

## Application of *Snuhi Ksheer* mixed Haridra powder and *Teekshna Apamarga Pratisarneeya Kshara* in the management of *Arsha* 2<sup>nd</sup> degree haemorrhoids

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### Abstract:

Haemorrhoids are becoming one of the common problems in the society now a day. One of the another caused its existence is sedentary life style. This problem not only disturbs the daily routine but also its decreases the quality of life of a person. In *Ayurveda* comes under *Arsha*, *Sushruta Acharya* had explained 2 types of *Arsha*; *Antha Arsha* and *Bahya Arsha*. Further He had explained various types of management of both the ailments, right from surgical procedure and para- surgical procedure *Antha Arsha* said to be managed very well by using *Kshara* therapy. In this study 46 patients of 2<sup>nd</sup> degree haemorrhoids were selected and randomly divided in to two groups. In Group -A *Teekshna Apamarga pratisarneeya kshara* and In Group-B *Snuhi Ksheer* mixed Haridra powder was used. After that local application of *Kshara* patients were assessed for relief in symptoms like Bleeding P/R, protusion of mass, Pain, discomfort of ano region. In both the study groups, significant relief was observed in considered. The study revealed that conventional *Teekshna Apamarga Kshara* in better as compared to *snuhiksheer* mixed Haridra powder in case of 2<sup>nd</sup> degree haemorrhoids.

**Keywords:** Apamargakshara, Snuhi ksheer, Haemorrhoids

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### Introduction:

Haemorrhoid is one of the common anorectal disorders that equally men or women. The worldwide prevalence of haemorrhoids is around 4.4% and incidence increase with age. Generally, haemorrhoids can be divided into two types: internal haemorrhoid and external

haemorrhoid in rectal. Treatment options mainly depend on the type and severity of haemorrhoids, patient's preference and the expertise of physicians. Low-graded internal hemorrhoids are effectively treated with dietary and lifestyle modification, medical treatment and/or office-based procedures such

as rubber band ligation and sclerotherapy. An operation is usually indicated in low-graded haemorrhoids refractory to non-surgical treatment, high-graded haemorrhoids, and strangulated haemorrhoids. To date, it is obvious that, apart from oral flavonoids-based phlebotonic drugs, currently available medication for haemorrhoids has no or limited beneficial effects on bleeding and prolapsing. Despite advances in office-based procedures and better surgical approaches, post-procedural pain and disease recurrence is the most challenging problems in the treatment of haemorrhoids. In Ayurvedic classics, *Arsha* is one of the prime important among *Ashtamahagada*, which afflicting mankind for thousands of years since *Vedic* period. As per symptoms and pathology of *Arsha*, and pathology of *Arsha*, it can be correlated with haemorrhoids up to some extends. *Arsha* is very difficult to cure so various number of modalities such as oral medicine, application of *Kshara*, *Agnikarma* and operative method are described for its management. Lots of drugs are described for local application on haemorrhoidal tissue in different *Ayurvedic* classics. Local application of drugs is easy to adopt, cost effective, with less complication in certain degree haemorrhoids compared to other therapeutic modalities. Number of research studies was carried out in different institutes on local application of *Apamarga kshara* in management of haemorrhoids which proves that locally applied *Apamarga kshara* is very effective. But *Apamarga* plant is not widely available in every season and it's collection and *Kshara* preparation is very tedious process.

#### Material and methods:

This study was an open label comparative, interventional study of 4 weeks. Patients having complaints of internal haemorrhoid of 2<sup>nd</sup> degree were selected from the OPD,

department of Shalya Tantra, All India Institute of Ayurveda, Sarita Vihar, New Delhi. Detailed clinical history and physical and local per rectal findings were recorded in clinical research proforma.

#### Inclusion criteria;

Patients of either gender between 20-70 years with sign & symptoms present of 2<sup>nd</sup> degree internal piles; with controlled blood pressure, diabetes mellitus (DM) and cardiac disorders were included in this study.

#### Exclusion criteria:

Patients with 3<sup>rd</sup> and 4<sup>th</sup> degree piles; fissure and fistula-in-ano having uncontrolled hypertension, diabetes mellitus and cardiac disorders; Ano-rectal malignancy, tuberculosis, HIV and venereal disease research laboratory (VDRL) positive cases were excluded from this study.

