

Management of some cheddya diseases by ksharsutra ligation**Seema. R . Giri^{1*}, Rajesh. M Giri²**

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ABSTRACT : Efficacy of *ksharsutra* is mentioned in the management of fistula in ano by different workers.As has been reported by Deshpande et.al.In 1968,1972,1973,Sharma-1976, ICMR-1991,Varshney-1993. According to *ayurveda* the action of *ksharsutra* is due to its *chhedan,bhedan* and *lekhan* properties.*Acharya sushruta* has clearly mentioned in *sutrasthan 11\3. 1.* So object of this study is find out the *chedan* effect of *ksharsutra*. In *sushruta samhita chikitsa* chapter 17, it has been mentioned that a tumour can be removed by ligation of *ksharsutra* in its pedicle.

“Arbudadishu chotkshipya mule sutram nidhapayet/

sucheehirayath vaktrabhirachitan vaa samantath//

mule sutren badhniyachchhinne chopcharet vranam ||” su. Chi.17/33 2

So, for this study simple diseases like Mole, Warts, Fibroma, Polyductyly, peduculated Malanoma ,papilloma, lipomas, navus [Peduculated growth] *Ksharsutra* should be tied to the base of the swellings [Tumour] After complete excision, treatment of *vrana* should be given.

KEYWORDS- .*Ksharsutra, Cheddya, Ligation, vranakarma*

INTRODUCTION-

Mole, warts, navus, papiloma, fibroma, polyductyly, peduculated lipomas, cutaneous haemangiomas, congenital

extra growths(pedunculated growths) etc are the diseases which cause cosmetic discomfort to the patients. These patients spend a lot of money & time to treat. In modern science these diseases are managed by lesser or other cosmetic surgeries but they are very expensive & require skill hands to avoid the recurrence. In *ayurvedic* literature, in *sushrut samhita* mentioned, that *ksharsutra* is the useful technique in the treatment of these diseases. *chedan* property of the *ksharsutra* has been mentioned by *acharya sushruta*. & due to this there is excision of the growth from its base.

In our Govt. Ayurved college, osmanabad, The simplest & noninvasive technique is used for such diseases were thoroughly evaluated, managed by *ksharsutra* therapy.

Complete progress of the patient was recorded in the standard pro-forma specially prepared in the dept. Patient showed complete relief, after post treatment no scar or any other complication was seen. The treatment was painless and result oriented.

AIMS & OBJECTIVES-

To assess the *chedan* effect of *ksharsutra*, in above mentioned diseases

METHODS & MATERIAL-

For this study 180 patients were selected from OPD & IPD of post graduate shalya department of Govt. Ayurved hospital, osmanabad.

Patients were divided into 3 groups-

Gp 1 - Patients were treated with *ksharsutra* ligation only & subsequent *vranachikitsa*.

Gp 2 - Patients were treated with *ksharsutra* ligation with modern medicine (Antibiotics/Analgesics) & subsequent *vranachikitsa*.

Gp 3 - Patients were treated with (surgical excision with modern medicine (Antibiotics & Analgesics))

Preoperative-

- 1- Written informed consent of patient
- 2- 2- inj TT 0.5 ml I/M, xylocaine sensitivity test, part preparation
- 3- Hb%, BT, CT, ICTC, Hbsag, Bl sugar ®
- 4- Prepare Tray with material required for ligation.

Operative, Cleaning & Draping of local parts.

The *ksharsutra* used was standardised *ksharsutra* i.e. (*snuhi latex* + *apamarga kshar* + *haridra*).

The pedunculated growth uplifting it or the base should be pierced by curved needle with *ksharsutra* & then tied around the base of the swelling.

Ksharsutra was ligated at the base of the pedicle of growth on opd basis. we didn't need any patients to hospitalized.

Patient were asked to attend opd every third day. on third day, if the thread was loose we tied it again by new *ksharsutra* if it was not loose, there was no need to tie it again. if the pedicle was thick there was need to tie it again twice or thrice if the pedicle was thin it usually cut off with a single tie.

Post operative –After complete excision, simple *vrnakarma* like application of *jatyadi ghrita* was done.

After complete excision & healing follow up of each patient was noted. Weakly to note any recurrence. This follow up was done upto 2 yr.

Inclusion criteria-

Patient willing to sign the consent for study preparation.

- Able and willing to complete the treatment schedule.
- Fulfilling the diagnostic criteria having sign & symptoms of pedunculated growth.

Exclusion criteria-

Suspected malignant growth where excluded.

- In pregnancy.
- Severe anemia.

Observation-

Table No 1- This table shows near about similar distribution in both sexes.

Table No 2 – The maximum no of patients were from the age group above 60 years.

Table No 3 – Religion wise distribution which shows more number of patients from hindu religion i.e. 68.33%.

Table No 4 –

Distribution of patients according to type of pedunculated growth

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Sr no	Pedunculated Growth	Gr.1	Gr.2	Gr.3	Total	Percentage
1	Papilloma	8	7	8	23	12.77
2	Soft Papilloma	3	2	3	8	4.44
3	Keratin Horn	2	3	3	8	4.44
4	Veruccae warts	20	22	22	64	35.56
5	Fibroadenoma	4	4	4	12	6.67
6	Acessory Auricals	4	5	4	13	7.72
7	Lipoma	3	4	3	10	5.56
8	Haemangioma	1	1	0	2	1.11
9	Granuloma pyogenicum	8	8	8	24	13.33
10	Polyductyly	3	2	3	8	4.44
11	Naevocellular Naevi	4	2	2	8	4.44
Total		60	60	60	180	100%

Warts in number (64 i.e 35.56%), pyogenic granuloma (24 i.e.13.33%) & papilomas (23i.e.12.77%).

