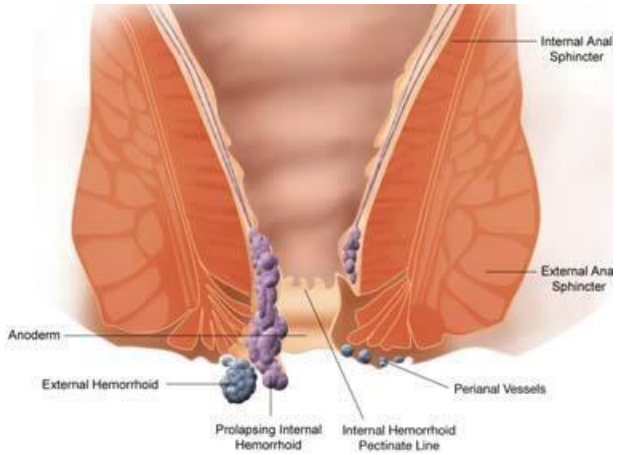
Kshar - karma in Hemorrhoid's -



Presented by-

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Programme Outcome, Course Outcome & Learning Objectives

- **PO:**
- Knowledge of Kshar Karma in Arsha.
- Correlation of Ayurvedic para-surgery with modern practice.
- **CO:**
- Explain principle & procedure of Kshar Karma.
- Differentiate Purva, Pradhan & Paschat Karma.
- Identify indications & complications.
- **LO:**
- Define Kshar Karma.
- Outline steps & care.
- Recognize signs of proper/improper cauterization.

Introduction

- Ksharakarma is a process of application pratisaraneeya teekshna kshara. It is a non-surgical procedure of Ayurveda indicated for the management of Arsha (Hemorrhoids).
- Kshara is an alkaline in nature derived from a combination of various herbs that is applied on the pile mass with help of a special slit proctoscope.
- Sushruta has described it as one of the best Para-surgical tool for treatment of various surgical ailments.
- Kshara are superior to the Shastra and Anushastra and due to its Tridoshaghna properties, potential to perform Chedana(excision), bhedana (incision) and lekhana (scrapping) because of their power to alleviate all the three doshas. It is a type of chemical cauterization. It destroys the unhealthy tissues and promotes healing process.

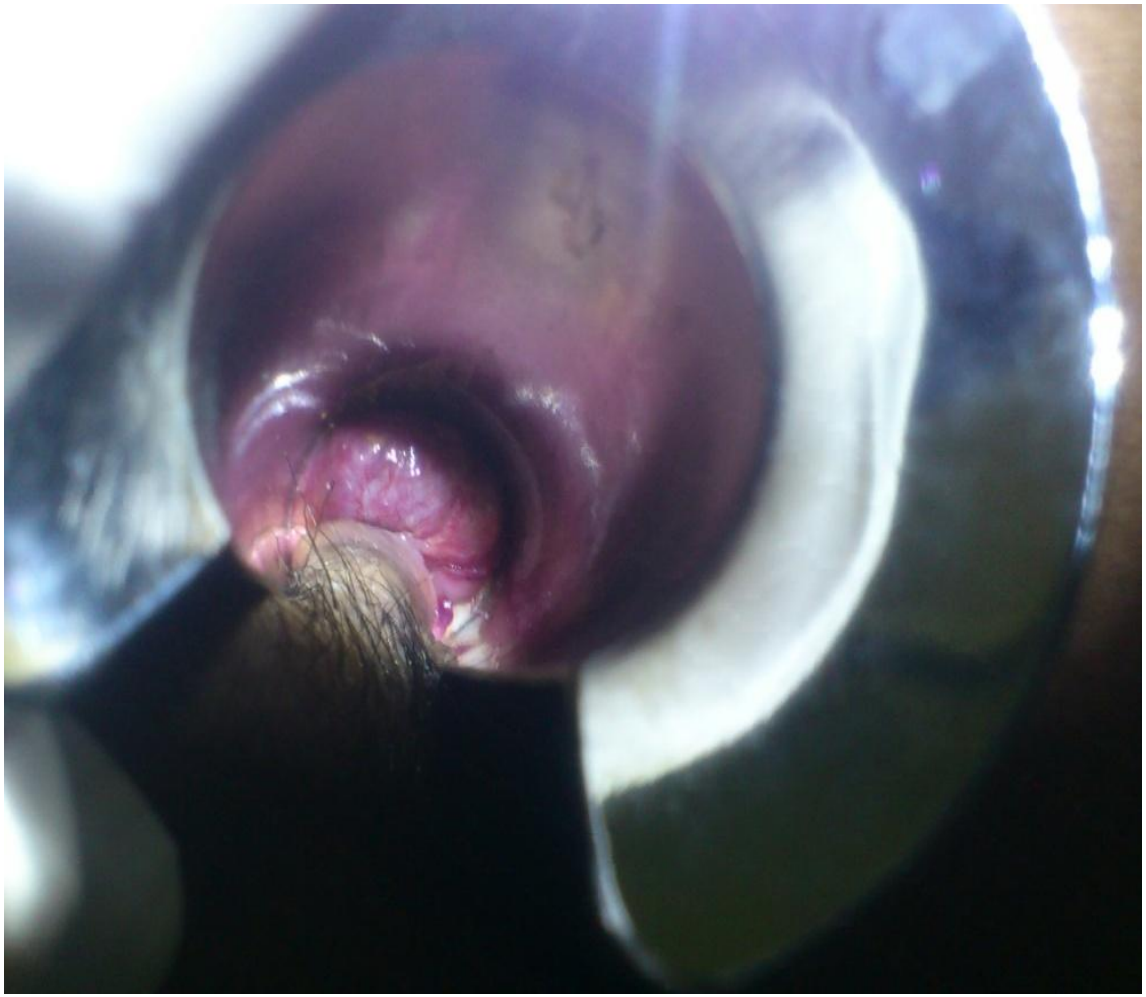
- Arsha is muscular enlarged mass in the three vali of guda (sub mucosa of anal canal).
- Ksharakarma procedure interpreted as “Potential cauterization Therapy” is the specific field taken in the present research work.
- Ksharakarma treatment is found to be suitable and acceptable as compared with the prevalent methods in medical science.

