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Research Article

Agnikarma In The Management Of Hemorrhoids W.S.R. To Arshas

Dr. M. Srinu shah. K^{1*}, Dr. Hemant Toshikhane ², Dr. Shailesh Jaiswal ³

¹Ph.D. Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda, Parul University, Vadodara-391760, Gujarat, India.

²Professor and Dean Department of Shalya Tantra, Parul Institute of Ayurveda Parul University, Vadodara-391760, Gujarat, India.

³Associate. professor, Department of Shalya Tantra, Parul Institute of Ayurveda and Research, Parul University Vadodara-391760, Gujarat, India.

*Corresponding Author – Dr. M Srinu Krishnamurthy.

*E-mail ID – dr.shrinu.jamnagar@gmail.com

ABSTRACT

Introduction *Arshas* is considered as one of the *astha mahagada roga* by *Acharya Susruta* for which different methods of management such as *Bheshjakarma*, *ksharkarma*, *Shastrakarma* *Agnikarma* and *Raktamokshana*. The term '*Arshas*' is derived from "*RuGatau*" *dhatu* with the suffix "*Asun*", gives the meaning of as violent as enemy. It is the commonest anorectal disease and affects anyone at any time. Now days every person suffer from any one of the complaint of piles during their life time irrespective of age, sex and socio-economic status. The approach of *Agnikarma* has been mentioned in the context of disease as *Arsha*, *Arbuda*, *Bhagandar*, *Sira*, *Snayu*, *Asthi*, *Sandhigata Vata Vikaras* etc.in which pain is a predominant symptom. *Agnikarma* can be ideate as ancient pain treatment tool.

Materials And Methods: *Agnikarma* with the help of thermal cautery was done in a single sitting, for the chedana of *bahya arsha*. It's an open clinical study. A total 20 patients were selected with the symptoms of *bahya arsha* were treated with the thermal cautery. with those diseased *Excision of Bahya arsha* was done.

Result: There had given remaekable improvement by the *Agnikarma* procedure which was carried out throughout the study. This shows that *agnikarma* acts very well for the management of *Arsha*.

Conclusion: *Agnikarma* by *Thermal cautery* gives better symptomatic relief in the management of *Arsha*.

Keywords: *Agnikarma*, *Arsha*, *Thermal cautery*.

*Author of Correspondence E mail: dr.shrinu.jamnagar@gmail.com

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INTRODUCTION

• The disease that is troubling the human beings since the time immemorial is the *arsha* because of its manifestation at the *guda bhaga*, the *moola* of the *shareera*. The *chirakari vyadhi* because of the *mamsapradooshana* presents with the *pratyatma*

lakshana of *kilaka* or *ankura* at the *guda bhaga* when it becomes *drushya* (visible). This fetches the attention of the patients and troubles them with a range of interfering in his daily routines to even his sexual performance, thus becoming nightmare for him.

- The classical approach towards the arsha treatment is the correction of the agni (pachakagni) and vatanulomana along with the removal of the vyakta ankura either by shastra, kshara or agnikarma. The bhashaja chikitsa is more concerned with the correction / removal of the sannikrushta nidana i.e., vitiated dosha and agnimandhya. But the other 3 modalities concerned with the removal of the ankura have got their specific indications of time and type of ankura.

- As this study was to evaluate the role of agnikarma in arsha, the literary review was done to find out that the vataja and kaphaja arsha are indicated for the agnikarma, when they present with more advanced signs like karkasha, sthira, pruthu and kathina because of which, the other bahiparimarjana chikitsa like teekshana lepa and abhyanga fail to shed off the ankura.

- Agnikarma, applied with the red hot shalaka upto the extent of mamsadahana should remove these shushkarsha (vataja / kaphaja) and should not allow them to recur, if properly done according to classics. This advantage of the agnikarma as non-recurrence of the ankura, should relieve the patient from the hell of suffering.

- On the basis of the observations made, the vataja and kaphaja arsha lakshana are mimicked by the external piles that are covered with the skin. So considering the external piles as shushkarsha, the agnikarma was planned with a red hot thermocautery to observe its effect on arsha or external piles.

