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ROLE OF "GUDHARITAKI" IN THE MANAGEMENT OF GUDARSHA W.R.T. HAEMORRHOIDS

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ABSTRACT

Ayurveda has immense potential to solve many unresolved and challenging problems of the medical world. Among Ashtang Ayurveda Shalya Chikitsa is one of the most important branch, Sushrut Samhita is known for surgical principles and many of them are practiced till date. It has been opined that the management of some diseases is a great challenge with veracity to a doctor. Among them Gudarsha (Hemorrhoid) is one the grave disease for which it has been included in Ashto Mahagad (major diseases).

"वातव्याधि प्रमेहश्च कुष्ठमर्शो भगन्दरम् ।
"अरिवत् प्राणान श्रुणाति हिनस्ति इति अर्श"। मधुकोश (मा.नि.)

In Sushrut Samhita the whole treatment is covered under four categories

- Bhaishajya Chikitsa (Medicinal / conservative treatment)
- Kshar Karma (Caustic therapy)
- Agni Karma (Heat therapy)
- Shashtra Karma (Surgical treatment)

In Ayurvedic text many drugs are described which herbo – mineral preparations, these helps to reduce & subside pain, swelling & bleeding of piles.

An evolution of these remedies may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern science and there is repeated reoccurrence of the disease even after surgery, so I am inspired to select the topic so that the lacuna of the surgery and the para-surgery treatments is fulfilled and side by side the entire system of the body is rejuvenated to sustain and gate rid of the reoccurrence.

Role of "GUDHARITAKI" in The Management of Gudarsha w.r.t. Haemorrhoids.

" भेषजसाध्येष्वदृश्येः सुयोगानयापनार्थ।
प्रातःप्रातर्गुडहरितकीमासेवेतसु ॥"
सु.चि. ६/१३

INTRODUCTION

With lapse of time the Ayurveda Purveyor was challenged as the Modern Medicinal system considered it as usurping in surgery which is only their domain.

But neither of the Medicinal Therapeutic sciences are absolute nor it should treat the others in malfeasant way. These all should commutatively concur to apropos the sufferings of Mankind.

At the same time crassitude should be trounced so that the torments of human beings can have ministrations.

The sacrilegious and irreverent spooling about Ayurveda can only be consecrated by attunements and unfettering of oeuvre of Sanskrit literature of Ayurveda scholars and determined research and acuity.

The Ayurvedic science has been coerced but its pragmatic resilience backed up by puritanically written literature is yore. The laurels of describing disease Hemorrhoid is well mentioned in Ayurveda as Gudarsha. As it is highly prevalent and treatment absolved to it by Adventist Modern Medicine is perplexing. A gratifying need is required to establish its treatment from Ayurveda.

Ayurveda has immense potential to solve many unresolved and challenging problems of the medical world.

Among Ashtang Ayurveda Shalya Chikitsa is one of the most important branch, Sushrut Samhita is known for surgical principles and many of them are practiced till date.

It has been opined that the management of some diseases is challenge to a doctor, among them Gudarsha (Hemorrhoid) is one grave disease for which it has been included in Ashto Mahagad (major diseases).

"वातव्याधि प्रमेहश्च कुष्ठमर्शो भगन्दरम् ।

अश्मरी मूढगर्भश्च तथैव उदरं अष्टम ।।" सु.सू. ३३

The pain involved in Gudarsha is notorious and intense hence Acharya compared it with enemy.

"अरिवत् प्राणान श्रुणाति हिनस्ति इति अर्श"। मधुकोश (मा.नि.)

Ayurveda the science of life is based on the observations and medical experiences. It has immense potential to evolve solution of many challenging and unresolved problems of medical world. Shalya Tantra is one of the most important branches of Ayurveda which has its own originality with authenticity, contributing to modern medical technology of today.

