:


Guarantor: Corresponding author is guarantor of this article and its contents.

Conflict of interest: Author declares that there is no conflict of interest.

Source of support: None

How to cite this article: