Clinical study of Kutaja and Palasha Kshara in the management of arsha

Abstract

The study was carried out to find an effective, economical Ayurvedic treatment free from side effects for burning problem of Arsha (hemorrhoids). In this research work, local application of Kshara i.e. Pratisaraniya Kshara was selected as treatment modality in patients suffering from Arsha and an attempt to elaborate the concepts of Arsha and its management by Ksharkarma procedure is made. In this study, all patients having the features of primary hemorrhoids were selected and divided into two groups of each comprising 10 patients. First group was treated with Palasha Kshara (Butea frondosa) & another group with Kutaja Kshara (Holarrhena Antidysenterica). Ksharpatankarma was done every day and the results were assessed thoroughly on the basis of observations for 7 days. As per Ayurvedic classics, Palasha & Kutaja have the properties of Kshara to treat Arsha. The Ksharas were prepared with aforesaid drugs separately under closed scientific supervision. The research work was planned as conceptual study, drug review, application of Kshara, pre & post operative management, observations, criteria for assessment & results. It is concluded that the application of Palasha & Kutaja Kshara showed significant improvement over all in 1st & 2nd degree of piles.

Key Words: Arsha, Hemorrhoids, Kshara, Ksharpatankarma, Kutaja, Palasha, Pratisaraniya.

Introduction

A wide description is available in Indian system of medicine (Ayurveda) regarding etio-pathogenesis & treatment methodologies of Arsha. It comes under the heading of Maharogas¹, so it is very difficult to treat and leads to excess bleeding as a complication. Arsha occurs in Guda marma² which is described as Sadyapranahar marma, so prognosis is grave & may fatal as described in ancient classics.

Varieties of treatment from modern system of medicine as sclerosing therapy (inj. of phenol & almond oil in mucosa of pile mass), Barron's rubber band legation (Pile mass is tightly encircled with an elastic band due to which ischemia occurs & finally necrosis of pile mass occurred), infra red coagulation IRC (coagulation necrosis of pile), Williams

Reprints Requests: Dr. T. S. Dudhamal

Leturer, Department of Shalya-Tantra, Institute for Post Graduate Teaching & Research in Ayurveda Gujarat Ayurveda University, Jamnagar cryosurgery (Rapid freezing & destruction of tissue with N2O probe having temp.-1800C), Laser therapy³ hemorrhoidectomy⁴ and new advanced techniques as Doppler-guided Hemorrhoid Artery Ligation (DG-HAL), etc., all above treatments are advocated as per degree & complication of piles. Unfortunately, all these procedures are having their own advantages and disadvantages with limitations. Hence, it is an open fact that Arsha is an old problem & perhaps that is why various types of treatment are being designed from time to time and still search is being made to have better remedy.

Many people prefer to treat the distressing condition of hemorrhoids with natural remedies. A lot of sufferers find that herbs for hemorrhoids are the answer. Charaka the great ancient physician also described Arsha in Maharoga had given emphasis on medicinal treatment particularly Agnidipan with Takra, Takraarishta⁵. Sushruta had mentioned four types of treatment viz. Bheshaja, Ksharkarma, Agnikarma and Shastrakarma & given more

emphasis on Ksharkarma6. Kshara Chikitsa has been in practice since 500 BC. Kshara (alkalis) are the herbal extracts of plants like Butea frondosa, Holarrhena antidysentrica, Euphorbia nerifolia, Cassia fistula, Adhatoda vasica, Caltropis giganteo, Alstonia scholaris, Achyranthus aspera, and Sesamum indicum. Kshara can be a mixture of many herbs or may be from single herb like Apamarga Kshara, Til Kshara, YavaKshara etc. Sushruta has described 22 types of different herbs for Kshara preparation. The external or Pratisarniya Ksharas are widely used to manage hemorrhoids, warts, corns, fistulae in ano, sinuses, polyps and many skin problems. External Ksharas are a reliable and safe alternative in treatment of Arsha.

Various system of medicine are in force of medical practice to treat Arsha in different ways but this particular Kshara of Kutaja & Palasha are said to be very effective. Hence Clinical study was carried out on both the Ksharas as per classical reference of Sushruta Samhita⁷.

