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A case study on *Sophayuktha Charmakeela Arshas*

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ABSTRACT

Charmakeela Arshas (sentinel pile) is a skin tag, also associated with chronic fissure in ano, at the lower part of the chronic fissure in ano skin enlarges and appears like guarding the fissure. It causes discomfort, itching and low grade infection.[1] Here the *Sophayukta Charmakeela Arshas* (inflamed sentinel piles) are treated with *Jalouka* and after the pain reduction *Kshara Sutra* is applied for *Chedana* of *Charmakeela*. Inflammation occurs due to *Pitta-Raktadoshavardhana*, for reducing inflammation *Jaloukavacharana* is the best. *Jaloukas* have *Sheetha* and *Madhuraguna*[2] because of that it helps to remove excess *Dosas* from inflamed sentinel pile and helps to reduce pain and swelling. *Kshara Sutra* is the medicated thread, prepared from *Snuhi*, *Apamarga Kshara* and *Haridra*.[3] In this case *Jaloukavachara* helps to reduce inflammation and *Kshara Sutra* ligation helps to remove the *Charmakeela* from it base and relieves the symptoms. *Jalouka* kept over inflamed pile mass for 5 days and *Kshara Sutra* was administered on the base of sentinel tag for three consecutive sittings with an interval of one week along with other oral medications, *Avagaha Sweda* (sitzbath) and local application. Signs, symptoms and size of sentinel tag are assessed after each week till the sentinel tag cut through takes place. This paper elaborates upon the effect of *Jaloukavacharana* and *Kshara Sutra* application in the management of inflamed sentinel pile. *Ksharasutra* and *Jaloukavacharanas* are good *Anusastras* to surgery as it is less risky and can be performed easily and is devoid of major complications. *Jaloukavacharana* done in IPD basis and *Ksharasutra* on an OPD basis as there is no chance of bleeding during procedure and on follow up.

Key words: Ksharasutra, Jaloukavacharana, Charmakeela Arshas, Inflammed Sentinel pile, Chronic fissure in ano.

INTRODUCTION

Chronic fissure in ano is an ulcer present in the longitudinal axis of the lower anal canal commonly at midline anteriorly and posteriorly. Chronic fissure is having inflamed and indurated margin with sentinel tag at its inferior margin which is oedematous and act like a guard. It causes repeated infections, discomfort, burning sensation and is less painful. *Charmakeela Arshas* (sentinel pile) is a skin tag causes discomfort, itching and low-grade infection.[1] In *Charmakeela*

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Arshas, Doshas will vitiates and produce symptoms like pricking pain due to vitiation of *Vata*, growth increase due to *Kaphadosha* and due to *Pitta Rakta* vitiation *Keela* become hard and blackish red colour.[4] Blood vitiated by *Doshas* are removed with help of *Raktavasechana* method.[5] Inflammation occurs due to *Pitta Rakta Doshavardhana*, for reducing inflammation *Jaloukavacharana* is the best. *Jaloukas* have *Sheetha* and *Madhuraguna*[2] because of that it helps to remove excess *Pitta* from inflamed sentinel pile and helps to reduce pain. *Kshara Sutra* is the medicated thread, prepared from 21 coating of *Snuhi*, *Apamarga Kshara* and *Haridra*.[3] *Kshara Sutra* ligation helps to remove the *Charmakeela* from it base as it is explained in *Nadivrana* treatment *Ksharasutra* applied at the *Moola* of *Arshas*[6] and also relieves the symptoms. In the present study the application of *Jaloukavachurna* and *Ksharasutra* on a case of *Sophayukta Charmakeela Arshas* is elaborated upon.

MATERIALS AND METHODS

The method used for this study is clinical case study method. As a preliminary method of treatment

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Jaloukavacharana was done. The materials used for the study included mainly *Jaloukavacharana*, *Kshara Sutra* (a medicated thread, prepared from 21 coating of *Snuhi*, *Apamarga Kshara* and *Haridra*). *Matrabasthi* with *Mahanarayanataila*, sitzbath with *Triphala Churna* and Tab *Bolabaddharasa*, Syp *Asanadikashaya* and Tab *Nimbadiguggulu* were used.

