

## CLINICAL STUDY OF APAMARGA PRATISARANEYA TEEKSHNA KSHARA IN THE MANAGEMENT OF ABHYANTARA ARSHA

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### ABSTRACT

In Ayurveda, Arsha (piles/ *hemorrhoids*) is described as a result of *Mandagni* (low digestive fire), *Apana Vata Dushti*, and accumulation of Mala (waste), leading to engorged venous plexuses in the rectal region. *Abhyantara* Arsha refers to internal *hemorrhoids*, which are often painless but can cause bleeding and prolapse. Among the various treatment modalities described, *Kshara* Karma (alkaline cauterization) is a minimally invasive, effective, and non-recurrent procedure indicated for Arsha, especially when surgical intervention is to be avoided. For *Apamarga Pratisaraneeya Teekshna Kshara* the source plant is *Achyranthes aspera* (*Apamarga*). For its preparation ash obtained from burning the whole plant of *Apamarga* is filtered. The ash is mixed with water and allowed to settle. The supernatant is collected and evaporated to obtain concentrated *Kshara*. Additional ingredients like *Chitraka*, *Snuhi*, or *Kanji* may be added to enhance potency. The mechanism of Action includes *Chedana* (Excision); Breaks down the mass by liquefying proteins and dissolving tissues, *Bhedana* (Incision); Penetrates and separates abnormal tissue and *Lekhana* (Scraping); Scrapes out unwanted growth and debris from the mucosa. It also represents *Shodhana* & *Ropana* (Cleansing & Healing) characteristics antimicrobial, astringent, and wound-healing properties help in faster recovery.

**Key Words:** Arsha, *Mandagani*, *Apamarga Pratisaraneeya Teekshna Kshara*

### INTRODUCTION

In Ayurveda, Arsha is described in *AstauMahagada*" (8 grave diseases) as per Acharya Sushruta. The population has a high rate of Arsha, with 39.93% having Grade I *hemorrhoids*, followed by Grade II, III, and IV *hemorrhoids*. Overall prevalence is stated to be 4.4% worldwide. The conservative treatment for piles is to use laxatives, a high-fibre diet, and local ointments, among other things. In practise, doctors may also use Sclerotherapy; Rubber Band Ligation; Infrared Photocoagulation; Laser therapy; Lord's Anal Dilatation; cryosurgery; and *Hemorrhoidectomy*. *Arshas* can be treated with 4 folds of approach as per Ayurveda, *Bheshaja* (Internal and external medicines), *Kshara* Karma (Cauterization with alkalis or caustic cauterization), *Agni Karma* (Thermal cauterization) and *Shastra Karma* (surgical methods). So, I used the *Apamarga kshar* application on internal piles in my dissertation. *Apamarga*

*Pratisaraneeya Teekshna Kshara* is a potent Ayurvedic para-surgical procedure that plays a crucial role in the effective management of *Abhyantara Arsha*. It combines the benefits of chemical cauterization with minimal invasiveness and aligns with the Ayurvedic principle of treating the root cause while preserving physiological function. Patient is advised *Kshara Karma* in lithotomy position. The pile mass is exposed using a proctoscope. A cotton swab soaked in *Teekshna Kshara* is applied locally to the pile mass for 1–2 minutes. Once the mass turns black (*Pakwa Jambu Phala Varna*), it indicates proper cauterization. The area is then washed thoroughly with lime water (*Churnodaka*) to neutralize residual *Kshara*. Post-operative care includes sitz bath, local wound cleaning, and internal medications to regulate bowel movements and Vata.

## MATERIALS AND METHODS

**Aim** - The goal is to find out how well *Apamarga Kshara* works for treating *Abhyantar Arsha* with respect to internal *hemorrhoids*.

**Objectives** –

- To do a full study of *Arsha* from both an Ayurvedic and a modern point of view.
- To offer a different, less invasive way to treat *hemorrhoids*.
- Study of *Apamarga Pratiksharneeeya Tekshna Kshara*.

