



A Comparative Clinical Study of Tamra Shalaka & Panchdhatu Shalaka In The Management of Bahya Arsha.

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ABSTRACT

Introduction: Arshas is considered as one of the astha mahagada roga by Acharya Susruta for which different methods of management such as Bleshjakarma, ksharkarma, Shastrakarma Agnikarma and Raktamokshana. 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. Arsha is an extremely common problem reported since many years with prevalence rate that is highest among all the anorectal disorders. But in Ayurveda fourfold according to chronicity Agnikarma procedure seems to be more effective in clinical basis in the management of Arsha.

Materials And Methods: It's an open randomized parallel trial group. A total 40 patients were selected randomly with the symptoms were divided in two groups, and in each group 20-20 patients were treated with Tamra shalaka and Pancha dhatu shaka. With those diseased group Exicision of Bahya arsha was done.

Result: Both groups 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 Tamra Shalaka gives better symptomatic relief than panchadhatu shalakas in the management of Bahya Arsh w.s.r to External skin tag.

Keywords: Agnikarma, Arsha, Tamra Shalaka, Panchadhatu Shalaka.

INTRODUCTION

- The Word 'Fire' denotes as 'AGNI', This Techniques which is based by the use of AGNI is utilized as AGNIKARMA or Thermo coagulative cautery/ Cauterization. It is well known as a 'Dahan karma' asper Ayurveda concept. Agnikarma is a key of presurgical procedure going enormous appreciation throughout the world for its multi-faceted results.
In Sanskrit Fire is called as "Agni" the therapy that includes the use of Agni is entitled as 'Agnikarma' or Cauterization. it is also popular as 'Dahan Karma'
Dalhana the commentar of 'Sushrut samhita' has given following description regarding the 'AGNIKARMA'.
- 'Agni krut karma'
The Karma/action Carried out in Agni.
- 'Agni Sambandhit karma'
The Karma/action related to Agni.
- In the first concept - 'Agni krut karma' the Agni is used directly i.e., direct manor of application of AGNI.
- In the second concept - 'Agni Sambandhit karma' the AGNI related things are used i.e., Indirect manor of application of AGNI.
- So, identical charactor the both statement is that presence of Agni, whether it is used directly or indirectly through media. Textual reference of Agnikarma can be traced in all the major treaties of ayurveda yet which is in systematic and scientific descriptions of Agnikarma has been detailed in Sushrut samhita. Agnikarma is being widely adviced in various surgical considers which fails to respond with conservative management like Arsha, Arbuda, Bhagandara, Sira, Snayu, Asthi, Sandhigatavat a Vikaras etc. ||Su.Su.12th/10||ⁱ

क्षारादग्निर्गरीयान् क्रियासु व्याख्यातः, तद्गन्धानां रोगाणामपुनर्भावाद्भेषजशस्त्रक्षारैरसाध्यानांतत्साध्यत्वाच्च

||Su.Su.12th/3||ⁱⁱ

- Thermal Cautery is more powerful than caustic alkali, successfully unable in disease which are not amenable to medicines, surgical treatments and caustic alkalise and gives no rooms for the disease to reunite /reoccurrence.

अग्निः क्षारादपि श्रेष्ठस्तद्गन्धानामसम्भवात् ।

भेषजक्षारशस्त्रैश्च न सिद्धानां प्रसाधनात् ॥४०॥

||A.H.Su.30/40||ⁱⁱⁱ

- The Agnikarma stands pioneer among all para- surgical techniques according to acharya sushruta and vagbhatta because of its qualities apunarbhava (no relapse), sterilization (nirjivana karma) property, hemostatic active, cursitive properties and its effects on doshas.
- Agnikarma is better than medicinal therapy, surgical treatment and kshar karma due to the following reasons.
- Those diseases that cannot be cured back to health by medicines, surgery and kshar karma is healed by Dahan Karma or Cauterization.
- There is no failure in treating by Agnikarma (cauterization), which can sometimes be noticed in medicines, kshar karma and operation regarding certain diseases.
Among surgical disorders elaborated in the ancient ayurvedic surgical text, piles/haemorrhoids/Arsha is selected for the present clinical study.
- The term “Haemorrhoids” derived from the Greek words Haima means “blood” and Rhoos means “flowing” blood to ooze and the term “Piles” is derived from the Latin word which means “a ball”/Pillo.
The etiology is still a matter of conjecture. The age-old factors enumerated as hereditary, laxative of external sphincter, anal infection, as principal cause and chronic constipation is the co-existing factor in majority of the patients.
- As per “Surgery of The Anus Rectum and Colon” Goligher, the incidence of haemorrhoids at least 50% of the people over the age of 50years have some degree of haemorrhoidal symptoms and estimated men are to be affected roughly twice as women. The prevalence rate of this disease is 4.4% in ten million people. The faulty food habits and sedentary life style of modern man increase the incidence rate. ||John Goligher Edition: 5th vol: 1 2001||^{iv}
- Arsha is considered as one among the Ashtamahagada’s by Acharya Sushruta ||Su.Su.33rd/4||^v
- Management of Arsha such as Bhesaja Karmas (Conservative management), Kshar karma (Caustic Alkali), Agni Karma (Cauterization) and Shastra Karma (Sharp Instruments). Su.Chi.6th/3||^{vi}

