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THE ROLE OF *KSHARASUTRA* LIGATION IN TREATING INTERNO-EXTERNAL HAEMORRHOIDS (*ARSHA*) - A CASE STUDY

¹Dr. Shahbaz Alam, ²Dr. Nidhi Singh, ²Dr. Deepali

¹Assistant Professor & PhD Scholar, Department of Shalya Tantra, Major SD Singh PG Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh & Parul University, Vadodara, Gujarat

²PG Scholar, Department of Shalya Tantra, Major SD Singh PG Ayurvedic Medical College & Hospital, Farrukhabad, Uttar Pradesh

ABSTRACT

Kshar Sutra is a traditional *Ayurvedic* treatment used for various conditions, particularly in the management of *Bhagandar* (fistulas), *Arsha* (Haemorrhoid) and other anorectal disorders. The treatment is well-documented in the ancient *Ayurvedic* texts, especially the *Sushruta Samhita*, an important classical text of surgery written by *Sushruta*, often referred to as the father of surgery in *Ayurveda*. *Ksharasutra* ligation for the *Arsha* is described in *Bhaisajyaratnavali* in the chapter *Arsachikitsa prakaranam*. *Arsha* refers to **piles** or **hemorrhoids** in *Ayurveda*, and it is a common anorectal disorder that affects many individuals, particularly those over the age of 40. *Kshar Sutra* Ligation was performed on a patient aged 56 years suffering from *Arsha* (Interno -External Pile Mass) on 5' & 7' o clock position of anal canal. *Ksharasutra* ligation for the pile mass followed by daily sitz bath with *Triphala Kwath* and dressing with *Jatyadi* Oil was done. *Ksharsutra* has been found to be effective, economic, easy to prepare and use. More over the daily routine of the patient is not disturbed.

Keywords: *Ayurveda*, *Ksharasutra* Ligation, *Arsha*, Haemorrhoids.

INTRODUCTION

In ancient *Ayurvedic* texts, the condition known as **Arsha** (अर्श) is referred to as **haemorrhoids**¹. It is described in various **Samhitas** (ancient Ayurvedic scriptures), including the **Charaka Samhita**, **Sushruta Samhita**, and **Ashtanga Hridayam**. The term "Arsha" is often used to describe swollen or inflamed veins in the rectal area. In Ayurveda, it is considered a disease of the Guda (Anus) and **Prakriti** (the body constitution), closely linked to **Vata dosha** imbalance.² According to *Ayurveda*, **Arsha** is primarily caused by an imbalance in **Vata dosha**, which governs the movement and functionality of bodily functions, including excretion. When **Vata** is aggravated, it causes the veins in the anal region to become swollen and inflamed. The condition may also be linked with the **Pitta dosha**, leading to inflammation and pain, and the **Kapha dosha**, causing swelling and mucus discharge.

- **Vata** causes dryness, hard stools, and irregular bowel movements³.
- **Pitta** causes burning sensations, irritation, and inflammation⁴
- **Kapha** leads to the formation of mucous discharge and swelling⁵.

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 *Rakta*⁶

Ama, or undigested food and toxins, is also implicated in the progression of **Arsha**. When **Ama** accumulates due to improper digestion, it gets lodged in the body, contributing to the formation of haemorrhoids.

Arsha, also known as haemorrhoids, is a common condition that affects the lower rectum and anus. It involves the swelling and inflammation of blood vessels in that area, which can lead to pain, discomfort, and other symptoms. Haemorrhoids can be either internal (inside the rectum) or external (around the anus), and they can vary in severity.

Types of Haemorrhoids (**Arsha**):⁷

1. **Internal Haemorrhoids**: These occur inside the rectum and generally do not cause noticeable symptoms unless they become large or prolapsed. Symptoms may include painless rectal bleeding (e.g., blood on toilet paper or in the stool).

