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A large, stylized DNA double helix structure is the central focus of the cover. It is rendered in shades of blue and purple, with colorful spheres representing the base pairs. In the center of the helix, there is a small potted plant with green leaves and purple flowers, and several wooden gongs or drums. The background features a large, green, curved shape that resembles a leaf or a DNA strand, set against a light green and yellow gradient.

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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

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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 3rd day and every 7th day till 28th day. After 28th day treatment was stopped and follow up was taken on 60th and 90th 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 90th 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 known 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, **Colour:** 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.

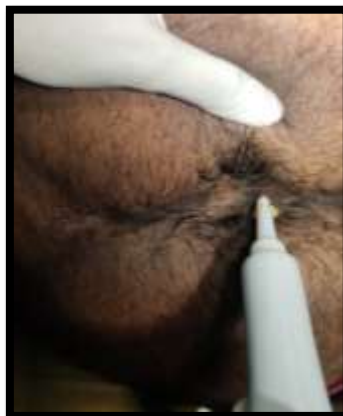
Pathya for both Groups

- 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

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

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 relives 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 *Apamarga Kshar* ointment. Also, base sikhth 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.

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