#### Investigations:

Routine haematological, biochemical, and microbial investigations such as Hb% (haemoglobin), total leukocyte count, differential leukocyte count, bleeding time, clotting time, erythrocyte sedimentation rate, RBC, Blood urea, serum creatinine, serum bilirubin, SGOT, SGPT were done before procedure for fitness purpose.

#### Ethical clearance:

The present clinical trial is approved by Institutional Ethics Committee vide letter no.- AIIA/2018/PG-58 and is registered in CTRI-2018/12/016681.

#### Ingredients of trial drugs:

*Teekshna Apamarga Kshara* was prepared in Shalya Tantra Department of the Institute and *Snuhiksheer* was collected from herbal garden of dravyaguna department (Table 1,2).

### Methodology:

Patients was selected after confirming investigation and inclusion criteria, and informed consent form taken for patient then proctolysis enema given before half hour before the procedure. After complete rectal evacuation, the patient was shifted from the OT. Patient was kept on lithotomy position on leg fixed on leg stand table in lithotomy position, anal and perianal area was cleaned with betadine solution and draping was done with sterile cut sheet. Lubricated normal proctoscope was introduced in anal canal and position of pile mass was again re-assessed to confirm the diagnosis. Firstly, pile mass was cleaned with normal saline then pile mass was pulled laterally with Pile holding forceps to get a better view of pile mass. Healthy anal mucosa was covered with wet cotton balls to prevent spilling of *Kshara* on it. Then, pile mass was gently scraped with the rough surface of spatula. ***Snuhiksbeer mixed haridra powder for (Group A)*** was applied locally over selected pile mass respectively

with the help of spatula. As soon as *Kshara* was applied, opening of proctoscope was closed for about 1 to 1½ minute (*100 matrakala*) with the palm. After that pile mass was washed out with freshly prepared lemon juice. Observation was done whether the pinkish pile mass turned to blackish (*Pakva Jambu Phala Varna*). If not, *Kshara* was applied once again till the pile mass turned to blackish colour. Once again washed with lemon juice. 10 to 20 ml matra basti with *Jatyadi Taila*. The same procedure was adopted in another group in which *Apamarga Kshara* was used instead of *Snuhiksbeer mixed Haridra Powder*.

**Criteria for Assessment:** The assessment has been done on the basis of gradation and scoring method adopted for assessment of hemorrhoids To Friedman's ANOVA Test compare between the groups Mann Whitney's Test was used and result was calculated (Table-3,4,5,6).

**Table-1: Properties of Group "A" drugs:**

Drugs	Ras	Guna	Virya	Vipaka	Karma
<i>Snuhi</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	
<i>Haridra</i>	<i>Tikta, Katu</i>	<i>Ruksha, Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridoshsamak</i>

**Table-2: Properties of Group "B" drugs:**

Drugs	Rasa	Guna	Virya	Vipaka	Karma/action/Doshaghnata
<i>Apamarga</i> ( <i>Achyranthes aspera</i> L.)	<i>Katu, Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapa-Vatahara, Shirovirechan-Depachana, Medohara</i>
<i>Chitrak</i> ( <i>plumbago zeylanica</i> L.)	<i>Katu</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapa-Vatahara, DeepanArsha, Sotha</i>
<i>Shankh Nabhi</i>	<i>Katu, Kashaya</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphaghna, Pittaghna, Deepana</i>

Table-3: Statistical analysis

Group	N	Mean	Sum of Ranks	U	P
Pain in ano					
Group A	23	1.652	609	196	0.1291
Group B	23	1.348	472		
Bleeding Per rectum					
Group A	23	2.261	564.5	240.5	0.6000
Group B	23	2.130	516.5		
Size of Pile mass					
Group A	23	1.913	622.5	182.5	0.0678
Group B	23	1.565	458.5		
Painful defecation					
Group A	23	1.304	576.5	228.5	0.4326
Group B	23	1.043	504.5		
Discomfort in Anal region					
Group A	23	0.260	543	262	0.9637
Group B	23	0.217	538		

Table-4: Percentage relief in Group-A:

Symptoms	Relief				
	D1	D7	D14	D21	AT
Protrusion of Pile mass	68.18	79.55	95.46	100.0	86.36
Bleeding P/R	92.45	98.11	100.0	100.0	98.11
Size of Pile mass	55.10	75.51	83.67	89.80	89.80
Painful defecation	50.00	84.38	93.75	96.80	93.75
Discomfort in anal region	-142.9	85.71	100.0	85.71	85.71

Table-5: Percentage relief in Group-B:

Symptoms	Relief				
	D1	D7	D14	D21	AT
Protrusion of Pile mass	61.36	65.91	75.00	79.55	70.46
Bleeding P/R	67.31	86.54	92.31	92.31	94.23
Size of Pile mass	42.55	55.32	65.96	76.60	76.60
Painful defecation	53.85	69.23	80.77	96.15	92.31
Discomfort in anal Region	-171.4	-28.57	28.57	42.86	71.43

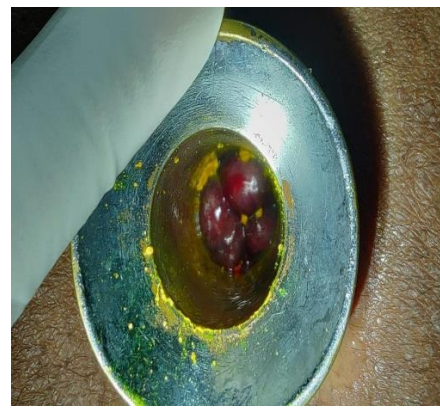


**Table-6: Comparative percentage relief in Group-A and B:**

Symptoms	% Relief	
	Group A	Group B
Protrusion of Pile mass	86.36	70.45
Bleeding per rectum	98.11	94.23
Size of Pile mass	89.8	76.6
Painful defecation	93.75	92.31
Discomfort in Anal region	85.71	71.43
Average % Relief	90.74	81.00

**Table-7: Overall Effect of Therapy**

Criteria	Improvement Grade	No. of patients		No. of symptoms	
		Gr. A	Gr. B	Gr. A	Gr. B
91% to 100%	Cured	14	08	02	02
76% to 90%	Marked	08	07	03	01
51% to 75%	Moderate	00	05	00	02
26% to 50%	Mild	01	03	00	00
00% to 25%	Poor	00	00	00	00

**Clinical images of both Groups:**

**Fig-1: Before procedure in Group-A**
**Fig-2: During Procedure in Group-A**
**Fig-3: After procedure in Group-A**

**Fig-4: Before procedure in Group-B**
**Fig-5: During Procedure in Group-B**
**Fig-6: After procedure in Group-B**

**Observations & result:**

Follow up was done after a 28 day of the procedure. During the follow up, subjective experience was asked related to the discomfortness, Pain, bleeding and prolapse of piles from each and every patient and the proctoscopic examination was done to assess the size of the piles. Among 46 patients who underwent the procedure, total 66.7% were getting the complete remission (Table-7).

**Discussion:**

The coagulation of protein leads to disintegration of haemoglobin into haem and globin. Synergy of these actions results in decreasing the size of the pile mass. Further, necrosis of the tissue in the haemorrhoidal vein will occur. This necrosed tissue slough out as blackish brown discharge for 7 to 14 days. The haem present in the slough gives the discharge its color. The tissue becomes fibrosed and scar formation Seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of hemorrhoid. Mode of action of *PratisaraneeyaKshara* is already explained in previous researches, main aim of study was to evaluate effect of *Snuhiksbeer mixed Haridra powder Kshara* and to compare the effect of *ApamargaPratisaraneeyaKshara*. As per the aim after all observations and statistical analysis it can be concluded that both *Snuhiksbeer mixed haridra powder* and *ApamargaPratisaraneeyaKshara* are equally effective in controlling bleeding per, reduced size of pile mass and without any complications during procedure.

**Conclusion:**

*Snuhiksbeer & Apamarga Pratisaraneeya Kshara* both are effective in 2nd degree haemorrhoids but *Snuhiksbeer* group showed better result as compare to control group. *Snuhiksbeer* is collected in all season, easily available in many country and also take lesser time for preparation. On the other hand *Apamarga* is only collected in *SharadRitu* and

take longer time for preparation. It is also difficult to get same *Teekshnata* all time. Therefore *Snuhiksbeer* better than *ApamargaPratisaraneeyaKshara*.

**Limitation of study:**

The study should be done on large sample and follow should be done for longer duration.

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