Dahanopakarna (Instrumental/materials used for Agnikarma) “

“अथेमानिदहनोपकरणानि भवन्ति तद्यथा पिप्पल्यजाशकृद्गोदन्तशरशलाकाजाम्बवौष्ठेतरलौह

ःक्षौद्रगुडस्नेहाश्च । तत्र, पिप्पल्यजाशकृद्गोदन्तशरशलाकास्त्वग्गतानां, जाम्बवौष्ठेतरलौहामांस

गतानां, क्षौद्रगुडस्नेहाः सिरास्त्रायुसन्ध्यस्थिगतानाम्”

||Su.Su.12th/4||^{vii}

The following are the means of burning such as-

- Pippali, goats feaces, cows’ tooth, arrow, rod, jambavaustha (a wick-shaped instrument made of stone) and other metallic instruments, and also honey, jaggery and fatty substances. Among them,
- Pippali, goats feaces, cows’ tooth, arrow, rod, are applicable in diseases located in skin,
- Jambavaustha and other metallic instruments are indicated in those located in muscle
- while honey, jaggery and fatty substances are useful in those affecting blood vessels, ligaments, joints and bones.
In the present study, efficacy of agnikarma in the management of Bahya Arsha by two distinct shalakas will be evaluated. ||Su.Su.12th/10||^{viii}
- 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.

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- As this study was to evaluate the role of Agnikarma in Bahya Arsha w.s.r to External skin tag, 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 heated shalaka upto the extent of mamsadahana should remove these shuskarsha (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.

AIM AND OBJECTIVES

Aim:

- To evaluate the efficacy of two different Agnikarma Shalaka [Tamra & Panchadhatu Shalaka] in the management of Bahya Arsha w.s.r. to External Skin tag.

So, this study was taken up with an aim to evaluate

Objectives:

- The effect of agnikarma in the bahya arsha with regards to their removal, early ambulation and less expensive for the patient and ultimately the non-recurrence of the removed arshankura.

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 Comparative Clinical study was planned on **Agnikarma (with Tamra & Panchloha shalaka as per clinical group) in the management of Bahya Arsha** w.s.r to External skin tag.

Hypothesis

Null Hypothesis {Ho}

- Agnikarma by Tamra Shalaka is not effective in the management of Bahya Arsha with External skin tag.

Alternative Hypothesis{H1}

- Agnikarma by Tamra Shalaka is effective in the management of Bahya Arsha with External skin tag.

Study Design:

- 40 numbers of patients were randomly divided in the following groups for Clinical study.

Group A (Trial group) :

- 20 number of patients of Bahya arsha was treated with Tamra shalaka

Group B (Control group):

- 20 number of patients of Bahya arsha was treated with Panchloha shalaka

Inclusion Criteria

- Vataja and kaphaja arsha
- Patients irrespective of the Sex & Occupation for the study of Bahya Arsh with External Skin tag.
- Patient's age group between 15 to 60 years.

Exclusion Criteria

- Sahaja arsha
- Pittaja and Raktaja arsha
- Patient suffering from severe systemic diseases like Tuberculosis, Diabetes Mellitus etc.
- Patient group of age below 15years and above 60years.
- Hb% below 10%.
- Patient suffering from HIV, HBsAg will be excluded.
- Patient who are not ready to sign in written consent form.

