

<https://doi.org/10.46344/JBINO.2021.v10i05.05>

STUDY OF SNUHI PRATISARANEeya KSHARA FOR THE MANAGEMENT OF ABHYANTARA ARSHA.

VD. Sharad shrirang katkade¹ & VD. Jayant Kulkarni²

¹M.S.(scholar) shalya tantra,Siddhkala ayu.mahavidyalay sangamner dist.ahmadnagar

²Reader,shalya tantra department,Siddhkala ayurved mahavidyalaya sangamner dist.ahmadnagar

ABSTRACT

In Ayurveda, Shastra and Anushtra Karma are described in detail. Kshara is best among Shastra and Anushastras. Two types of Kshara are there - Paneeya and Pratisarneeeya. Pratisarneeeya Kshara is of three types- Mridu, Madhyama and Teekshana. Kshara Karma include - Pratisarneeeya Kshara application, Kshara Sutra therapy and Kshara Varti. Pratisaraniya Kshara is mainly used in wound management, various anorectal disorders such as Arsha (Haemorrhoids), kushtha, Arbuda, Dushta Nadivrana, Guda Bhamsha (Rectal prolapse).In the present experiment we are discussing regarding the snuhi pratisaraneeya khara for management of Abhyantara arsha.

Keywords: Snuhi , arsha, etc

INTRODUCTION

Shalya Tantra was at its zenith in Sushruta's time and the contents of *Sushruta Samhita* can be compared to any book on surgery written centuries later. *Bhagandara* (Fistula in ano) is told callous to be cured and is considered under the *Ashta Mahagadas*.^[1] (Eight grave disorders).

According to a recent study conducted on the prevalence of anal fistula in India by Indian Proctology Society in a defined population of some states, approx. varied from 17 to 20% while in a London hospital approximately 10% of all patients and 4% of new patients were reported to suffer from this disease among the anorectal disorders.^[2]

To combat such critical anorectal problems, a comprehensive approach through Ayurveda has been extended with definite and a positive outcome. It is such a simple, safe and sure remedy for anal fistula and it is becoming universally acceptable day by day. The Indian Council of Medical Research (ICMR) has validated this unique and effective approach.^[3]

K.S. treatment heals the fistulous tract with the integrity of sphincters and the existing data reveal negligible chances of recurrence. K.S. is a scientifically validated treatment in the management of *Bhagandara*. The *Apamarga K.S.* is well proven to be an effective treatment for fistula in ano and has been standardized by Central Council for Research in Ayurvedic Sciences (CCRAS), an apex research organization of Government of India (GOI) in the field of Indian system of medicine.^[4]

It is quiet difficult to solely depend upon *Apamarga* only because of its limited availability globally. India is a vast country, with varied flora and there is also a need for search of the alternate plant sources which may give better results. Sushruta has advocated the use of *Tila Kalka* as *Lepa* (application of paste) in *Bhagandara Chikitsa*.^[5] Moreover, in ethnomedicine as a folklore treatment, *Tila Kalka* is used in the treatment of *Bhagandara* (In the form of local application in fistula tract).

h can be practiced safely. Kshara Chikitsa is done by two ways^[2]: Internal administration of Paneeya Kshara and External application of Pratisaraneeya Kshara. Numerous research works have been carried out on the effectiveness of *Apamarga*, *Chitraka*, *Aragvadha*, *Saptachhada*, *Arka*, *Palasha*, *Kadali*, *Patala*, *Nimba* and *Snuhi Kshara* in the administration of *Arsha Roga* in various centres in India. Such Kshara preparations, while being effective, can also cause postoperative discomfort and burning pain. Therefore, in order to solve this issue, *Vasa Pratisaraneeya Teekshna Kshara* was picked, known for its medicinal value, such as *Raktastambhaka* (Haemostasis), *Vednasthapaka* (Analgesic), *Shothahara* (Anti-inflammatory), *Jantughna* (Antimicrobial) etc. There is a need for alternative care modalities due to the shortcomings of conventional medical and surgical administration. *Pratisaraneeya Teekshna Kshara Karma* for the management of *Abhyantara Arsha* provides a marginal risk of recurrence, it is cost effective, causes less pain and bleeding, does not induce

inflammation, it does not induce anal incontinence and needs a minimal hospital stay during care.

Methodology

Steps of Kshara Sutra preparation 1. Barbour's thread is applied on Kshara Sutra preparation ring. Snuhi ksheera is applied over the thread and dried. Similarly total 11 coatings of Snuhi ksheera are achieved. 2. Snuhi Ksheera is applied over thread again and Apamarga Kshara is applied over it with the help of gauze. This step is repeated for 7 times so that 7 coatings of Apamarga Kshara are achieved. 3. Snuhi Ksheera is applied over thread again and Haridra Churna is applied thereafter. It is kept for drying. This step is repeated for 3 times so as to achieve 3 coatings of Haridra. After each coating on barbour's thread, it is dried and second coating is done after proper drying. The Kshara Sutra preparation ring is kept inside the Kshara Sutra cabinet. Clinical Application of Kshara Teekshana Pratisarneeya Kshara is widely used in anorectal conditions such as haemorrhoids, rectal prolapse, polyps, fistula in ano. Method of application of Kshara is almost similar in all kind of diseases. Kshara in Rectal prolapse and Haemorrhoids Poorva Karma (Preoperative Preparation) a) Part preparation b) Bowel clearance c) Inj. Tetanus toxoid d) Lignocaine sensitivity test Materials required for Kshara application Teekshana Pratisarneeya Kshara Nimbu Swarasa or Kanji Slit Proctoscope Applicator Bowl and cotton swab Pradhana Karma (Operative Procedure) a) Lithotomy position b) Anaesthesia- Local anesthesia with lignocaine 2%. c) After achieving local