Case Presentation

A female patient named XX aged 63yrs c/o mass per rectum associated with difficulty in sitting and severe Pain since 1 yr. C/o bleeding associated with burning sensation during defecation since 1 week. The patient is a case of type II DM and HTN under oral medication since 1 yr. The symptoms increased since 1 week and patient was feeling difficulty in sitting position with severe pain for that patient came to our hospital for further management. The patient underwent per rectal examination, after per rectal examination was diagnosed as chronic fissure with inflamed sentinel tag at 6 and 10 o' clock. At first the patient was treated with *Jalouka* for pain management for 5 days. The *Matrabasthi*, sitzbath with *Tripahala Churna* was initiated for fissure management. After 1 week of in-patient department treatment the patient was discharged and on next visit in outpatient department the patient after examination is found to have pain reduced and fissure healed. Then on OPD basis *Ksharasutra* was applied for 4 weeks.

Management

The management for chronic fissure with inflamed sentinel tag at 6 and 10 o' clock were done by following the medical regime mentioned below which included:

1. *Jaloukavacharana* for inflamed sentinel tag for 5 days

2. *Matrabasthi* with *Mahanarayana Taila* BD

3. Sitzbath with *Triphala Churna* BD

4. *Kshara Sutra* (4 times in intervals of each week for two months)

5. Tab *Bolabaddha Rasa* 2 BD A/F (for two months)

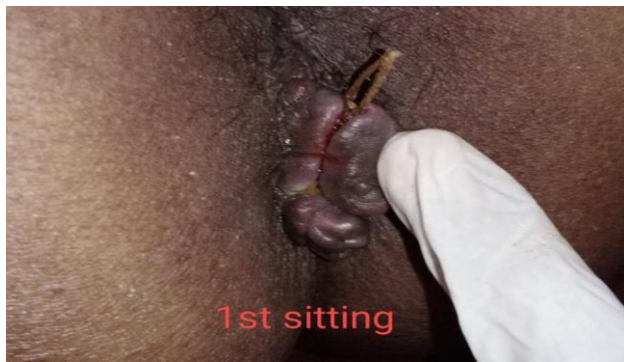6. Tab *Nimbadi Guggulu* 2 BD A/F (for two months)

7. Syp. *Asanadi Kashaya* 15 ml with lukewarm water BD B/F

After reducing inflammation to sentinel tag by following ' *Jaloukavacharana'* method in the initial five days when the patient was admitted. For 4 weeks, *Kshara Sutra* was administered on the base of sentinel tag at 10 o clock for four consecutive sittings with an interval of one week in between each sitting. The regime followed along with oral medication and sitzbath. The Signs, symptoms and size of sentinel tag were assessed after each week till the sentinel tag cut through took place.

The pictures of the patient at the different stages of clinical examination is given below,

03-12-2021, after *Jalouka* treatment and before *Ksharasutra* application.

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10-12-2021

17-12-21

24-12-2021

31-12-21

7-01-2022

RESULT

- Inflammation reduced after *Jaloukavacharana*.

- Sentinel pile got cut off within 5 weeks.

- Patient got symptomatic relief from the complaints of pain and discomfort.

DISCUSSION

Charmakeela Arshas is a immovable sprout in exterior skin, correlated with sentinel pile is a skin tag seen at the lower part of chronic fissure in ano appears like guarding the fissure, chronic fissure is an ulcer in the longitudinal axis of the lower anal canal occurs midline anteriorly and posteriorly. *Charmakeela Arshas* mainly due to the vitiation of *Vyanavayu* associated with *Sleshma*. It is a firm and nail like growth seen externally. It is classified into 3 types, *Todha* is due to *Vata*, *Granthi* and *Savarnathwam* due to *Sleshma*, and *Rukshata*, *Krishnata* and *Sleshnata* due to *Pitha* and *Raktha*. This pile mass should be treated with *Kshara*, *Agni*, *Swedana* and *Shastra*. Here the investigators applied first *Jalouka* for reducing inflammation and hardness of sentinel pile by its *Sheeta* and *Madhura* property, and after application of *Kshara* because of it *Ksharana*, *Kshanana*, *Chedana* and *Tridoshagna* property. Here, *Ksharasutra* applied has been prepared from 21 coatings of *Snuhiksheera*, *Apamargakshara* and *Haridra* as it is mentioned specially for *Arshas* and *Bhagandara*. The *Ksharasutra* mentioned by *Acharya* has to be applied at the base of the *Arbuda*, the same principle is adopted and applied over here.

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