Kshar karma Procedure -

Purva karma (Pre-operative)

After taking written consent for operation perianal hair was shaved according to need and the part was painted with antiseptic solution. The patient was kept nil orally for at least 6 hour before the procedure. Injection Tetanus toxoid (0.5ml) I/M was given and xylocain sensitivity test was performed in each patient. I/V line is get opened. The patient was given a light diet 2 hour before and afterwards keep it nil orally.

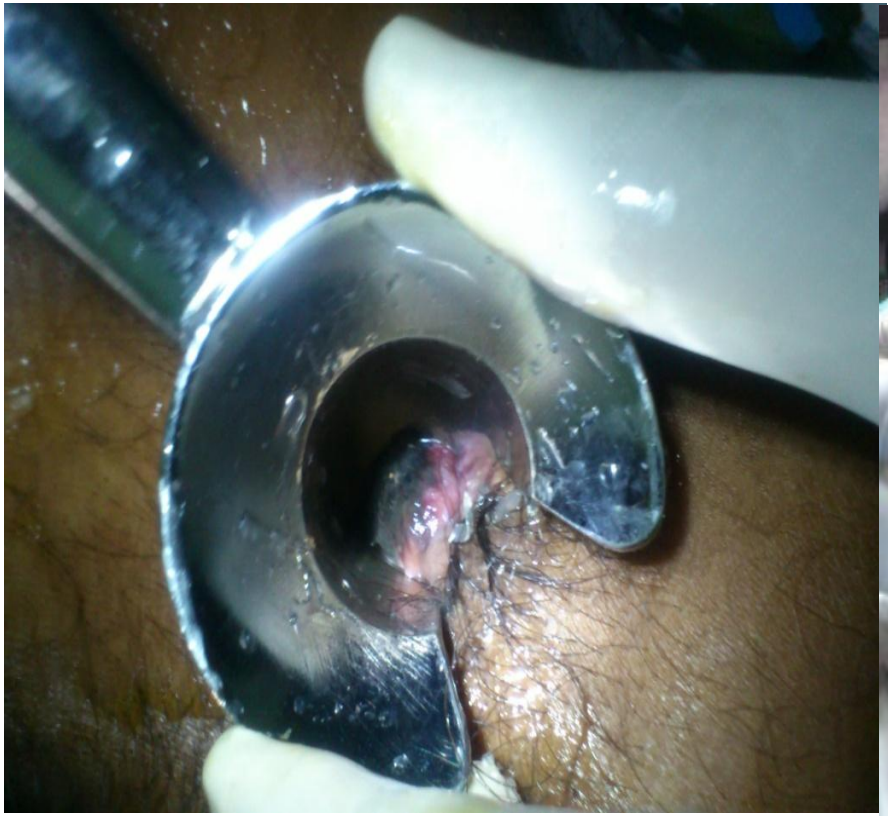
Before Ksharkarma



Pradhan Karma (Operative procedure)

After the patient was position in lithotomy on the operation table, local anaesthesia was given. The part was painted with antiseptic solution. The diseased part is exposed by special slit proctoscope and examined carefully. The adjoining healthy region of these organs was covered with gauze piece to prevent the spread of Kshara on healthy tissue exposed. The kshara is applied on proposed lesion by probe. Generally the kshara is applied up to the counting 100, but this depends on the nature of tissue so we should take 1-3 min. The mucosal covered part of the lesion take shorter time than hard skin covered parts..