Diagnostic Criteria:

- Bahya arsha were diagnosed clinically by the following laxanas

Vataja Gudankura	Kaphaja Gudankura	V-K Gudankura
Appearance -Resembles Soochivat Teekshnagra Kadamba pushpa Tundikeri Bimbi Karakandu Kharjura Karpasi phala	Appearance – Resembles Kareera beeja Panasa beeja Gostana Mahamoolayukta	Mixed Signs and Symptoms of Vataja and Kaphaja arsha
Colour: Shyava varna Aruna varna	Colour: Pandu varna	
On touch: Kathina Sthira Karkasha Prathu Vishputita	On touch: Mrudhu Shlakshna Guru Sthira Pichhila Sparsh Priya	

Materials:

- Anorectal examination table
- Spot light
- Tamra and Panchloha with round tip
- Allies' 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 etc and antiseptic lotion.
- Anesthetic drugs (Inj.Lignocaine 0.2% plain)

Methodology:

- Agnikarma with the help of Tamra or Panchloha shalaka as per clinical group was done in a single sitting, for the chedana of bahya arsha.

Prep-operative procedure (Common for both group)

The following instructions were advised before application of agnikarma:

- Written informed consent was taken
- Patients were asked to maintain proper local part preparation and general hygiene.
- Administration of Tetanus toxoid.
- Soap water enema to clean bowel to avoid contamination during surgery.
- Sensitivity test (with Inj. Xylocaine 2% plain)

Operative procedure (Common for both group)

- Patient was put into lithotomy position after the spinal anesthesia on the lithotomy table.
- Part is painted with Betadine and Spirit followed by drapping.
- Infiltration of local analgesic with Inj Plain 2% of lignocaine, was done
- 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 allies forcep and gentle traction was applied to make the base like a pedicle, of the pile mass.
- Now the heated round tip of Tamra or Panchlohashalaka is applied at the base of the pedicle and moved across the base of the pile-mass to exert pratisarana
- Type of agni dahana till the fibres of corrugator cutis ani are seen.
- Thus, the sudagdhavrina possessing blackish discolouration is applied with ghrita or madhu 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: (Common for both group)

- Agnikarma itself doesn't require much post-operative care.
- After Operative management of Agnikarma it was be treated as a Sadyo-Vrana.
- Haritaki Churna 1tsp with 1 tsp Guda at Early Morning on Empty Stomach
- Avagaha Sweda
- Local application with Madhu and Ghrita.
- Patients were allowed to do normal routine works.
- High nutritional light diet, green leafy vegetables takra sevana and ushna jala pana, fruits.

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

- Weekly Once Up to one month

Assessment Criteria

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

Subjective

- Pain
- Burning sensation

Subjective Parameter

- Pain is assessed by VAS Scale pain score Index
- Absent of mass

Discussion on results:

- As the main complaints of the patients were the presence of the arshankura and Pain, the effect of therapy was mainly concentrated on these signs and symptoms.
- Since the pile mass (arshankura) were completely excised with heated Tamra Shalaka and Panchloha shalaka as per clinical group in a single sitting, their absence is not considered for the statistical evaluation as all of the 20 patients in each group were devoid of the masses after the procedure.
- Pain and Burning sensation were considered for the statistical evaluation as they were more of subjective types and they need sometime for their resolution.
- Even though it was an observational study the assessment of change in the intensity of the post operative pain and Burning sensation was made to draw some of the conclusions regarding the time taken for subsiding of the Burning sensation and wound healing.

Effect of therapy on pain (ruja)

In Group A

- Majority of the patients (85%) who had complained of pain with the mean score of **2.65**, were relieved off their pain by **80 %** after the treatment indicated with the mean score of **0.8**, which is statistically significant (**p<0.001**).

In Group B

- Majority of the patients (85%) who had complained of pain with the mean score of **2.5**, were relieved off their pain by **70 %** after the treatment indicated with the mean score of **1.2**, which is statistically significant (**p<0.001**).
- Among them majority of the patients had pain due to kaphavrita vata and remaining patients had pain because of vid avrita vata. The relief might have been achieved because of the local effect of agnikarma in relieving the margavarodha to apanavata by the mamsankura chedana and systemic effect of agni in liquefying the kapha to take out the avarana to vata, thus subsiding the aggravated vata to relieve the pain.