Table No 6 – Most of the patients were from household category.

Table No 5 – Maximum number of patients were from poor class (36%) followed by lower middle class (26%)

Table No 7 – Incidence of pain

Sr No	Pedunculated Growth	Gr 1			Gr 2			Gr 3			Total
		+	++	+++	+	++	+++	+	++	+++	
1	papiloma	7	1	-	7	-	-	5	3	-	23
2	Soft papiloma	3	-	-	2	-	-	2	1	-	8
3	Keratin horn	2	-	-	3	-	-	2	1	-	8
4	Veruccae warts	17	3	-	20	2	-	15	1	-	64
5	fibromyoma	2	2	-	3	1	-	1	3	-	12
6	Accessory auricals	1	2	1	1	4	-	-	3	1	13
7	lipoma	1	2	-	3	1	-	1	2	-	10

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8	haemangioma	1	-	-	-	1	-	-	-	-	2
9	Granuloma pyogenicum	7	1	-	8	-	-	3	5	-	24
10	polyductyly	-	2	-	-	2	-	-	1	2	8
11	Naevocellular naevi	1	3	1	1	1	-	-	2	-	8
Total		42	16	2	49	11	0	29	28	3	180

(+) - Mild, patient can bear the pain, (++) – Moderate, patient has to take Analgesics
(+++)- severe, patient could not get relief even after taking oral Analgesics.

Table 8 – Frequency Table

Groups	Gp1	Gp2	Gp3	Total
Mild(+)	42	49	29	120
Moderate(++)	16	11	28	55
Severe(+++)	2	0	3	5
Total	60	60	60	180

Table 9 -

Groups	Gp 1+2	Gp 3	Total
Mild(+)	91	29	120
Moderate(++)	27	28	55
Severe(+++)	2	3	5
Total	120	60	180

Chi Square Test:

Calculated Chi square value is (16.857)
which is much more than Table value@
4 Degree of freedom i.e. 9.49

So null Hypothesis is rejected &
alternate hypothesis is accepted.

i.e. there is significant difference of
incidence of pain between the three
groups.

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Ksharsutra ligation is less painful than surgical excision.

Table 10- Incidence of Recurrence (Follow up Maximum of 2 years)

s.no	Pedunculated Growth	Gp 1	Gp 2	Gp 3	Total	%
1	papilloma	1/8	0/7	2/8	3/23	13.4
2	Soft papilloma	0/3	0/2	0/3	0/8	0
3	Keratin horn	0/2	0/3	1/8	1/8	12.5
4	Veruccae warts	3/20	3/22	9/22	14/64	21.87
5	Fibromyoma	0/4	0/4	0/4	0/12	0
6	Accessory auricles	0/4	0/4	0/4	0/12	0
7	Lipoma	0/3	0/4	0/3	0/10	0
8	Haemangioma	0/1	0/1	0/0	0/2	0
9	Granuloma pyogenicum	3/8	1/8	6/8	10/24	41.66
10	Polyductyly	0/3	0/2	0/3	0/8	0
11	Naevocellular naevi	0/4	0/2	1/2	1/8	12.5
	Mean Cutting Rate	7/60	3/60	19/60	29/180	17.22

Table 11-

Groups	No of patients Recurrence	No of patients complete cure	Total
1+2	10	110	120
3	19	41	60

At 1 degree of freedom highest calculated value of chi square @ 5% level of significance is 3.84. The observed value (8.5482) is more than this hence

null hypothesis is rejected & alternate hypothesis is accepted i.e.

There is significance difference between the recurrence of pedunculated growth after surgical & *ksharsutra* excision.

Ksharsutra excision having less chances of recurrence.

Discussion-

Ksharsutra treats pedunculated growths by its *cheddan* activity. After ligation to the pedicle of the pedunculated growth, slowly cuts it and thus also hampers the blood supply of the distal part of the swelling. This is evident by colour change in the swelling after ligation, initially it changes from normal colour to inflamed red & then bluish & then blackish & finally black

Regarding pain chi square test was applied. The difference observed between the incidence of pain in three groups came as significant. This implies that incidence of pain was less with *ksharsutra* excision than that of surgical excision.

This low incidence of pain is probably due to

- a) Analgesic & anti-inflammatory action of three alkaloids- Euphorbol Eufol & Nerifolion present in the *snuhi latex* of *ksharsutra*. 3
- b) Anti-inflammatory & Analgesic activity of curcumin present in the *Haridra*. 4

As the incidence of pain is less with *ksharsutra* than that of surgical excision. That's why *sushruta* has quoted that in case of children's 7 adults who are coward (Biro) Excision by *ksharsutra* should be performed (*shishuna shastrabhiruna*).

Regarding incidence of Recurrence was more in Gr 3 i.e with surgical excision than that of *ksharsutra* ligation This is statistically proved by applying chi square test. In that also incidence of recurrence was more with Granuloma pyogenicum, warts & papilloma.

In *ayurvedic* literature chemical or thermal cauterization has been advised after surgical excision. This was to avoid recurrence in that way *ksharsutra* works in both the ways i.e it excise the tumour by its *chedan* activity & simultaneously it cauterizes the base of the pedunculated growth & that's why recurrence rate was found less with *ksharsutra*.

CONCLUSION-

- 1) So this technique of *ksharsutra* ligation in pedunculated growths is very effective.

- 2) This technique is less painful than surgical excision
- 3) This technique does not require giving modern medicines like analgesics & antibiotic.
- 4) Incidence of recurrence is less than that of surgical excision.
- 5) Patient can do his routine work, there is no need of hospitalization because this is ambulatory treatment.

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