The effectiveness of applying *Apamarga kshara* to treat *abhyantar arsha* w. s. r. to internal *hemorrhoids* is not very significant.

The effectiveness of applying *Apamarga kshara* to *abhyantar arsha* w. s. r. to internal *hemorrhoids* is very important.

*Arsha* or *Hemorrhoids* is excessive and unnatural growth of the *Maamsa Dhaatu*. These are caused in Guda (anal canal) in folds or sphincters. Guda is *Sadhyopranahara Marma*, and it is well known for its chronicity and difficult in management.

It can be correlated with *Hemorrhoids* in contemporary science. *Hemorrhoids* also called as piles, are clumps of dilated veins in the anus and lower rectum.

On the basis of position - 1. External & 2. Internal

**External Hemorroid** - External *hemorrhoids* are varicose veins located outside the anal verge, resulting from enlarged veins that drain the area supplied by the inferior rectal arteries. These *hemorrhoids* can cause pain, swelling, and irritation. If a vein ruptures and forms a blood clot, the condition is termed a *Thrombosed Hemorrhoid*.

**Internal Hemorroid** - Internal *hemorrhoids* are painless varicose veins inside the rectum, arising from enlarged veins draining the territory of superior rectal arteries. They may bleed when irritated, commonly due to constipation.

On the basis of symptoms

- Grade I: No Prolapses, just prominent blood vessels.

- Grade II: Prolepses upon bearing down but spontaneously reduce.
- Grade III: Prolepses upon bearing down and require manual reduction.
- Grade IV: Prolapsed and cannot be manually reduced.

### Drug review

- Botanical Name-Achyranthes aspera Linn.
- Family- AMARANTHACEAE (*Apamarga* kula)
- Sanskrit- *Apamarga*, Khara Manjari *Adhahshalya*, *Mayurak Pratyek Pushpa*, *Shikhari*
- Hindi- *Latjira*, *Chirchita*
- *Raspanchaka* - *Rasa Katu*, *Tikta*
- Guna- Laghu, Ruksha, Tikshna
- Virya- Ushna
- *Vipaka*- *Katu*
- Action - Kapha Vata Shamak, Vedana *Sthapak*, Lekhan, *Vran Shodhan*, *Deepana*, *Vishaghna*, *Sirovirechan*, *Pachana*, *Twagdosahara*, *Rochaka*, *Krimighna*, *Hrudha*, *Pitta Sarak*, *Rakta Shodhaka*, *Raktavardhaka*, *Kusthanghna*, *Kandughna*, *Swedajanana*, *Mutral*, *Vamaka*, *Medoghna*, *Ashmarinashak*.
- Use - *Aruchi*, *Udar Roga*, *Krimi*, *Chardi*, *Adhaman*, *Pittashamari*, *Agnimandya*, *Pleeha*, *Vridhee*, *Hikka Shoola*, “*Arash*”, *Hrudroga*, *Pandu*, *Gandamela*, *Amavata*, *Swasa*, *Apachi*, *Shotha*, *Kasa*, *Ashmari*.

### *Kshara kalpna* –

- The action of *Kshara* is *Ksharana* and *Kshanana* of *Mamsa* and other *Dhaatus*, so it is called as *Kshara*.
- The use of word *Kshara* is found in *Upanishada* but nothing has been mentioned in detail.
- *Rasapanchak* – *Rasa* - *Katu*
- *Virya* - *Ushna* *Varna* - *Shukla*
- *Guna* - *Soumya*, *Tikshna*, *Agneya*
- *Doshaghna* - *Tridoshaghna*
- *Karma* - *Dahana*, *Pachana*, *Darana*, *Vilayana*, *Shodhana*, *Ropana*, *Shoshana*

### Internal Use-

*Kshara* is *Tridoshaghna* and *Saumya* in nature so it acts as *Dahashamaka*, *Pachaka*, etc. Despite being *Agneya* in nature, it is indicated in *Raktapitta* and *Arsha* and after having the properties like *Ksharana* and *Kshanana* it can be used orally.