2. **External Haemorrhoids:** These occur under the skin around the anus. They are often painful and may cause itching, discomfort, or swelling. If a blood clot forms inside an external haemorrhoid, it can lead to severe pain, a condition known as a **thrombosed haemorrhoid**.
3. **Prolapsed Haemorrhoids:** This is a more advanced condition where an internal haemorrhoid protrudes outside the anus. Prolapsed haemorrhoids can be painful and may require manual reinsertion back into the rectum or surgical treatment.

Treatment for haemorrhoids generally involves lifestyle changes, over-the-counter creams or ointments, and, in more severe cases, medical procedures or surgery. Preventive measures include consuming a high-fibre diet, staying hydrated, exercising, and avoiding prolonged sitting or standing. In *Ayurveda* context, *Bhesaja* (medical treatment), *Kshara Prayoga* (Caustic), *Agni* (fire cautery) and *Shastra prayoga* (Surgery) are the treatment described in *Sushruta Samhita*.⁸ Beside it, *Ksharsutra* for the treatment of *Arsha* (Haemorrhoids) is described in *Bhaisajyaratnawali*.⁹ *Sushruta* has described *Pratisaraniya Kshara* (local application of *Kshara*) in treatment of *Arsha* and ligation of *Ksharasutra* in *Nadivrana* (sinus), various tumours like lesions¹⁰.

CASE REPORT

A Female patient of 56 years presenting with the complaint of bleeding per rectum from 1 ½ year came in the OPD of Shalya Tantra Department of Major SD Singh PG Ayurvedic Medical College & Hospital, Baghar, Farrukhabad, U. P, India. According to the patient she noticed bleeding per rectum 1 ½ year ago after defecation (Splash of Blood). Also, she had pain and mucous discharge after defecation. 1 week after later she noticed mass protruding out through the rectum after defecation, which was self-reducing in nature. Patient has history of occasional constipation from last 1 year and now regular constipation from past 6 months. Detailed history taken from patient and per rectal examination done – the case was diagnosed as *Arshas* at 5 & 7'o clock position [Fig 1]. *Kshar Sutra* Ligation was planned.

The patient underwent an examination using a proctoscope following blood investigations for HIV, VDRL, and HBsAg. The diagnosis confirmed the case as fourth-degree interno-external haemorrhoids, identified at the five & seven o'clock positions.



Fig 1 – Piles at 5 & 7'o Clock

The patient had no history of hypertension (HTN), diabetes mellitus (DM), or any cardiovascular disorders. Routine laboratory investigations, including blood, urine, stool analysis, chest X-ray, and ultrasonography (USG) of the whole abdomen, were conducted, with all reports found to be within normal limits.

Systemic examinations revealed that the patient was physically and mentally fit to undergo surgery under spinal anaesthesia. Consequently, the case was scheduled for *Ksharasutra* ligation to be performed under spinal anaesthesia.

METHODS OF KSHAR SUTRA APPLICATION.

TABLE 1-

MATERIAL USED	DESCRIPTION/ USE
Proctoscope	Use for rectal examination
Lignocaine (2%) Gel	Provides local anaesthesia
Injection Lignocaine	Local anaesthetic for numbing
Syringe with needle	For delivering anaesthesia
Betadine Solution	Disinfectant for cleaning wounds
<i>Jatyadi</i> Oil	Ayurvedic Oil used for healing
Surgical Instruments	Forceps, scissors, clips etc
Sterlized materials	Cotton pads, gauze.

PRE – OPERATIVE PROCEDURE-

- Initially, the patient's written informed consent was obtained.
- The preparation of the local area was carried out on the day before the operation.
- Isabgol husk (5 gm) was administered at bedtime.
- The patient was advised to refrain from eating or drinking after midnight.
- On the day of the surgery, a proctoclysis enema was administered in the morning, and the patient's vital signs were monitored.
- An intramuscular injection of Tetanus Toxoid (0.5 ml) was given, and a sensitivity test with Injection Xylocaine was performed on the day prior to the operation.
- Then patient was prepared for OT.

