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Case Study

MANAGEMENT OF GRADE III INTERNAL HEMORRHOIDS BY HAL (HAEMRRIODAL ARTERY LIGATION) AND *TIKSHNA KSHARA* APPLICATION

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ABSTRACT

This study aims to standardize a hybrid procedure to be used in internal Hemorrhoids *(Arsha)* without complication of post-operative bleeding and severe pain experienced by patients in other forms of surgical interventions. **Methodology:** A patient diagnosed with Grade III hemorrhoids visited outpatient department and after thorough discussion, evaluation and physical/local examination was advised to undergo *Tikshana Kshara* therapy along with HAL for redressal of symptoms presented as bleeding per rectum. The patient was sent for routine pre surgical investigations and pre-anesthetic checkup. A surgical plan was devised for the case using Vicryl 2-0 for HAL and *Tikshana Apamarga Kshara* for application on pile mass. A half slit proctoscope was used for visualization of each pile mass. Suture of 8 shape was taken at the base of each pile mass for ligation with Vicryl 2-0 and *Tikshana Kshara* was applied after that on each pile mass for 40 sec one after the another. *Khasra* was washed with *Nimbu Swaras* to prevent *Atidagdta* by *Kshara.* There was minimal bleeding at the time of suturing and colour of the pile masses changed immediately to *Pakva Jamunphala varna*. A standard *Kshara* prepared using *Apamarga*, *Suddha Varga* and *Chitraka* was used for application. Patient was kept under observation for post-operative care. Efficacy was assessed after 15 days of the procedure. **Results:** The procedure produced encouraging results with significant reduction in size pile masses. There was no post-operative pain or constipation. There was minimum to no post-operative bleeding or stenosis. **Conclusion:** This hybrid combination by usage of Vicryl 2-0 and *Tikshana Kshara* application shows promising results in management of G-III hemorrhoids with no to minimal complication and post-operative care. Patient can immediately get back to work with some precautions.

INTRODUCTION

Hemorrhoids *(Arsha*) are disease of anal canal which can be defined as venous engorgement of Hemorrhoidal plexuses. Classically primary hemorrhoids are present at 3, 7 and 11 O clock positions but there can be secondary hemorrhoids as well which can occupy other positions of anal canal. HAL (Hemorrhoidal artery ligation) is a surgical procedure used for smaller pile masses which require minimal surgical intervention. The procedure has been described in surgical text books like Bailey and Love.[1]

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There is lack of information about long term outcomes and recurrence rate is also high if done individually as mentioned in surgical text books. *Kshara karma/Tikshana Pratisarniya Kshara* application*/Ksharapatana*[2] procedures for hemorrhoids are mentioned in classical Ayurvedic texts but practically it is also used for Grade II and Grade III hemorrhoids only as there is a risk of post-operative bleeding if *Samyaka Dagdha Lakshana* is not achieved. Post-operative results are also not very encouraging in case of larger pile masses. There is also a lack of clinical trials and proper scientific data for both the procedure which can establish any one of them as a single therapeutic procedure for hemorrhoids. This study is aimed to combine both the procedure and make a hybrid standard approach for Grade III internal Hemorrhoids.

The study design is retrospective but all relevant tests and observations were rigorously documented.

Hemorrhoids occur in everyone; gradually, they become large and cause problems in only 4% of the general population and their prevalence peaks in people over 50 years of age. Hemorrhoids that cause problems are found in 2:1 ratio of men and women.

Different treatment modalities are available for Hemorrhoids like medical therapy for management of hemorrhoids, injection treatment, rubber band ligation, manual dilatation, cryosurgery, *Ksharsutra* ligation, infrared coagulation, and operative treatments like formal hemorrhoidectomy. However, there is no standard line of treatment as all surgical operations have some limitations in this regard and also there is risk of recurrence or of developing an infection of the wound after the operation. Risk or complications of Milligan-Morgan hemorrhoidectomy[3] are pain - varies virtually nil to very severe, retention of urine- 7% of patients required catheterization, secondary hemorrhage- 1.2% patients, post-operative stenosis, development of abscess or fistula.

***Ksharakarma* (application of *Pratisaraniya Tikshna Kshara*):** It is a non-surgical procedure of Ayurveda indicated for the management of hemorrhoids. A medicine (alkaline in nature) derived from a combination of various herbs is applied to the pile mass with the help of a special slit proctoscope. It is a type of chemical cauterization. The *Kshara Karma* method of treating piles has been described in detail in the ancient text *Sushruta Samhita*[4] and *Charaka Samhita*[5]. The details of preparation of the herbal combination are mentioned in *Sushruta Samhita* and *Chakarapani Dutta*[6]. And also, the superiority of *Kshara* over sharp instruments (*Sastras*) and accessory sharp instruments (*Anusastras*) has been mentioned in *Sushruta Samhita*.