### External use-

The *Kshara* is mentioned superior to the *Shashtra* and *Anushastra* because of their capability to perform excision, incision, scraping, etc. *Apamarga kshar* is an alkaline preparation prepared from *Apamarga* (*Achyranthes aspera*) in powder form.

### Method of Preparation

The preparation of *Pratisaraniya Kshara*, according to Acharya Sushruta, involves a purification process for the Vaidya (practitioner) and the selection of a mature plant. The plant is cut into small pieces, burnt to ashes with *Sudhapasan*, and the ashes are collected. These ashes are then mixed with purified Gomutra and filtered, creating "*Ksharodaka*." For *Tikshna Kshara*, additional ingredients like *Shankhnabhi Bhashma*, *Sudhashama Bhashma*, *Shukti Bhashma*, and others are added in specific quantities. The mixture is boiled until the watery part evaporates, resulting in the formation of *Kshara Churna*.

### **Apamarga Kshara Uses**

- It acts as a natural diuretic. Hence useful to relieve *dysurea* (difficulty in urination).
- It is useful to treat abdominal distension as in ascites, liver and spleen disorders.
- It is used in Ayurvedic treatment of ear diseases and *leucoderma*.
- It is used in treating cold, cough and other respiratory diseases.
- It is used as an ingredient in many Ayurvedic medicines.
- It is also used in making *Ksharasutra* – special threads used in the treatment of abscess and fistula.

### **Methodology**

Grouping and randomization of the patient: Randomly 30 patients diagnosed with *arsha* from OPD and IPD were selected for this study.

Study Design: An open label clinical trial.

Study type: Interventional study.

Level of study: IPD & OPD Level

Masking: Not Applicable

Control: Not Controlled

Timing: 18 months of duration

No. Of group: one

Sample Size: 30

Primary Purpose: TREATMENT

Study Duration: 1 month

End point: Efficacy and Safety

### **OBSERVATIONS AND RESULTS**

Parameters were analysed using T-tests with a 95% confidence limit and 5% significance level, comparing follow-up measurements to both pre- and post-treatment values.

### **Post operative pain**

Standard mean before treatment: 2.366, observed as 0.733.

Mean difference between pre-treatment and post-treatment: 1.633.

Significant difference in post-operative pain, possibly due to treatment.

#### **Per rectal bleeding**

Standard mean before treatment: 1.8, observed as 0, mean difference: 1.8.

Significant difference in Per rectal bleeding before and after treatment.

Change may be due to treatment.

#### **Size of pile mass**

Standard mean before treatment: 2.2, observed as 0, mean difference: 2.2.

Significant difference in pile mass size before and after treatment.

Change may be due to treatment.

#### **Colour of pile mass**

Standard mean before treatment: 2.1, observed as 0.7.

Mean difference between values: 1.4.

Significant difference in colour before and after treatment.

Change may be due to treatment.

#### **Anal spasm**

Standard mean before treatment: 2.066, observed as 0.066.

Mean difference between pre and post-treatment: 2.003.

Significant difference suggests treatment-related change.

Patient Relief Classification - Cured: Complete relief in disease symptoms.

Markedly Improved: 75% or above relief.

Improved: 50%-74% relief.

Unchanged: Less than 50% or no response.

#### **Overall effect**

Significant improvement in 3rd week post-treatment.

Satisfactory cure observed in PR bleed and size patients.