Sushruta Samhita is the only available text in surgical practice, enriched with detailed basic surgical techniques and para surgical measures. Regarding management of diseases it has been opined that there are many diseases which are difficult to manage by conservative treatment alone. Among them, Gudarsha is one of such grave disease which has been included in Ashta Mahagada by Sushruta. Ashta Mahagada defines that the eight diseases like Vatavyadhi, Prameha, Kushtha, Mudha Garbha, Gudarsha Bhagandara, Ashamari and Udara Roga are dread full diseases. This shows the gravity of this disease.

Gudarsha can be compared with the Piles at modern parlance which can affect anyone. It is one of the commonest problems of ano-rectal region and reasons may be different like hereditary, anatomical deformities, diet, life style etc. The etiological factors are usually linked with the prevalence of the ailment directly. Its incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of symptoms of haemorrhoid. Recent statistics reveal that irrespective of age, sex and socio-economic status, people may suffer from piles. In addition to that some western population statistics reported that the prevalence may be around 37% with an equal frequency in men and women. The haemorrhoid can progressively be enlarged and the prevalence may be increased with advancing age hence, patients at any age may present with symptoms of haemorrhoids.

Regarding the management of haemorrhoids, the history can be traced back that the haemorrhoids have been treated by surgeons for centuries. Therapies like topical use of medicament for treatment of haemorrhoids can be dated back to Egyptian papyri of 1700 BC. The first surgical treatment was described in the Hippocratic Treatises of 460 BC and

suggested transfixing them with a needle and tying them with a very thick and large woolen thread.

Our country is progressing & developing so fast so as to build in digital India but in this busy life a person hardly gets time to look himself & personal health.

Life style has been changed in modern era people use vehicles for fast communication which make life sedentary & lack of exercise, the diet has also been changed due to imitation of western countries like fast food, bakery products ect. which vitiates Doshas.

Also due to such improper diet, prolonged sitting posture, faulty habits of defecation which all can be grouped under mithya ahar – vihar (faulty food & routine habits) causing derangement and viciousness of tridoshas mainly Vata Dosha develops Gudarsha.

Hemorrhoids are mainly dealt under concept of Gudarsha.

Hemorrhoids are engorged haemorrhoidal venous plexus, characterized by

- Bleeding per rectum
- Constipation
- Pain
- Prolapse
- Discharge

In Sushrut Samhita the whole treatment is covered under four categories

- Bhaishajya Chikitsa (Medicinal / conservative treatment)
- Kshar Karma (Caustic therapy)
- Agni Karma (Heat therapy)
- Shashtra Karma (Surgical treatment)

Amongst all symptoms or complaints, pain is the most notorious and irritating factor in *Gudarsha (hemorrhoid),* so a great deal of emphasis has been applied for management of pain.

Many drugs are advised in modern medicine with little success like NSAID's & opioids, but they do also have their limitations along with adverse effects like gastritis, constipation etc.

In Ayurvedic text many drugs are described which herbo – mineral preparations, these helps to reduce & subside pain, swelling & bleeding etc.

An evolution of these remedies may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern science, so I am inspired to select the topic i.e. **Role of "GUDHARITAKI" in The Management Of Gudarsha w.r.t. Haemorrhoids.**

The clinical trials will be taken in patients of Gudarsha (Hemorrhoids) associated with pain(externo-internal) & thrombosed piles as described in Modern Science.

1) The main purpose is to early intervene of the treatment of Gudarsha and avoid its further complications.
2) Also the need for our study is to find a more safe and effective medicine which would be easily available.
3) To review the "Gudharitaki" in management of Gudarsha
4) Maximum number of the people comes to Ayurveda for avoiding the surgical intervention in Hemorrhoids & to find out the effective Bhaishjya Chikitsa (conservative/ medicinal treatment) for piles.

The patients suffering from 1st & 2nd degree (externo internal) piles were selected for the present study. The patients were subjected for detail clinical examination and investigations as per the specially designed proforma.