AIM AND OBJECTIVES

AIM

- To evaluate the efficacy of Agnikarma [red hot thermocautery] in the management of Arsha. So this study was taken up with an aim to evaluate

OBJECTIVES

- Was to assess the effect of agnikarma in the arsha in relation to its complete cure from its root and the incidence of recurrence.

MATERIALS AND METHODS

- Among the 4 fold treatment of the arsha, the present study was planned to explore the efficacy of the agnikarma. So before taking up the clinical study, the thorough evaluation is made regarding the study design, selection of patients depending upon the inclusion / exclusion criteria; the instrument to be used for the agnikarma and the criteria to be taken up to assess the effect of therapy as following.

- Open Clinical study was planned on Agnikarma (red hot thermocautery) In the management of Arsha..

HYPOTHESIS

NULL HYPOTHESIS{HO}

- Agnikarma by Thermal Cautery is not effective in the management of Arsha.

ALTERNATIVE HYPOTHESIS{H1}

- Agnikarma by Thermal Cautery is effective in the management of Arsha.

STUDY DESIGN

- It is an observational study of selected 20 patients with pre test and post- test design.

SOURCE OF DATA

Patients were taken into trial report, from the Out patient and In patient department of Shalya Tantra, S.D.M College of Ayurveda and Hospital, Hassan.

INCLUSION CRITERIA

- Patients of Vataja, Kaphaja and Vata Kaphaja arsha.

EXCLUSION CRITERIA

- Raktaja and Pittaja Arsha.
- Patients with Upadrava like Gulma, Pleeha roga, Yakrut roga, Udara roga, Shotha of Hastha – Pada, Hrit – Parshva Shoola and Ashteela.
- Patients contra indicated for the Agnikarma.
- Patients with other systemic disorders like Diabetes Mellitus, Malignancy, Chronic Renal Failure, etc.

DIAGNOSTIC CRITERIA

- External piles were diagnosed clinically by the following laxanas

Table No.1

<i>Vataja Gudankura</i>	<i>Kaphaja Gudankura</i>	<i>V-K Gudankura</i>
Appearance -Resembles <ul style="list-style-type: none"> Soochivat Teekshnagra Kadamba pushpa Tundikeri Bimbi Karakandu Kharjura Karpasi phala 	Appearance – Resembles <ul style="list-style-type: none"> Kareera beeja Panasa beeja Gostana Mahamoolayukta 	Mixed signs and symptoms of Vataja and Kaphaja arsha
Colour: <ul style="list-style-type: none"> Shyava varna 	Colour: <ul style="list-style-type: none"> Pandu varna 	

<ul style="list-style-type: none"> • <i>Aruna varna</i> 		
On touch : <ul style="list-style-type: none"> • <i>Shuska</i> • <i>Kathina</i> • <i>Sthira</i> • <i>Karkasha</i> • <i>Prathu</i> • <i>Vishputita</i> 	On touch : <ul style="list-style-type: none"> • <i>Mrudhu</i> • <i>Shlakshna</i> • <i>Guru</i> • <i>Sthira</i> • <i>Pichhila</i> • <i>sparsha Priya</i> 	

MATERIALS

- Anorectal examination table
- Spot light
- Thermocautery machine with round tip heating probe
- Allie forceps
- Different drums with sterile cotton gauze pieces, sterile drapes etc
- Tray with sterile gloves of different size
- Tray containing sterile syringe
- Bottles of Shatadhaut ghrita/ Yastimadhu ghrita/ Mahanarayana taila and antiseptic lotion.
- Anaesthetic agents

METHODOLOGY

- Agnikarma with the help of thermal cautery was done in a single sitting, for the chedana of bahya arsha.

PREPARATION OF PATIENT

The following instructions were advised before application of agnikarma.

- Administration of mild laxatives for regularization of bowels.
- Patients were asked to maintain proper local part preparation and general hygiene.
- To control the local infection, inflammation, induration, itching etc, with proper medicines.
- Administration of Tetanus toxoid.
- Patient was kept with nil orally at least 6 hours prior to the procedure.
- Soap water enema to clean bowel to avoid contamination during surgery.