#### **DISCUSSION**

Gender Breakdown 18 men and 12 women participated in the study on *hemorrhoids*. Emphasizes that attributing *hemorrhoids* to one gender is inaccurate. Age Distribution Age groups include 20-30 (16.6%), 31-40 (16.7%), 41-50 (36.6%), 51-65 (30%). Connects age-

related thinning of connective tissues to *hemorrhoid* development. Dietary Habits indicates 63.3% ate meat and occasionally eggs, 36.6% were vegetarian. Highlights the role of fibre-rich diets in preventing and treating hemorrhoids. Spicy Food Preference ranges 56.6% preferred spicy food, 43.3% non-spicy. Dismisses the need to restrict spicy food intake for *hemorrhoid* patients. Occupational Factors represents 46.6% worked at a desk, 20% manual *labor*, 33.3% various employments. Links long-term sitting, especially on hard surfaces, to *hemorrhoid* development. Religious Distribution includes Up to 80% identified as Hindu, 20% as Muslim. Dismisses a direct impact of religious lifestyle on *hemorrhoid* development. Addiction History, such as 23.3% had no addiction, while others had some form. Connects excessive alcohol and smoking to increased risk of *hemorrhoids*. Prakruti Distribution represents 56.6% pitta-kapha, 40% *vatta*-pitta, 3.3% *vata*-kapha. Considers Ayurvedic constitution in the study population. *Mandagni* in the majority, *Tishna Agni* in 33%, *Vishamagni* in 16%. Highlights the importance of digestion in understanding causal elements. *Koshta Parikshan* shows 60% *krura koshta*, 30% *madhyam koshta*, 10% *mrudu koshta*. Relates bowel performance scale to causative variables like constipation. Bowel Habits includes 70% had irregular bowel habits, 30% had regular bowel movements. Connects irregularities to increased pressure in the lower rectum and *hemorrhoids*. 56.6% ill for less than six months, 33.3% ill for more than six months but less than a year. Emphasizes the importance of addressing *hemorrhoids* early to prevent complications. 40% had prior surgical or para surgical experience, 60% did not. Stresses the importance of altering bowel habits post-surgery for long-term success. 30% experienced pain, 70% had no pain. Notes that *hemorrhoids* are generally painless unless complications arise. 56.7% habitually strained, 43.33% did not. Associates habitual straining with increased pressure in the lower rectum and potential *hemorrhoids*.

#### Pain:

- Initial pain level: 2.366
- Post-treatment pain level: 0.733
- Mean difference: 1.633
- Significance: Highly significant
- The change in pain is likely due to the treatment, with 69% total relief observed.

#### Per Rectal Bleeding (PR Bleed):

- Initial bleeding level: 1.8
- Post-treatment bleeding level: 0
- Mean difference: 1.8
- Significance: Highly significant
- The change in bleeding is likely due to the treatment, with 100% total relief observed.

#### Size of Pile Mass:

- Initial size level: 2.2
- Post-treatment size level: 0
- Mean difference: 2.2



- Significance: Highly significant
- The change in size is likely due to the treatment, with 100% total relief observed.

#### Colour of Pile Mass:

- Initial colour level: 2.1
- Post-treatment colour level: 0.7
- Mean difference: 1.4
- Significance: Highly significant
- The change in colour is likely due to the treatment, with 67% total relief observed.

#### Anal Spasm:

- Initial spasm level: 2.066
- Post-treatment spasm level: 0.066
- Mean difference: 2.003
- Significance: Highly significant
- The change in anal spasm is likely due to the treatment, with 96% total relief observed.

### CONCLUSION

Randomly 30 patients diagnosed with Arsha from OPD and IPD were selected for this study and in the form of treatment *tikshna Kshara* was applied over the pile mass. Thorough observation was made on the basis of different perspective and data was represented in the form tables and graphs. When the results were examined, by using the T- test, we determined that the results for Pain, PR bleed, size, *color*, spasm were significant both before and after therapy. This indicates that patients feel better after receiving *tikshna Pratisarana kshar*. Since the efficacy of *kshara* has already been demonstrated, we can accept the alternative hypothesis and reject the null hypothesis. The change in pain is likely due to the treatment, with 69% total relief observed. The change in bleeding is likely due to the treatment, with 100% total relief observed. The change in size is likely due to the treatment, with 100% total relief observed. The change in colour is likely due to the treatment, with 67% total relief observed. The change in anal spasm is likely due to the treatment, with 96% total relief observed.

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