anesthesia manual anal dilatation, sufficient enough to admit four fingers is done. Slit proctoscope is introduced and skin around pile mass is pulled laterally with Allis tissue holding forceps to get a better view of haemorrhoids. The healthy anal mucosa is covered with wet cotton balls to prevent spilling of Kshara on it. Then Kshara is applied over pile mass and kept for 2 minutes. In case of rectal prolapse Kshara is applied over anorectal junction/ring. Then the pile mass/anorectal ring is cleaned with distilled water followed by Nimbu Swarasa and observed that whether the pinkish pile mass was turned to blackish (Pakvajambu Phala Varna).[10] If not, Kshara is applied once again till the pile mass turned to blackish colour. This procedure is repeated on all the haemorrhoids. Thereafter the anal canal is packed with gauze piece soaked in Jatyadi/Madhuyasti Taila to prevent burning sensation and local oedema. Kshara is a parasurgical method of treatment which is very much effective in the management of various diseases especially in anorectal disorders. As Kshara is prepared from many drugs it has Tridosha Shamaka property. Teekshana Pratisarneeya Kshara is better than Mridu and Madhyama Kshara. After Kshara is applied in haemorrhoids it creates chemical burn of the pile mass. Later it sheds off after necrosis. Simultaneously the wound of Kshara Daghdha heals spontaneously as Kshara possess wound healing property. The wound created by Kshara completely heals within 2 weeks. No severe adverse effects are reported after the application of Kshara. But some minor effects are observed burning

sensation and Sphincter spasm and they can be treated days by administering Madhuyasti Taila or Jatyadi Taila. There is no anal stricture by this therapy. But during the procedure few precautions should be taken like performing lord's anal dilatation and proper application of Kshara only on the affected site (haemorrhoids) not on the rectal mucosa. Average recovery time is 14 days. In this way Teekshna Pratisaraneeya Kshara is considered efficient in the treatment of internal haemorrhoids. The treatment modalities of hemorrhoids medical, surgical or parasurgical come under four treatment principles of Arsha (Haemorrhoids) told by Acharya Sushruta. [11] The criteria of assessing the correct potency of Pratisaraneeya Kshara are getting Jambuphalavarna of pile mass within shatamatra Kala (approximately two minute). This has been achieved here by strictly following the technique of Kshara preparation explained by Sushruta. The pH value of Teekshna Pratisaraneeya Kshara lays between 12-14. The Pratisaraneeya Kshara acts by chemical burn and necrosis of tissues and obliteration of haemorrhoidal radicles. Thereafter sloughing of haemorrhoidal mass and it causes fibrosis and scar formation. [12] In rectal prolapsed Kshara is applied at anorectal ring, therefore it strengthens the anorectal ring due to cicaterization and prolapse does not occur. Kshara Sutra in fistula and pilonidal sinus is a multistage procedure. So the patients need to visit the hospital every week; hence, the duration of treatment in the Kshara Sutra is longer. During Kshara Sutra treatment partial fistulotomy is performed to open the external opening

and Kshara Sutra is placed. It gradually causes debridement and healing the wound. This procedure is less painful than other techniques of fistula management. After Kshara Sutra procedure patients can resume their work from the next day of the procedure and it doesn't affect their normal activities. Average healing in Kshara Sutra therapy is assessed by Unit cutting Time (UCT) i.e. total no days taken to cut through the track divided by initial length of Kshara Sutra in centimeters. Average UCT is 7 days. [13] During the therapy in subsequent follow up Kshara Sutra is changed and size of track is reduced. There are no major side effects of Kshara Sutra therapy. No any effect on continence. There is minimal tissue trauma as well as lesser bleeding. Minimum hospital stay and early ambulation is achieved in Kshara Sutra therapy. [14] There is very less recurrence rate. CONCLUSION Kshara and Kshara Sutra therapy provide adequate treatment to the anorectal diseases very effectively. Kshara and Kshara Sutra should be prepared as described in classical texts. Recurrence rate in fistula in ano is negligible as compared to conventional treatments available. These procedures are minimal painful and can be even performed without the use of anesthesia. But with the use of anesthesia its effect is achieved much conveniently.

REFERENCES

- Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, Sutra sthana, 2002 26(4):138
- Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi

commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, Sutra sthana, 2002 7(15):39

3. Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, Sutra sthana, 2002 11(6):46

4. Vagbhata. Ashtanga Hridaya, with commentaries of Arunadutta and Hemadri, edited by Pt. Hari Sadasiva Sastri Paradakara. Varanasi: Chaukhambha Surbharati Prakashan, Ed. Reprint 2010, 30/22-23

5. Vagbhata. Ashtanga Hridaya, with commentaries of Arunadutta and Hemadri, edited by Pt. Hari Sadasiva Sastri Paradakara. Varanasi: Chaukhambha Surbharati Prakashan, Ed. Reprint 2010, 30/3

6. Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, Sutra sthana, 2002 11(12):47

7. Shastri K Rasa Tarangini of Sadanada Sharma, Motilala Banarsidas; New Delhi, 2004 11th Edition 14(59-61):337

8. K H H V S S Narasimha Murthy, Prof P J Deshpande – Reinventer Of Kshar Sutra Therapy, Annals of Ayurvedic Medicine, Oct-Dec 2012 Vol-1 Issue-4, Page173-175

9. Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, Sutra sthana, 2002 11(13-15):47-48

10. Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, chikitsa sthana, 2002 6(4):46

11. Sushruta, Sushruta Samhita with Ayurveda Tatva Sandipika hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan Varanasi, chikitsa sthana, 2002 6(2):46