

## MANAGEMENT OF ARSHA VIS-A-VIS HEMORRHOIDS: A CASE SERIES

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### ABSTARCT

**Introduction:** No age is spared with this Anorectal disorder and its prevalence in general population is much higher than seen in clinical practice. Total 20 patients of Hemorrhoids were participated in this study in the OPD of CDL College of Ayurveda Haryana India irrespective of sex, aged between 30yrs to 65yrs in 2014-2015. Objective of the study was to treat and manage first, second, third degree hemorrhoids and to delay further progression of the disease. **Method:** Educating patients about Pathya-Apathya in Aahar-Vihar with Aushadha Chikitsa. **Results:** Results were very encouraging, first and second degree Hemorrhoids were almost asymptomatic. **Discussion and conclusions:** Patients of first and second degree Hemorrhoids were asymptomatic and delayed the progression of third degree Hemorrhoids. This can be further studied on large number of

patients to evaluate the exact efficacy of above method. Some of the patients were unable to follow strict Pathya-Apathya and Ahar-Vihar regimen. The level of education and type of occupation also influenced the study in following the regimes.

**KEYWORDS:** Hemorrhoids, Arsha, Pathya-Apathya, Aahara-Vihar, Agnimandhaya.

### INTRODUCTION

Piles are certainly one of the commonest ailments that afflict mankind and its prevalence in general population is much higher than seen in clinical practice. It is difficult to obtain any accurate idea of their incidence, but clinical experience suggests that people of both the sexes suffer from hemorrhoids and that even perhaps have piles in a symptomless form. It is a

frequent experience to find hemorrhoids on routine rectal examination patients who have never had any complaint referable to them. The incidence of pile apparently an increase with age and it seems likely that at least 50% of people over the age of 50 have some degree of hemorrhoid formation. However the disease is by no means confined to older individuals and are encountered in people of all ages including occasionally young children<sup>[1]</sup>. Piles are classified as internal and external; the former arising in the upper 2/3<sup>rd</sup> of the anal canal lined by columnar celled epithelium, the latter in the skin covered lower 1/3<sup>rd</sup> of the canal or at the anal orifice itself. Internal hemorrhoids arise from the superior Hemorrhoidal plexus and they are viscerally innervated with overlying rectal mucosa and thus painless. This study is focused on Internal Hemorrhoids of 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> degree presenting features bleeding; piles that prolapsed during defecation but returns back spontaneously and manually reducible mass respectively<sup>[2]</sup>. As this disease can be correlated with Arsha in Ayurveda and cause of this disease is described as faulty ahar-vihar(diet and life style) and mandagni (low digestive fire)<sup>[3]</sup>. Keeping this in mind study sample size was 20(12 males and 8 females) and study intervention included Chitrakadi vati<sup>[4]</sup> and educating patients about pathya-apathya in aahar-vihar according to Baishajaya Ratnavali and Caraka Samhita giving emphasis on nidan parivarjan. Objective of the study is to treat and manage first, second, third degree hemorrhoids and to delay further progression of the disease.

## MATERIALS AND METHODS

**Sample size:** 20

**Study design:** Case series.

**Site of study:** O.P.D. of C.D.L. College of Ayurveda Bhagwargarh Jagadhari Harayana India in 2014-15.

**Study period:** 4 weeks.

**Follow up:** weekly for 4weeks and after that monthly for 11 months.

### Inclusion criteria

1. Patients willing to participate for this study.
2. Patients aged between 30 years to 65 years.
3. Patients with 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> degree primary hemorrhoids.
4. Patients of either sex.

### Exclusion criteria

1. Patients with any uncontrolled chronic disorders like Hypertension, Diabetes Mellitus etc.

2. Anemia (Haemoglobin < 10mg %).
3. Pregnant and lactating women.
4. Patients with 4<sup>th</sup> degree Hemorrhoids.

### Study intervention

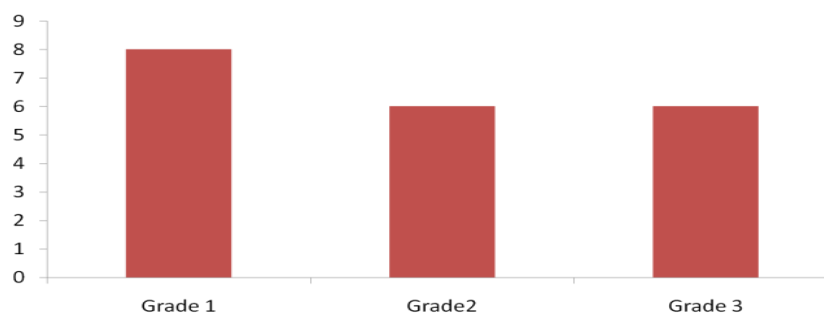
- 1 Chitrakadi vati(gutika) 500mg twice a day with warm water 4 weeks.
- 2 Pathya-apathya in aahar-vihar for one year.

