



ROLE OF SCLEROTHERAPY IN ARSHAS (HAEMORRHOIDS)

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ABSTRACT:

Haemorrhoids are one of the commonest Ano-rectal diseases. Basic aetiology in this condition is congenital weakness of the superior & inferior rectal veins. Consumption of unwholesome diet with low roughage, suppression of natural urges, sedentary life-style, straining , alcoholism are the main precipitating factors Other contributing factors include pregnancy, ageing, chronic constipation or diarrhoea. Bleeding per annum is the key sign. Hemorrhoidal Prolapse of varying degree, pain, mucous discharge and pruritus may be the other features associated with this condition. In concern to its management sclerotherapy is the treatment of choice in grade I &II internal haemorrhoids. In this present study an effort was made to explore the use of *Apamaga kshara* with almond oil and menthol as sclerosing agent as an innovative modality under *kshara karma* over 30 patients. Sclerotherapy is effective para surgical procedure for treating grade I &II internal haemorrhoids.

Key words: Arsha, Haemorrhoids, sclerotherapy, *kshara*.

INTRODUCTION: *Arshas* is a condition characterized by presence of *Mamsankuras* in *Guda pradesha*. The disease by nature is very difficult for the treatment, Hence it is listed amongst *Astamahagada* (Eight Major diseases) in Ayurvedic classics. The disease is compared to Haemorrhoids as explained in Modern Medical Science. The disease is manifested due to the combined effect of the multiple factors like food habits and sedentary life styles of modern man increase the rate of incidence of *Arshas*. The *Ankuras* (Haemorrhoidal mass) usually have specific position in the anal canal i.e. 3, 7 & 11 O'clock are

known to be primary Haemorrhoids .This is categorized into Internal, External and Interno External variety. It is characterized by bleeding with protruding mass per annum, pain, mucous discharge and pruritus but in the early stage only painless, which is most unkind towards mankind. Hence there is an need to overcome from these problems initially para surgical method was chosen which is an painless quick method and relatively free from the complications this procedure cannot required any anaesthesia. The Sclerotherapy procedure employs a Sclerosing agent (kind of chemical) that

scars the inflamed tissue, reducing the haemorrhoid's, blood-flow and its symptoms. The sclerosing agent causes the venous stricture and the collapsed vascular structure is reabsorbed into local tissue and eventually fades.

MATERIALS AND METHODS:

1. SOURCE OF DATA:

30 patients were selected from the OPD and IPD of P.G. Department of *Shalya*

Tantra, National Institute of Ayurveda, Jaipur.

INVESTIGATIONS: Relevant surgical profile(CBC,CT,BT,RBS,HIV,HbSAg)

Contents and Method of preparation of Sclerosing Agent:

Ingredients:

Apamarga kshara 60 mg,

Menthol 120mg,

Almond oil (triple filtered) 30ml,

Distilled water 10ml

Method of preparation:

Apamarga kshara is added and dissolved with distilled water



Almond oil is heated on the water bath up to 50 degree centigrade.



Menthol is added and dissolved in 30 ml of almond oil.



Alomod oil containing menthol is mixed with distilled water containing apamarga kshara and shaken vigorously.

CLINICAL STUDY:

2. SELECTION CRITERIA:

INCLUSION CRITERIA:

1. Patients of age group 20 - 60 yrs. of any gender.
2. Patients having Internal Hemorrhoids (Grade I,II & Grade III)

EXCLUSION CRITERIA

1. Patients with systemic diseases
2. Infective, Neoplastic conditions of rectum.
3. Pelvic pathology
4. Pregnancy
5. Patient of age < 20 and >60 yrs. will be excluded

Pre and post operative care of the patient:

1. Preparation of the part and soap water enema.
2. T.Toxoid Prophylaxis
3. Pre-medication with Atropine sulphate.
4. Sclerotherapy will be done as per standard procedure.
5. Bowel regulation.
6. Symptomatic management in case of any other related complaints.

METHODOLOGY:

Table 1

SR.NO	PARTICULARS	GROUP
1.	DRUG	<i>Apamarg-kshar</i> , Almond oil & Menthol
2.	DOSE	2-3ml/ in each haemorrhoidal mass
3.	APPLICATION METHOD	Injection in sub mucosal plane around the pedicle of haemorrhoidal mass at or above ano-rectal ring.
4.	SCHEDULE	Thrice (at 0 ,21 st ,42 nd day)

3. Procedure of sclerotherapy:

After taking all written consent from the patients and aseptic precautions, patient was taken in Lithotomy position. The pile mass was made well exposed by the proctoscopy, The sclerosing agent was loaded in 10 ml syringe, 2-3 ml of which is injected into each pile mass with the help of Gabriel's needle at sub mucosal plane around the pedicle of the haemorrhoidal mass at or above the level of ano-rectal ring. Subsequent sclerotherapy sittings were given on the sites other than the previously selected points.