Aims & Objectives

To find out the efficacy of Kutaja & Palasha Kshara in the management of Arsha.

Material & Methods

Conceptual study

All literatures related to Arsha & ksharkarma had been collected from the concern Ayurvedic texts and concepts related to hemorrhoids in modern medicine with its medicinal / surgical treatment had been also collected.

Drug review

The drugs for preparation of Kshara i.e. Kutaja & Palasha had been described in detail with their properties. Pharmaceutical analysis regarding the contents of Kutaja & Palasha Ksharas had been mentioned. The standard Kshara for pratisaran was prepared according to the Sushruta Samhita⁸. The analysis of the Kshara is mentioned in the following table.

No. Test Palasha Kshara

Sr. No.	Test	Palasha Kshara	Kutaja Kshara
	Loss on drying at 1100C	7.05	4.41
	Ash value	72.76	82.33
	Acid insoluble ash	0.25	0.39
	pH of 10% (w/w)	10.00	10.5
	Iron as FeO2	3.01	5.92
	Calcium as CaO	13.9	13.84
	Magnesium as MgO	0.91	0.72
	Sulphate as SO4	20.22	31.14

Clinical study

Patients suffering from complaints of Arsha were randomly selected irrespective of age, sex, religion, education, etc. from OPD & IPD of department of shalya tantra, I.P.G.T. & R.A. Hospital, Gujarat Ayurved University,

Jamnagar. Selected patients were registered; findings were noted on special designed proforma & divided into two groups. After that pathological investigation i.e. haemogram, blood sugar, urine routine & stool examination were carried out.

Group I: 10 patients were treated with Palasha Kshara pratisarana (local application)

Group II: 10 patients were treated with Kutaja Kshara pratisarana (local application)

Inclusion criteria

Patients presenting with complaints of Arsha viz. bleeding per rectum, prolapsed of pile & pain irrespective of age, sex, religion, education & socio-economic status.

Exclusion criteria

Cases of carcinoma of rectum & major illness as Hypertension, Diabetes mellitus, Cardiac disease were excluded.

Diagnostic criteria

Patients suffering from sign & symptoms of Arsha were included in the study and local per rectal & proctoscopic examination were conducted to confirm the site, position, prolapsed, size and shape of pile mass.

Duration of treatment

Patients were treated with application of Kshara for maximum up to 7 days as OPD patients and were asked to attend Ano Rectal Clinic (ARC) daily at before noon for application of Kshara

Process of Kshara Patan

Pre procedure

- i. Fitness of patient.
- ii. Routine hematological investigation.
- iii. Eranda bhristha haritaki choorna 5gm. H.S. a day before procedure.
 - iv. Preparation of part (Shave & Clean).
 - v. Written consent of patient.

Procedure

*Patient was laid down in lithotomy position.

*Paintings and draping of cloth.

*Lubricated proctoscope with a cut aperture was introduced in the anal canal.

*Pile mass was fixed in hole, clean it with gauze pieces then apply Kshara with cotton piece. That cotton swab kept there for 2 minutes or till the time taken to count up to the 1001.

*The Kshara was then washed by Takra with the help of a syringe.

*This procedure was applied for each pile mass.

Post procedure

*Light diet.

*Eranda bhrista haritaki choorna, 5gm.at night daily.

*Avagaha sweda2 (warm water sitz bath) with Panchavalkal quatha 3 times per day.

Assessment criteria

*Complete relief: 100% relief in complaints of patient with complete reduction of piles.

*Marked improvement: 50% relief in complaints of patient partial reduction in piles.

*Improvement: 25% to 50% relief in complaints of patient with partial reduction in piles

*Unchanged: Neither relief in symptoms nor reduction in pile mass.

Assessment of result

It was recorded on the basis of scoring pattern in relief of sign and symptoms i.e. bleeding per rectum, size of pile mass after 7 days.

Observations

In few patients burning sensation was observed during & after the ksharpatan which was managed with Takra. Some patients complained of watery discharge & slight oozing of blood after the application of Kshara which was self controlled.