APPLICATION OF AGNIKARMA

- Patient was put into lithotomy position after the spinal anaesthesia on the lithotomy table.
- Part is painted with Betadine and Spirit followed by drapping.
- Infiltration of local analgesic with 1:1,00,000 of adrenaline in 2% of lignocaine, was done in diamond shape for inferior haemorrhoidal nerve block, if the spinal anaesthesia is not used.
- After achieving proper analgesia and relaxation, manual anal dilatation was done upto 4 fingers lubricated with local analgesic jelly.
- Now the external pile mass was held in allie forcep and gentle traction was applied to make the base like a pedicle, of the pile mass.
- Now the red hot round tip of thermal cautery is applied at the base of the pedicle and moved across the base of the pilemass to exert pratisarana (smearing)

type of agni dahana till the fibres of corrugator cutis ani are seen.

- Thus the sudagdh vrina possessing blackish discolouration is applied with yastimadhu ghrita and rectal pack is applied.

- The same method is applied to the other external piles also at the same sitting. But the order of application of agni is followed in the clockwise position starting from the 11 o'clock, when there are multiple masses.

POST – OPERATIVE

Agnikarma itself doesn't require much post-operative care. But the complication of spinal anaesthesia if at all occur, should be taken care of. The agnidagdh vruna was treated with medicated ghrita. Mahanarayana taila per rectal was administered to releave post- operative pain and to clear the bowel.

AVOID

- Consumption excessive use of coffee, tea and alcohol, spicy fried food, constipating diet, riding, cycling, prolonged sitting, excessive indulgence in coitus etc.

FOLLOW-UP

- Three months

ASSESSMENT CRITERIA

- Subjective Parameters is assessed by Self gradation in BT and AT

SUBJECTIVE

- Ruja (Pain)
- Guda Kandu (Itching)

SUBJECTIVE PARAMETER

- Vrana Srava (Wound Discharge)
- Vrana varna (Wound Colour)
- Absent of mass

DISCUSSION ON RESULTS

Effect of agnikarma on arshankura, ruja and gude kandu:

- Since the pile mass (arshankura) were completely excised with the red hot thermocautery in a single sitting, their absence is not considered for the statistical evaluation as all of the 20 patients were devoid of the masses after the procedure.

Table No. 2: showing the effect of therapy on pain and gude kandu (pruritus ani) in 20 patients of vataja / kaphaja arsha.

Complaint	Mean score		Percentage of relief	S.D (±)	S.E (±)	't' Value	'p' Value
	BT	AT					
Pain	1.5	0.15	89.6	0.78	0.17	7.64	<0.001
Pruritus ani	0.9	0	100	0.99	0.22	4.09	<0.001

• The above table shows that main complaint of the patient i.e., pain was having the mean score of 1.5 before treatment, which changed to the lowest of 0.15 after treatment, with a relief of 89.6% which is statistically significant (<0.001). Whereas the other

complaint i.e., pruritus ani was found before treatment with the mean score of 0.9 that changed to '0'(zero) after the treatment with 100% of relief in the complaint which is also statistically significant (p<0.001).

Table No.3: Showing the course of post-operative pain in 20 patients of vataja / kaphaja arsha during the wound healing.

Post operative day	Mean score	Percentage of change	S.D (±)	S.E (±)	't' Value	'p' Value
Procedure day	3	-	-	-	-	-
1 st day	2.8	6.7	0.18	0.04	4.9	<0.001
3 rd day	2.5	16.6	0.86	0.19	2.6	<0.02
7 th day	0.45	85	0.5	0.11	23.18	<0.001

• The above table shows the change in the intensity of the pain induced by the procedure. The pain on the day immediately after the procedure with a mean score of 3 has noticed a little decrease with the mean score being 2.8 on the first post-operative day by 6.7% of relief. On 3rd day after the procedure, the pain further

relieved by 16.6%, which was statistically significant (p<0.001). And on 7th day of the post-operative period the patient got 85% of relief from the procedural pain that was with the lowest mean score of 0.45 which is statistically significant (p<0.001).

Table No. 4: Showing the changes in the vrina srava (wound discharge) in post-operative period of 20 patients of vataja / kaphaja arsha.