Effect of therapy on Burning Sensation (daha) post-operatively

Group A

- The post operative Burning Sensation immediately after the procedure (on 1st day) was more with the mean score of 2.55, during the defecation. Daha was there for 15 to 20 minutes and day by day Daha was reducing and on 7th day the Burning sensation is almost negligible with the mean score 0.15 and about 90% of relief from the pain which is also statistically significant (**p<0.001**). The increase in the pain immediately after procedure with the mean score of 0.8, which is statistically significant (**p<0.001**). was reduced and due to the burning of tissue that results into necrosis. Patient's complaint of burning sensation that may be attributed to Rakta and pitta kopana by agni. But application of medicated ghrita relieves the burning sensation by the rakta and pitta prasdana on in post- operative period.

Group B

- The post operative Burning Sensation immediately after the procedure (on 1st day) was more with the mean score of 2.60, during the defecation. Daha was there for 20 to 30 minutes and day by day Daha was reducing and on 7th day

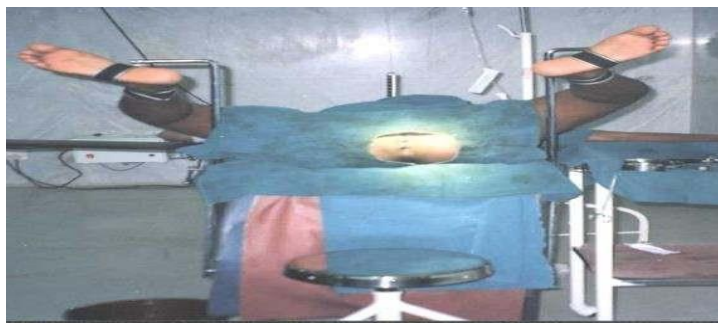
the Burning sensation is almost negligible with the mean score 0.30 and about 80% of relief from the daha which is also statistically significant ($p < 0.001$). The increase in the pain immediately after procedure was reduced with the mean score of 1.2, which is statistically significant ($p < 0.001$).

- And due to the burning of tissue that results into necrosis. Patient’s complaint of burning sensation that may be attributed to rakta and pitta kopana by agni. But application of medicated ghrta relieves the burning sensation by the rakta and pitta prasdana on in post- operative period.
- Follow up Is done up to 1 month on post – operative 1st day, 7th day, 14th day, 21st day, 28^{th/30th} day to assess the pain (both the pathological and procedure induced), wound healing, relief from the associated complaint, complications of agnikarma and recurrence of the arsha. This was noted with the help of the self- gradation of the assessment criteria in the proforma of case sheet of arsha designed for the study.

Overall effect:

- The overall effect of the therapy was drawn from the 30 days follow up in relation to the pain and burning sensation. At the end of the 30th day follow up, it was found that all the 20 patients in each group were free from the arshankura, pain, burning sensation and wound completely healed. This confirms that there is 100% cure i.e., complete remission in all the 20 patients in each group. Since, the complaints i.e., pain were secondary to the arshankura before the treatment, and after the treatment didn’t reoccur as there was no recurrence of the arshankura because of the agnikarma with tamra and panchloha shalaka. Thus, the study confirms 100% success.

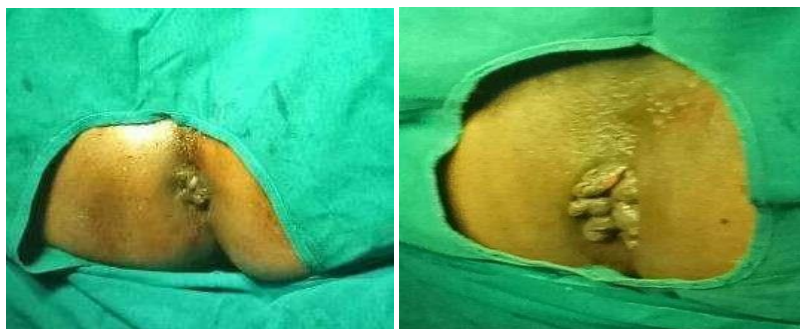
Materials and Methods of Agnikarma



Lithotomy Table & Position



Materials



Before Procedure



Afret 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 20-20 patients in each group, 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 Karkashalakhana.
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. From the result it is concluded that Tamra Shalaka is much more effective than Panchloha shalaka with respect to early heating, faster conduction of heat and economical for acquiring. so null hypothesis is rejected and alternate hypothesis is accepted
8. But as the sample size is minimal (20 patients in each) and also the duration of study is short (1 months), the establishment of the obtained results requires the study on large number of samples with long term follow up, in multicentres.

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