Table 2, Effect of Palasha Kshara

Sr.	Symptoms			Mean	SD	SE	t- value	p- value
No.		B.T.	A.T.		(+-)	(+-)		
1	Bleeding P/R	2.5	00	2.5	0.71	0.22	11.18	<0.001
2	Prolapsed	0.8	0.3	0.5	0.53	0.17	03	<0.02
3	Size of pile	2	0.2	1.8	0.92	0.29	6.19	<0.001

Palasha Group

Bleeding: Palasha Kshara showed highly significant result in bleeding P/R, Prolapsed of pile: No significant results, Size: Shows highly significant result, Cure rate: 70%, Improved rate: 20%., Unchanged rate: 10%

Table 3. Effect of Kutaja Kshara

Sr.	Symptoms			Mean	SD	SE	t- value	p- value
No.		B.T.	A.T.		(+-)	(+-)		
1	Bleeding P/R	2.1	02	1.9	1.1	0.35	5.46	<0.001
2	Prolapsed	0.9	0.2	0.7	0.67	0.21	3.28	<0.01
3	Size of pile	1.28	0.5	1.3	0.82	0.26	4.99	<0.001

Kutaja Group

Bleeding: Kutaja Kshara showed highly significant effects., Prolapse of pile: Highly significant results showed over Palasha Kshara., Size: Size of pile masses also reduced in this group and found statistically significant. , Cure rate: 80%., Improved rate: 20%.

Compared Result

Kutaja Kshara was having better effect over the cure rate of disease than Palasha Kshara. **Table 4, Result of the study**

Sr. No.	Assessment	Palasha Group		Kutaja Group		
		No. of patients	%	No. of patients	%	
1	Cured	07	70	08	80	
2	Markedly improved	00	00	00	00	
3	Improved	02	20	02	20	
4	Unchanged	01	10	00	00	

Results and Discussion

In the study incidence of Arsha had less prevalence in younger age. The service holder patients were more prone due to long sitting & irregular regime. Vatapittaja prakruti patients and history of hereditary cases were found more due to congenital weakness in vein wall .It might be as per description of Vagbhata1 in Sahaja arsha. Patient of arsha at 70 o clock position & of first degree were more in number.

Palasha & Kutaja have the Stambhan property so in both groups per rectal bleeding had been stopped and showed statistically highly significant result. Reduction of prolapsed pile was due to the Vilayan, Shoshan & Lekhan properties of Kshara. Kutaja have more Vilayan, Shoshan & Lekhan properties over the Palasha Kshara. Reduction in the size of pile mass in both groups was due to the Shoshan, Dahan & Pachan karma of Kshara2. As per duration of treatment concerned (i. e. relieved in sign & symptoms) Kutaja Kshara was having quick effect over disease than Palasha Kshara.

Kshara has two main properties mainly Ksharana & Kshanana3. Ksharana means which removed the deformed flesh, vitiated doshas etc. and Kshanana means destroying action. Further Kshara has Shodhan, Ropan and tri-doshasamak action also. So all actions play important role simultaneously to relieve the symptoms of Arsha, but as far as main symptoms are concerned bleeding was checked due to Sthamban. Prolapsed of piles were reduced due to the properties of Shodhan, Shoshan, Lekhan.

A statistical study had shown that both, Palasha Kshara & Kutaja Kshara have highly significant action to control bleeding. It was proved that Kutaja Kshara was highly significant in reducing prolapsed of piles, where as with Palasha Kshara only significant result were achieved.

Both Ksharas had shown the results in 1st & 2nd degree piles with good effects while improve on 3rd degree piles. Kutaja Ksharapatana had shown best results on treating piles with short duration than Palasha Kshara.

Conclusion

It was observed that both groups had good results. In cases of bleeding, both had similar effect to stop bleeding while in cases of prolapsed of piles, Kutaja Kshara had shown better result over the Palasha Kshara to reduce pile masses.

Further to note that ksharpatana treatment worked significantly in 1st & 2nd degree piles but in 3rd degree piles patients were improved only. Study showed that the overall curing rate was 80% in Kutaja Kshara group & 70% in Palasha Kshara group. No adverse effect was observed during and after the treatment. Extensive research on this pilot study may be planned to conduct on more number of patients.

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