### Assessment criteria

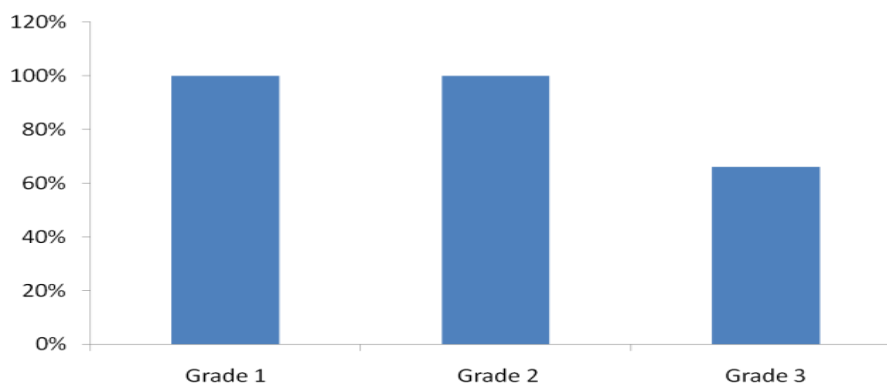
S.N.	Sign and Symptoms	Severity of symptoms	Grade
1	Bleeding:	Absent	0
		Mild	1
		Moderate	2
		Severe	3
2	Mass per anum	Absent	0
		Mild	1
		Moderate	2
		Severe	3
3	Discharge (mucoid)	Absent	0
		Mild	1
		Moderate	2
		Severe	3
4	Pruritus	Absent	0
		Mild	1
		Moderate	2
		Severe	3
5	Anemia(secondary)	Absent	0
		Mild	1
		Moderate	2
		Severe	3

### RESULTS

**Total patients participated = 20**



### Percentage improvement



The assessment was done by evaluating the changes in the signs symptoms before and after treatment and after one year. Out of 20 patients, 8 patients were of 1<sup>st</sup> degree hemorrhoids, 6 patients of 2<sup>nd</sup> degree and 6 patients with 3<sup>rd</sup> degree hemorrhoids. Patients of first and second degree Hemorrhoids were almost asymptomatic after 4 weeks treatment till end of follow up period where as 4 patients of 3<sup>rd</sup> degree piles noticed the regression of sign symptoms and 2 patients neither progressed nor regressed sign symptoms at the end of follow up. No adverse events were reported during the study.

### DISCUSSION

Patients of first and second degree Hemorrhoids' were asymptomatic and delayed the progression of third degree Hemorrhoids. There are so many causative factors for this disease but the major factor responsible for this disease is faulty diet and life style leading to agnimaandaya and aama. Chitrakadi vati increases agni as well as digests the aama, and pathya in aahar and vihar keeps agni in normal state. This can be further studied on large number of patients to evaluate the exact efficacy of above method. Some of the patients were unable to follow strict pathya regimes in Ahar and Vihar. The level of education and type of occupation also influenced the study in following regimes.

### CONCLUSIONS

Educating patients about Pathya-Apathya in Aahar-Vihar with Aushadha Chikitsa may be beneficial in management and treatment of internal Hemorrhoids up to 3<sup>rd</sup> degree and to validate these findings further study on large sample is required.

**REFERENCE**

1. Goligher John: Surgery of the Anus Rectum and Colon, vol-1, fifth edition, 4/98-100.
2. Bhat Sriram M: SRB's manual of Surgery, published by Jaypee brothers medical publishers Ltd New Delhi, 4<sup>th</sup> edition, 25/1039.
3. Sushruta: Sushruta Samhita Ayurveda Tattava Sandipika Hindi Commentary, edited by Kaviraj Ambika Dutta Shastri, published by Chaukhamha Sanskrit Sansthan Varanasi, part-1, edition 2014, Nidan Sthan, 2/4.
4. Caraka: Caraka Samhita Caraka Chandrika Hindi Commentary, edited by Brahmand Tripathi, published by Chaukhamha Sanskrit Sansthan Varanasi, part-2, Chikitsa Sthana, 15/97.