The present clinical study comprises of 202 patients. They were divided into two groups as Group-A and Group-B. The group-A patients were subjected to Gudharitaki with Koshnajala and Group-B patients were treated by Koshnajala.

The present study includes Literary Review, Materials and Methods, Observations, Results, Discussion, Conclusion and Summary.

NEED OF STUDY

1) Amongst all symptoms or complaints pain is most irritating factor in Gudarsha so great deal of emphasis has been applied for management of pain.
2) Many drugs are advised in modern medicine with little success like NSAIDS & opioids but they do also have their limitations and adverse effects like gastritis, constipation ect.

In Ayurvedic text many drugs are described which are herbo -mineral preparations which have tremendous results, an evolution of these remedies may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern medicine, so I am inspired to select the topic i.e.

PREVALANCE

In 20th Century World-wide prevalence rate estimated to be 4.4% in general population (according to emedicinemedscape.com).

HYPOTHESIS

RESEARCH QUESTION

Does "**GUDHARITAKI"** effective in management of Gudarsha w.r.t. haemorrhoids ? **Null hypothesis ($H_{0)}$** - Gudharitaki is not effective in Management of Gudarsha w.r.t. haemorrhoids.

Alternative hypothesis ($H_{1)}$ - Gudharitaki is effective in Management of Gudarsha w.r.t. haemorrhoids.

AIM AND OBJECTIVES

AIM:- To study role of "GUDHARITAKI" in the management Of Gudarsha w.r.t. Haemorrhoids.

OBJECTIVE

Primary objective

1) Evaluation of efficacy of "**Gudharitaki**" in **Gudarsha** w.r.t. Haemorrhoids.

Secondary objective

1) To review the literature of Gudarsha
2) To study the etiopathogenesis and management of haemorrhoids according to modern literature as well as according to classical text/literature.
3) To compare the above effect with Koshnajala group.

Inclusion Criteria

- Age- 16 years to 65 years.
- Diagnosed cases of internal piles of I & II degree.
- Patients fit of any sex, caste religion & occupation.

Exclusion Criteria: Patients who were suffering from I & II degree of piles but they were excluded if having following problems-

- Age less than 16 years and more than 65 years.
- *Hrida Roga.*
- Pregnancy.
- Malignancy.
- Rectal prolapse.
- Haemorrhoids of 3rd & 4th degree.
- Haemorrhoids associated with Fissure and fistula-in-Ano.
- Hepatitis B, Tuberculoses, HIV positive cases.
- Acute / Chronic anal fissure.
- Uncontrolled HTN & DM.
- Complicated internal haemorrhoids.

Diagnostic Criteria

a. All the patients were diagnosed & assessed on the basis of following *Ayurvedic* as well as modern symptomatology/ examinations as follows:–

- History of *Gudagat Raktasrava* (bleeding per rectum).
- *Vedana Yukt Malatyag* (Discomfort/Painful defecation).
- *Sashleshma Malatyag* (Discharge per rectum).
- Prolapse of Pile mass per rectum.

b. A special proforma was designed to record all details of the patients.

c. The routine Haematological, Urine, Stool, Biochemical & Radiological investigations were carried out to assess the patient for physical fitness and exclude any other pathology which was not suitable for management point of view.

PLAN OF STUDY

The following plan was followed:

1) First the patients were registered.
2) A complete history of the disease along with the presenting complaints was recorded.
3) Complete general, systemic and local examinations were carried out as per proforma.
4) Pathological evaluation of each patient was conducted.
5) Diagnosis was made on *Ayurvedic* as well as Modern point of views.
6) Treatment was given as per respective groups.

7) Result assessment was done as per criteria fixed for.
8) Statistical analysis was done by applying suitable tests.

PROCESS OF DIAGNOSIS

Inspection

Without touching the part, condition of anus and surrounding peri anal skin were examined for any pathology like inflammation, injury and any disease which was not desirable from treatment point of view.