During Ksharkarma

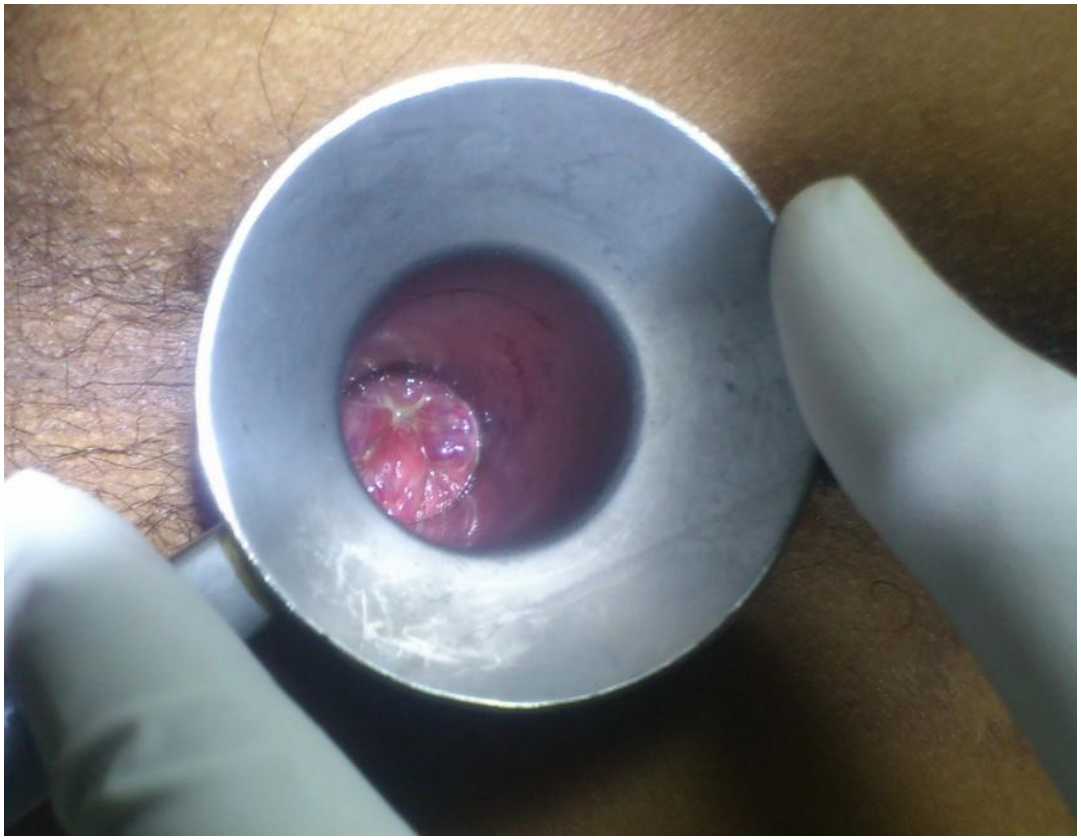


Paschat Karma (Post-Operative)

As soon as the sign of Samyak dougdha (proper cauterization) appears, the Kshara is rapidly neutralised by acidic fluid like lemon water. Later, on the cauterised part is washed out with distilled water. Jatyadhi tail/ghrit is applied on the cauterised lesion and dressing is done. It should be neutralized and washed out completely and carefully, otherwise it produces severe complications rather than cure.

Patient were allowed to orally sip liquids after 6-8 hour of ksharkarma and were shifted to normal diets. Later patients were advised for Avagha Sweda with Sphatikadiyoga (5g/sitting) upto atleast 10 min with maintenance of equal warm water. Alternative days dressing with warm water and 10ml Jatyadhi tail/ghrit as matra vasti was given.

After Ksharkarma



Sign of Samyak dougdha (Proper cauterization)

Within 1-3min after Kshara application the tissue of the diseased part becomes purple or dark black in colour and cauterised lesion is shrinked, pain and discharge relieved. The patient feels easiness with relief of prominent symptoms.

Signs of Heen dougdha (Improper cauterization)

The colour of treated area looks reddish with aggravation of pain discharge and itching.

Feature of Ati dougdha (Extensive cauterization)

It is followed by burning and severe pain, redness of the cauterised area, ulceration with purulent discharge, fever, generalised pain in the body, intense thirst and shock, even death may occur.

For the two week period following medication were prescribed to reduce pain , inflammation and promote healing. Orally – Tab. Gandhak rasayan 250mg *BD, Tab. Sigru guggulu 250mg *BD, Tab. Triphala guggulu 250mg*BD, and Jatyadhi tail -LA* 3ml * BD

DISCUSSION

- Pratisaraneeya tikshna kshara was applied to the 1st, 2nd and 3rd degree internal hemorrhoids(arsha). It was observed that the pile mass became black in 60 seconds as described in the Sushruta Samhita. Lemon juice was used to neutralize the kshara after proper burning of pile mass.

- The kshara cause coagulation of the haemorrhoid plexus (cauterization of pile mass), necrosis of tissues followed by fibrosis of plexus, adhesion of mucosal, sub mucosal coat helps in prevention of further dilation of veins. It prevents relapse of regional mucosa of anus and makes permanent radical obliteration of haemorrhoids During the oozing of blood, which is ceased by the sclerosing effect of the kshara by it coagulating property of protein.

- ✓ Hence there was no chance of bleeding during kshara application. The chance of infection is least due to the sustained action of the anti-microbial property of kshara.
- ✓ Application of kshara is found to be safe, efficacious and cost effective method for management of internal 1st, 2nd and 3rd degree haemorrhoids.
- ✓ Complication of case reports and comparative clinical studies are needed to standardize the treatment protocol and catalogue outcome measures.


THANK
YOU!