HAL with or without mucopexy have been researched and compared to other ligation techniques like rubber band ligation from time to time[7].

Objective

To evaluate the efficacy of hybrid technique of HAL and *Tikshana Pratisarniya Kshara* in management of G III hemorrhoids along with evaluation of post-operative pain, bleeding, reduction in size of hemorrhoids and recurrence.

Case Report

A 47 yr old male patient visited OPD of Department of Shalya Tantra, TMAES Ayurvedic Medical College, Hospete, Karnataka with complaint of bleeding per rectum and chronic constipation. Bleeding increased in last few weeks. Patient also presented with a history of mass coming out per rectum while defecating and has to be forced back inside the anal canal after defecation. Patient has no other co-morbidity. Patient was examined by digital rectal examination and proctoscopic examination which revealed G III bleeding internal hemorrhoids at 3, 7, 11 O'clock positions.

Patient was advised to undergo routine examinations and a surgical intervention using HAL and *Tikshana Pratisarniya Kshara* was planned.

METHODOLOGY

This study was conducted in Department of Shalya Tantra, TMAES Ayurvedic Medical College, Hospete, Karnataka with proper ethical clearance and informed consent. A case study was conducted on the patient with Grade III classical bleeding hemorrhoids. The study was conducted in February 2024 and regular follow ups were taken weekly and a 6 months follow up was also taken in July 2024. In the present case after thorough examination patient was explained the procedure and desired outcome of the procedure. After taking proper consent and preoperative workup the patient was taken for surgery under spinal anesthesia.

The surgical plan was explained to the patient in his native language. A working proforma was designed which included signs, symptoms, predisposing risk factors, investigations, diagnosis, type of operative technique, operative time, complications (early and late) and outcome.

Operative Procedures

The patient was sent for routine pre surgical investigations and pre-anesthetic checkup. A surgical plan was devised preoperatively for this case using HAL and *Tikshana Pratisarniya Kshara* which was executed uneventfully. After spinal anesthesia, the patient was positioned in lithotomy and part was draped after thorough painting of perianal and pelvic area. Maximum finger dilation was done using lignocaine jelly. Using a Kellys proctoscope each hemorrhoidal mass was visualized properly and 8-shaped HAL using Vicryl 2-0 was done individually for each pile mass after the artery was palpated by finger-FG-HAL (Finger guided hemorrhoidal artery ligation). *Tikshana Pratisarniya Kshara* was then used for local application on the pile masses for 40 seconds (till the colour of the pile mass changed to purplish blue-*Jambruphala varana*) one after another. Each pile mass was washed thoroughly with *Nimbu Sawara* before proceeding to the next one. A gauze was placed at anorectal junction above the dentate line to ensure no *Kshara* spills into the rectum. There was no major bleeding during the procedure. After proper hemostasis, cylindrical gauze dipped in *Jatyadi Taila* was placed inside the anal canal. Patient was shifted to ward for post-operative care.

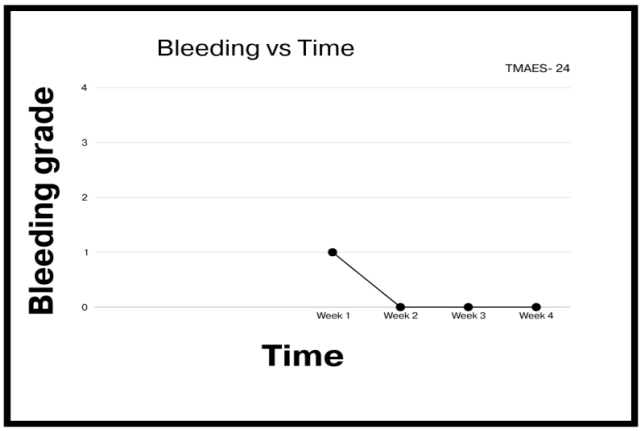
Post-Operative Management

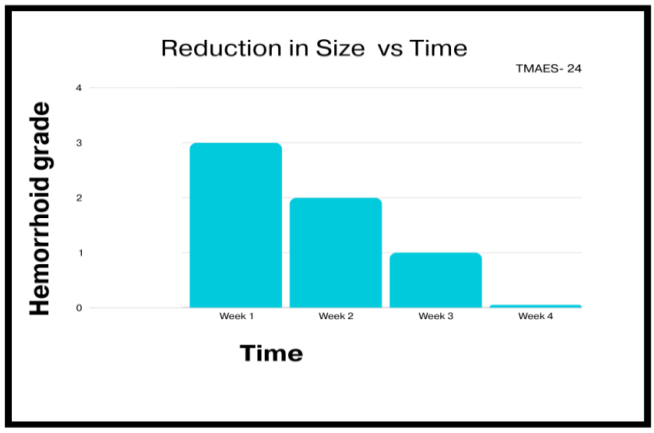
The cylindrical gauze was removed after 12 hours and patient was advised to take hot sitz bath. Patient was given oral medication in form of *Triphala Guggulu* BD, *Ghandaka Rasayana* BD and *Avipatikar Churana* BT. Lukewarm *Jattyadi Taila* (10ml) was inserted inside the anal canal using rubber catheter daily once. Patient was discharged on 3rd POD and was advised to take oral medication and apply *Jatyadi Taila* as advised. Patient was advised a follow up after 1 week and then after 15 days. All parameters in terms of post-operative bleeding, post-operative pain and reduction in size of hemorrhoids were noted and recorded.