Palpation: (Digital Examination)

The per rectal digital examination conducted to elicit tenderness, swelling, induration, tone of sphincter i.e. normal, spasmodic or relaxed etc.

Proctoscopic Examination

Following findings of pile masses were noted as mentioned below:

1) Site – Internal/ External/ Interno-external
2) Size -- < 1/2 Inch, 1/2 Inch ,1 Inch
3) Surface – Uneven / Even / Smooth
4) Position – Primary– 3 / 7 / 11 O'clock or Secondary.

After taking the complete history and performing local examination, the patients were clinically diagnosed and classified according to *Doshika* involvement e.g. *Vataja Gudarsha, Pittaja Gudarsha* etc. as well as degree and position of piles.

GROUPING

In this present study total 202 patients of *Abhyantara Gudarsha* were registered and randomly divided into two groups:-

Group A – *Gudharitaki with Koshna Jala*

The patients selected in this group were subjected to ***Gudharitaki with Koshna Jala***.

Methods of administration

1. Form – Gud 2gm + Haritki 2gm with Kosnajal (Leukworm water) 50 ml
2. Dose – 2gm TDS
3. Kala – Morning, evening & night before meal.
4. Duration – For 21 days.

5. Follow up – 3rd, 5th, 7th, 14th & 21th day.

Group B - *Koshna Jala*

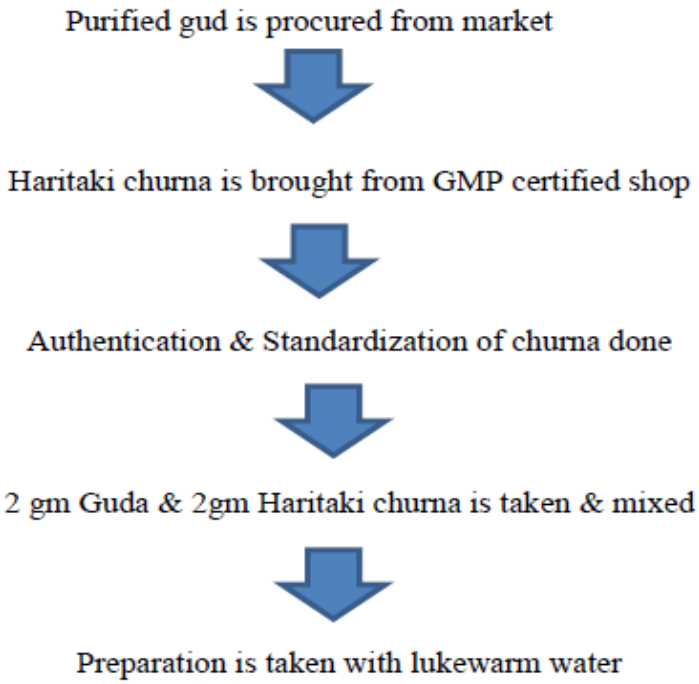
Patients selected in this group were subjected to ***Koshna Jala***.

1. Form – Koshna Jala (Leukworm water)
2. Dose – 50 ml TDS
3. Kala – Morning, evening & night before meal.
4. Duration – For 21 days.
5. Follow up – 3rd, 5th, 7th, 14th & 21th day.

Observation Study: 3 weeks

Follow-up: 5 weeks

Drug Preparation



CRITERIA FOR ASSESSMENT

The improvement provided by the therapy was assessed on the basis of classical signs & symptoms of *Gudarsha*. All the signs & symptoms were assigned score depending upon their severity to assess the effect of the procedure statistically. The following pattern was adopted for the scoring.

Table 4.1: *GUDAGAT RAKTASRAVA* (Bleeding Per Rectum).

Description	Grading BT	Grading AT
No bleeding	0	0
Drooping	1	1
Syringing	2	2
Streaming	3	3

Table 4.2: *VEDANA YUKT MALATYAGA* (Painful Defecation).

