MANAGEMENT OF ABHYANTAR GUDARSHA (INTERNAL HAEMORRHoids) USING APAMARGA KSHAR OINTMENT: A CASE STUDY

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ABSTRACT:

Haemorrhoids is a disease of anal canal characterized with PR bleeding mass coming per anal and sometimes associated with per anal discharge [“1”]. Haemorrhoid management ranges from conservative to surgical procedures according to stages of disease. [“2”] Ksharkarma(chemical cauterization) is one of important parasurgical process as per Ayurveda. [3] In current case a 65 years female with anaemia due to per rectal bleeding. She was undergoing physical and local examination and diagnosed with internal haemorrhoids grade III. After informed consent she was treated with Apamarga Kshar ointment local application daily. Apamarga Kshar (caustic paste) ointment application is modification of Apamrga Kshar Pratisaran (local application). Follow up was taken regularly. Relief in per rectal bleeding was started since 3rd day and was stopped completely in 7 days. Also, mass coming through anus was reduced in 28 days. No recurrence was observed till 90 days follow up.

KEYWORDS- Haemorrhoids, Ksharkarma, Apamarga Kshar Ointment, Case Study

INTRODUCTION:
A 65 years female patient, having complaints of per rectal bleeding and something coming out through anus attended OPD. She underwent complete history taking and clinical examination. On proctoscopy she was diagnosed as grade III internal haemorrhoids.\(^5\) After written consent she was advised treatment with Apamarga Kshar Ointment local application and Avipattikar Churna (Powder) before meals along with Pathya (Dietary Restrictions). Proper follow up was taken on 3\(^{rd}\) day and every 7\(^{th}\) day till 28\(^{th}\) day. After 28\(^{th}\) day treatment was stopped and follow up was taken on 60\(^{th}\) and 90\(^{th}\) day. Patient relieved from per rectal bleeding after 7 days of treatment and was relieved from something mass prolapsing per anal after 28 days. No recurrence was observed till 90\(^{th}\) day.

Case history: A 65 years female patient visited outpatient department. Patient was medium built, height approximate 65 kgs and height about 5'6". Patient was having complaints of per rectal bleeding on and off for 1 year and bleeding was increased for 1 month. She was also having complaints of something mass coming out through anus while defecation and she needed to reposit the mass with fingers after defecation. She was having history of intermittent constipation and straining during defecation. She was not having any history of medical illness or history of major surgery. She was asked for any allergies, which was not present.

Physical examination results.
On examination, patient was having general condition medium, minimal pallor, No icterus, clubbing, and cyanosis. She was not having any facial or pedal edema. On systemic examination no deformity was observed. On Local examination, she was not having any external fissure, haemorrhoids or external opening at anal region.

On per rectal examination, she was not having any spasm or palpable mass.
On proctoscopy,\(^6\) it was observed that she was having internal haemorrhoids at 3,7 and 11 o’clock position with some active bleeding.

Investigation: Hemoglobin 8.10 gm %: Red blood cell: 3.04 mil/cmm TLC: 6130/cumm, N%:72, L%: 21, M%:06, E%: 01, B%: 0 Plt: 227000, CT: 5.10 mins, BT: 2.40 mins Blood Group: AB rh positive, Sr creat: 1.10 mg/dl, Blood Urea: 30 mg/dl, BSL r: 91 mg /dl, HBSAG: Negative, HIV I And II: NR,

URINE ANALYSIS: - Physical Examination Quantity: 10 ml, Color: Pale Yellow, Appearance: Clear, Sp Gravity: 1.030,

Chemical Examination: Protein: Nil, Sugar: Nil, pH: Acidic, Ketone bodies: Nil, Bile Salts: Absent, Bile Pigments: Absent,

Microscopic Examination: Pus (WBC) Cells: 3-4 /hpf, Epithelial Cells: 1-2/hpf, RBC: Occ/hpf, Casts: Absent, Crystal: Absent, Bacteria: Absent,

Treatment plan: Local Application of Apamarga Kshar Ointment was advised once a daily for 4 weeks at home. Dosage as required depending upon surface. Dosage schedule – After defecation in morning once a day.

Route of administration - Topical (Locally on internal haemorrhoids)
On very first day patient was taken for local application after hot sitz bath. Patient was given left lateral position. Then local application at haemorrhoids was done. Remnant of ointment at anal region was wiped out. After that, a sterile pad kept at the anal verge to avoid soilage of clothes. Same procedure was advised to patient to be done at home.

Pathya for both Groups
• Hot sitz bath twice a day
• Advice the patient to keep the local site hygienically clean.
• Laxative – *Avipattikar Churna*[7] 2-6 gm at bedtime with lukewarm water (Dose was adjusted as per requirement of patient. when constipation was not relieved dose may be increased).
• Dietary control was advice.

**Treatment Outcome**

<table>
<thead>
<tr>
<th>Follow Up Day</th>
<th>0th day</th>
<th>3rd day</th>
<th>7th day</th>
<th>14th day</th>
<th>21st day</th>
<th>28th day</th>
<th>60th day</th>
<th>90th day</th>
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<tbody>
<tr>
<td>Pulse per Minutes</td>
<td>82</td>
<td>84</td>
<td>80</td>
<td>83</td>
<td>78</td>
<td>78</td>
<td>82</td>
<td>80</td>
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<tr>
<td>Blood Pressure In mm Hg</td>
<td>130/80</td>
<td>132/80</td>
<td>130/80</td>
<td>134/78</td>
<td>128/78</td>
<td>130/80</td>
<td>134/82</td>
<td>130/80</td>
</tr>
<tr>
<td>PR Bleeding</td>
<td>Severe</td>
<td>Mild</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Discharge</td>
<td>Mild</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Degree of haemorrhoids</td>
<td>Grade III</td>
<td>Grade III</td>
<td>Grade III</td>
<td>Grade III</td>
<td>Grade III</td>
<td>Grade II</td>
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<tr>
<td>Pain</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
<td>Complications if any</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
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</tr>
</tbody>
</table>

**DISCUSSION:**

“Pratisaraneeya teekshna kshara causes coagulation of Hemorrhoid plexus, necrosis of tissue followed by fibrosis of plexus, adhesion of mucosal, submucosal coat helps in prevention of further dilatation of veins and prevents prolapse of regional mucosa of anus” And hence relieves complaints of haemorrhoids[4]. *Apamarga Kshar* ointment is having same effect. It was observed that per
rectal bleeding was reduced on 3rd day and it was nil since 7th day. It was observed due to localized chemical cauterization effect of Apamarga Kshar which is ingredient of Apamaraga Kshar ointment. Also, base sixth of Apamarga Kshar ointment is useful in maintaining localized soothing and lubrication. It helped in smooth passage of stools during defecation and was helpful in reducing friction between stool a haemorrhoidal cushion. Degree of haemorrhoid reduced on 28th day. It was due to fibrosis of haemorrhoidal cushion and reducing its size. Discharge from haemorrhoids was reduced to nil on 3rd day. It was due to reduction of inflammation of haemorrhoidal mucosa. Avipattikar churna helped in making stool passage smooth with reducing requirement of straining during defecation. Overall effect of Apamarga Kshar ointment application was as like that of Kshar pratisaran. But in current treatment advantage was all procedure was done by patient himself at home unlike in Apamarga Kshar Pratisaran, where Apamarga Kshar Pratisaran was to be done by expert physician, with assistant in OPD setup.

CONCLUSION:
Thus, Apamrag Kshar ointment application locally was effective in patient of internal haemorrhoids in reducing per rectal bleeding and degree of haemorrhoids.

REFERENCES:

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