RESULT AND DISCUSSSION

Table 1: NCI CTC Rectal Hemorrhage Guidelines [8]

Grade	NCI CTC: Rectal hemorrhage
1	Mild; intervention not indicated
2	Moderate symptoms; medical intervention or minor cauterization indicated
3	Transfusion, radiologic, endoscopic, or elective operative intervention indicated
4	Life threatening consequences; urgent intervention indicated





Bar Chart of Reduction in Size of Hemorrhoids against the time taken

VAS for Pain Assessment

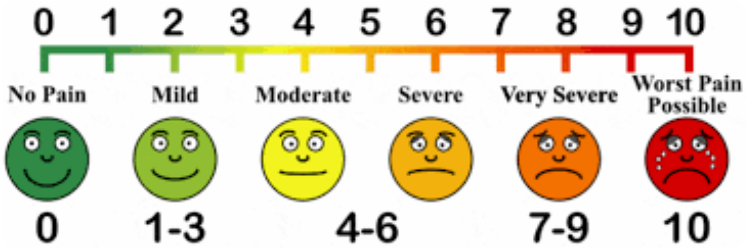
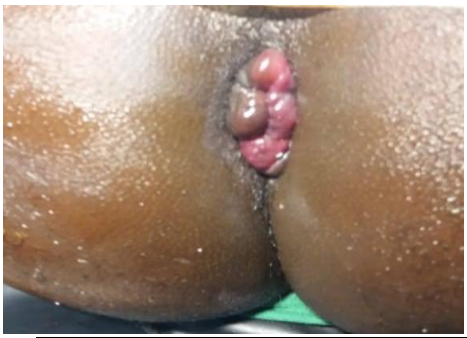
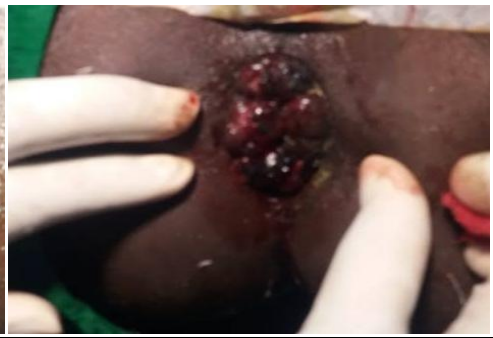


Table 2- VAS for Pain against time in weeks

Time in Weeks	Week 1	Week 2	Week 3	Week 4
VAS Grading for Pain	4-6	1-3	0	0



Picture-1(Pre-Operative)



Picture 2 (Intra Operative)

Picture 3 (Complete Healing)

Post- Operative Bleeding

Mild bleeding occurred during the first week post-operation. Bleeding was mild which did not account for any kind of intervention. The bleeding occurred in form of few drops during defecation which resolved spontaneously after defecation. The amount of blood reduced from a few drops to 0-1 drops in second week and then stopped in 3rd week. There was no bleeding in the 4th week as well.

Post-Operative Reduction in Size of Hemorrhoids

Size of Hemorrhoids decreased gradually from Grade 3 to Grade 1 by end of 3rd week and completely resolved by 4th week post-operation.

Pain Assessment

There moderate pain (VAS 4-6) in the first week which reduced to mild pain (VAS 1-3) in the 2nd week and vanished from 3rd week of operation.

On the basis of these results, it can be ascertained that a hybrid procedure in form of HAL and *Tikshana Kshara* application can provide a breakthrough in terms of amalgam of Ayurvedic and modern surgical approaches which can help in lesser complications and reduction in post-operative agony of the patients though further studies in this regard are needed.

Recurrence

Patient was re-examined after 6 months of treatment and no recurrence was found.

CONCLUSIONS

This hybrid model of surgery in hemorrhoids provides quite a few benefits like minimal bleeding, minimal pain and minimal complication post-operatively. It is a blended approach where in modern surgical advancements and ancient Ayurvedic wisdom are brought together on an operation table for the benefit of the patient. It can provide a breakthrough in hemorrhoidal surgery to reduce mental agony and post-operative complication of the patients. Further studies in this regard can provide valuable insights of this approach and documents future of hybrid procedures in anorectal disorders

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