OPERATIVE PROCEDURES-

Under aseptic conditions, the patient was brought into the operating theatre (OT) room, and spinal anaesthesia was administered in a sitting position by the anaesthetist.

The patient was positioned in the lithotomy position.

- The area was cleaned with Betadine and surgical spirit, followed by draping with sterilized cut and hole towels.
- Local anaesthesia (Injection Lignocaine 2%) was administered.
- The anus was dilated using two fingers with the application of local anaesthetic gel.
- The positions of the pile masses were assessed using a proctoscope.
- To expose the pile mass, the skin was retracted using Allis tissue-holding forceps.
- The pile mass was then held securely with pile-holding forceps.
- **Trans-fixation and Ligation:** Each pile mass was transfixed by passing a curved cutting-bodied needle mounted with *Ksharasutra* at its base. After the trans fixation of the *Ksharasutra*, the pile mass was securely ligated with adequate knots [Fig 2]
- After confirming haemostasis, the operated area was cleaned with Betadine solution. A gauze pack soaked in *Jatyadi Taila* was then inserted into the anal canal. Finally, T-bandaging was applied to complete the procedure.



Fig 2 Trans-Fixation & Ligation with Kshar Sutra.

POST-OPERATIVE PROCEDURES:

- Blood pressure, temperature, pulse rate, and respiratory rate were monitored.
- Packing was removed after 3–4 hours.
- **8 Hours Post-Procedure:**
- A hot sitz bath with *Triphala Kwath* was advised for 10–15 minutes twice daily.
- *Jatyadi Taila Pichu* was applied externally (per rectum) twice daily.
- **Medications:**
- *Tab. Triphala Guggulu* – 1 tablet (250 mg) three times a day after food.
- *Tab. Gandhaka Rasayana* – 1 tablet (125 mg) three times a day after food.
- *Triphala Choorna* – 2 teaspoons with warm water at bedtime.
- *Analgesics* – Tab. Diclofenac Sodium 50 mg (1-0-1) for 2 days.
- *Antibiotics* – Tab. Ofloxacin 200 mg with Ornidazole 500 mg (1-0-1) for 5 days.

FOLLOW-UP OF THE PATIENT:

- The patient with *Arshas Roga* (haemorrhoids) was instructed to visit the OPD for follow-up after *Ksharasutra* ligation.
- The observation period was set for 28 days, with follow-up appointments scheduled on the 3rd, 5th, 7th, 14th, 21st, and 28th days[Fig 4]. Additional follow-up visits were planned for the 45th and 60th days.