ASSESSMENT CRITERIA: Effect of therapy were evaluated before, during & after the course of treatment by using parameters as stated below with standard grading.

PROLAPSE OF HAEMORRHOIDAL MASS (GRADES)

- 0 No pile mass
- 1 No Prolapse
- 2 Spontaneously reducible prolapse
- 3 Digitally reducible prolapse
- 4 Irreducible

BLEEDING PER ANUM

- 0 No Bleeding.
- 1 0-10 drops during & after defecation occasional (once or twice a week).
- 2 During & after Defecation 0-10 drops every time.
- 3 During & after Defecation 10-20 drops every time.
- 4 Profuse As Splashes in pan.

ASSESSMENT: Assessment criteria for the outcome of the result: **1st week, 3rd week, 6th week along with regular weekly follow up.**

FOLLOW – UP: Every 2nd or 3rd week for minimal 6 months after completion of the therapy from the beginning of the study.

OBSERVATION AND RESULT:

Observation on incidence: In this study all the patients were between the 25-55 years among all about 85% were male and 15% were female patients, In this group 60% were vegetarian 40% were mixed diet and all the patients with the presented complaints of constipation and irregular bowel habits.

Observation on the assessment parameters:

Observation on Prolapse:- during clinical trial among 30, 5 patients are having 3grade piles, 19 patients were 2nd grade piles, 6 patients were 1st grade piles

Discussion On Bleeding Per Anum :- During clinical Trial Among 30, 20 patients having 0-10 drops bleeding during and after defecation every time, 07 patients 10-20 drops bleeding during and after defecation every time and 03 patients having profuse bleeding . Bleeding occur during and after defecation due straining and hard stool defecation that erodes the mucosa of pile mass.

RESULTS: Results of the treatment will be tabulated and analyzed statistically with relevant tests and level of significance will be reported.

Prolapse Data :

Table: 2

TIME DURATION	MEAN	S.D.	S.E.	W Value	P Value	RELIEF IN %
1 st Week	1.200	0.4068	0.07428	465	<0.0001	60 %
3 rd Week	1.700	0.4661	0.08510	465	<0.0001	85 %
6 th week	1.833	0.4611	0.08419	465	<0.0001	91.67 %

Table 3 Bleeding Data:

TIME DURATION	MEAN	S.D.	S.E.	W Value	P Value	RELIEF IN %
1 st Week	1.600	0.7240	0.1322	435	<0.0001	62.33 %
3 rd Week	2.267	0.6397	0.1168	465	<0.0001	88.31 %
6 th week	2.433	0.5040	0.09202	465	<0.0001	94.80 %

DISCUSSION ON OVERALL EFFECT OF THERAPY:

The effect of the therapy reveals that maximum percentage of Relief was observed in the parameter of prolapsed of pile mass 60% in 1st week 85% in 3rd third week, 91.67% in 6th week of the follow up it was found to be highly significant result.

The effect of the therapy reveals that maximum percentage of Relief was observed in the parameter of bleeding per anum 62.33% in 1st week 88.31% in 3rd third week, 94.80% in 6th week of the follow up it was found to be highly significant result.

CONCLUSION:

- Sclerotherapy is effective in early stage of Arsha (haemorrhoids) and has greatest advantage of wider acceptability.
- The effect of the therapy reveals that maximum percentage of Relief was observed in prolapsed pile mass i.e. 60% in 1st week 85% in 3rd third week and 91.67% in 6th week of the follow up period which is found to be highly significant result.
- The effect of the therapy reveals that

maximum percentage of Relief was observed in bleeding per anum i.e. 62.33% in 1st week 88.31% in 3rd third week and 94.80% in 6th week of the follow up period which is found to be highly significant.

- It is a minimal invasive procedure and this can be done on OPD basis.
- Bleeding observed post to sclerotherapy procedure was slight or absent.
- The resultant fibrosis increase the fixation of Pile mass or its pedicle to underlying muscular coat.
- Post procedure pain is very less and does not require any anesthesia.
- Post operative complications are minimal.
- As this was a small sample study, the obtained data needs to be revalidated with larger samples to evaluate the efficacy of trial drug to provide a safe and effective medication in Arsha.

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Conflict of interest:

None Declared