Post operative day	Mean score	Percentage of change	S.D (±)	S.E (±)	't' Value	'p' Value
Procedure day	1	-	-	-	-	-
1 st day	1.15	15%	0.65	0.15	1.02	<0.4
3 rd day	0.5	50%	0.86	0.19	2.6	<0.02
7 th day	0.1	90%	0.43	0.09	10	<0.001
14 th day	0	100%	0	0	1	<0.4

• The above table shows the changes in the wound discharge in the post- operative period. The wound which was dry immediately after the procedure presents with the serous discharge on the 1st post operative day which has got a mean score of 1.15 with 15% change, which is statistically insignificant. Even

though the statistically significant (p<0.02) discharge from the wound is not favourable towards the healing on the 3rd day (50% change), turned to significant reduction in the discharge on 7th day indicating the wound healing by 90%. And complete cessation of the discharge was noticed with 100% change on 14th day.

Table No. 5: Showing the changes of the vrina varna (wound colour) in post-operative period in 20 patients of vataja / kaphaja arsha.

Post operative day	Mean score	Percentage of change	S.D (±)	S.E (±)	't' Value	'p' Value
Procedure day	3.05	-	-	-	-	-
1 st day	2.0	34.4	0.57	0.13	10.5	<0.001
3 rd day	1.75	42.6	0.73	0.16	9.8	<0.001
7 th day	1.3	57.4	0.70	0.16	12.9	<0.001
14 th day	0.2	93.4	0.57	0.12	24.8	<0.001

The above table shows that the course of wound colour was initially black which turned to red pink with granulation on 3rd day of post-operative period, which was statistically significant (p<0.001). The wound attained complete granulation at the end of 7th day of post-operative period (p<0.001). The wound was

completely healed and attained the normal skin colour on 14th day.

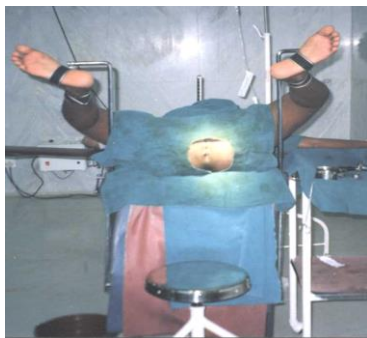
Over all effect of the treatment:

At the end of the 90th day follow up, it was found that all the 20 patients were free from the arshankura,

shoola, kandu and mala vibaddata. This confirms that there is 100% cure i.e., complete remission in all the

20 patients

MATERIALS AND METHODS OF AGNIKARMA



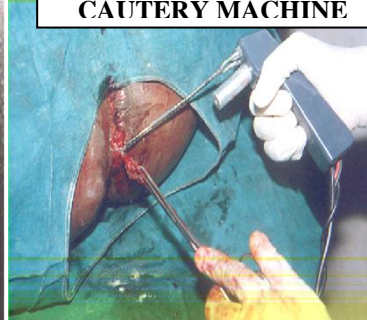
LITHOTOMY TABLE & POSITION



CAUTERY MACHINE



BEFORE PROCEDURE



DURING PROCEDURE



AFTER PROCEDURE



HEALED WOUND

CONCLUSION

• On the basis of the review of literature and observations made by this clinical study, which was conducted on the selected 20 patients, the following conclusions can be drawn.

1. The nidana that are mentioned for arsha, remain same till today with little bit of modification like bike riding and distant travelling in place of prishtayana etc.
2. Arsha that occur associated with the udara, pandu and kamala etc, point towards the haemorrhoids secondary to the hepatic failure etc, systemic diseases.
3. Agnikarma happens to be the ultimate treatment modality for the vataja and kaphaja arsha, that present with kathina, parusha, sthira and karkasha lakshana.

4. External piles most of the time, happen to be vataja or kaphaja arsha. But vataja or kaphaja arsha cannot be only external piles all the time.
5. Majority of the sufferers happen to be middle aged; married; non-vegetarian; males and of middle income group.
6. Agnikarma is effective in removing the ankura and its associated complaints with significant change in relief, most important being the non-recurrence of the ankura.
7. But as the sample size is minimal (20 patients) and also the duration of study is short (3 months), the establishment of the obtained results requires the study on large number of sample with long term follow up, in multicentres.