Fig 3 – Post Op Day

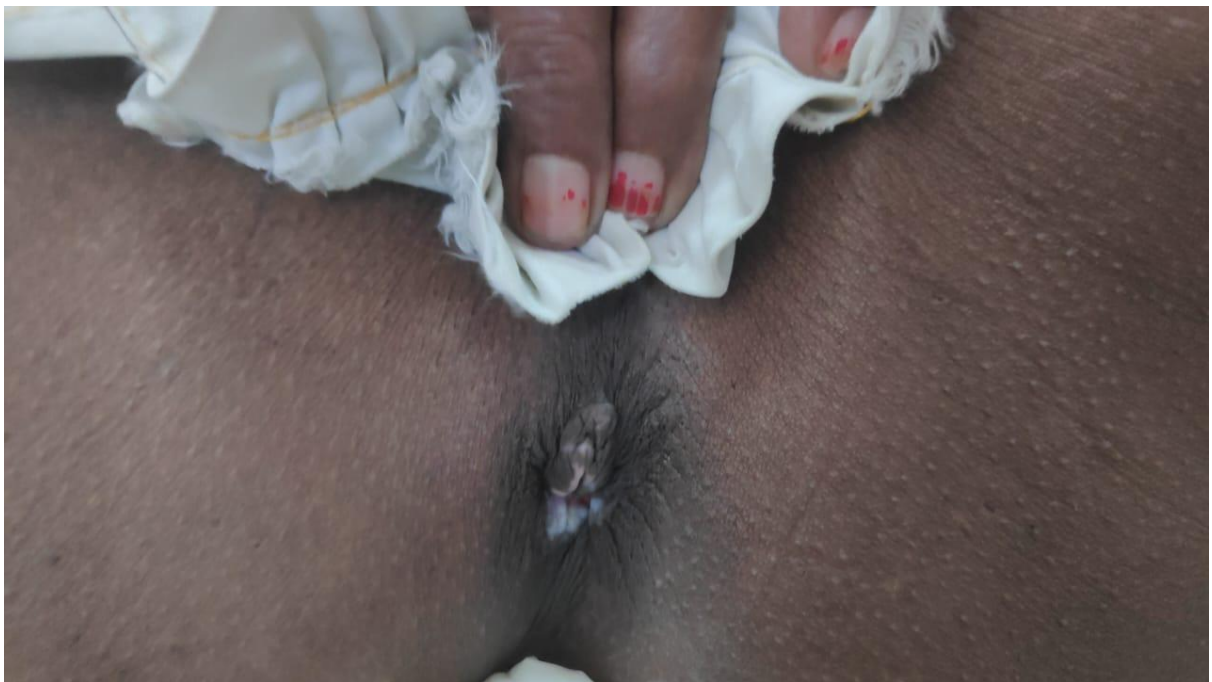


Fig 4

ASSESSMENT CRITERIA:

Patients with *Arshas Roga* (haemorrhoids) were assessed based on subjective and objective parameters, including pain, bleeding, sloughing and falling of the pile mass, and wound healing.

Subjective Parameters:

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

Objective Parameters:

- Sloughing and falling of the pile mass
- Wound healing

There was a burning sensation experienced during the first three days, which could likely be attributed to the reaction of *Ksharasutra* with the local tissues.

Necrosis and Wound Management: Necrosis of the pile mass began on the first day post-operation. The slough at the 5 o'clock and 7 o'clock positions was removed on the 5th day. [Fig-3] The wound was found to be healthy. Dressing was continued for 15 days, along with manual anal canal.

RESULT & DISCUSSION:

Ksharasutra ligation therapy is considered superior due to its minimal complications. In this particular case, there were no instances of post-operative haemorrhage or any other immediate complications following the procedure. Moreover, delayed complications, such as anal stricture and faecal incontinence, were not observed during the follow-up period. *Kshara*, *Snuhi* Ksheer, and turmeric are regarded as a unique drug formulation, highly effective for excising the *Arsha* pedicle and promoting wound healing. Adjuvant therapies, such as sitz baths and the local application of *Jatyadi Ghrita*, play a crucial role in maintaining local hygiene, as well as facilitating **Shodhana** (cleaning) and **Ropana** (healing) of the post-operative wound. *Triphala Choorna* was prescribed for **Anuloman** (regularizing bowel movements). *Triphala Guggulu*, with its potent anti-inflammatory properties, effectively alleviated post-operative pain and swelling. Most of the ingredients in *Jatyadi Ghrita* exhibit properties such as **Shothahara** (anti-inflammatory), **Vedanasthapana** (analgesic), and **Ropaka** (healing), all of which significantly contributed to wound healing.

To prevent anal stricture, regular dilatation was advised. Thus, alongside *Ksharasutra* ligation for *Arsha*, these adjuvant therapies played a crucial role in facilitating the early

healing of the post-operative wound. After 21 days, the patient was completely free of Arsha symptoms, with a normal wound scar and no complications.

CONCLUSION:

The *Ksharasutra* procedure is a simple, cost-effective, and time-efficient treatment method. It requires minimal hospitalization and involves fewer complications when compared to *hemorrhoidectomy*. While this study is based on a single case, it serves as a foundation for future research and further exploration by researchers in this field.

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