Description	Grading BT	Grading AT
No discomfort	0	0
Feeling discomfort with in tolerable limit, no requirement of analgesic either orally or in other route	1	1
To relieve pain oral analgesic is required	2	2
To relieve pain analgesic injection is required/pain or discomfort does not reduce after oral analgesic	3	3

Table 4.3: PROLAPSE OF PILE MASS PER RECTUM.

Description	Grading BT	Grading AT
No Prolapse of Pile mass	0	0
Pile mass prolapse during defecation & reduces itself	1	1
Pile mass prolapse during defecation requires manual reduction	2	2
Permanent prolapse of Pile mass	3	3

Table 4.4: *SASHLESHMA MALATYAGA* (Discharge per rectum).

Description	Grading BT	Grading AT
No discharge	0	0
Mild discharge & no requirement of Pads	1	1
Changing of pads once a day only	2	2
Changing pads more than once a day	3	3

Criteria for Overall Assessment of Therapy

The total effect of the therapy was assessed considering the following criteria.

1. Cured- 80-100% improvement in signs and symptoms
2. Marked Improvement- 65% to 79% improvement
3. Moderate Improvement- 40% to 64% improvement
4. Mild Improvement- 25% to 39% improvement
5. Unchanged- less than 25% improvement

CLINICAL OBSERVATIONS AND RESULTS

General Data of Patients

The following observations were made during the study:-

- General observations.
- Observations related to changes witnessed prior to management, after completion of it and during the follow up.

The details recorded are being put forth here.

Drug review

" भेषजसाध्येष्वदृश्येः सुयोगानयापनार्थ।
प्रातःप्रातर्गुडहरितकीमासेवेतसु ॥"

सु.चि. ६/१३

1)गुड **Guda**

इक्षोस्तु सारं विपचेत् यथावद् , यावद्घनीभूतमथाप्सु मज्जेत् ।
एषो गुडाख्य: कटुतीक्ष्ण उष्ण : सस्वादुरुच्यो गुरुबृहणीय : ॥
कैयदेव निघंटु १६५

2)हरितकी Haritaki

हरीतकीं पञ्चरसामुष्णामलवणां शिवाम् ।
दोषानुलोमनीं लघ्वीं विद्यद्दीपन पाचनीम् ॥
आयुष्यां पौष्टिकीं धन्यां वयस: स्थापनीं पराम् ।
सर्वरोग प्रशमनीं बुद्धीन्द्रिय बलप्रदाम् ॥
कुष्ठं गुल्ममुदावर्तं शोषं पाण्डुवामयं मदम् ।
अर्शांसि ग्रहणीदोषं पुराणं विषमज्वरम् ॥
हृद्रिगं सशिरोगमतीसार मरोचकम् ।
कासं प्रनेहमानाहं प्लीहानमुदरं नवम् ॥
च.चि.१-१/२९-३२

3. Koshnajala :

उष्णोदक

उष्णोदकं, तत्पजलम्।
क्वाथमानपादावशेषार्ध्वावशेषपादहीनं जलम् ।
तद्विधिर्यथा।
अवृमेनांशशेषेण चतुर्थेनार्ध्वकेन वा ।

अथवा क्वथनेनैव सिद्धमुष्णोदकं वदेत् ॥
अस्य गुणा:। सदा पथ्यत्वम्।
कासज्वरविबन्धकफवातामेदोनाशित्वम्। दीपनत्वम्।बस्ति शोधनत्वञ्च ।
भा.प्र. प्रथम खंड

क्वाथ्यमानन्तु निर्वेगं निष्फेनं निर्मलन्तथा ।
अर्ध्वावशिष्टं यतोत्तं तदुष्नोदकमुच्यते ॥

Guda Haritaki Churna

Table 1: Organolepic Characters.

Parameters	**Guda Haritaki Churna**
Colour	Whitish Brown
Odour	Pleasant
Texture	Smooth
Taste	Sweet & Slightly Astringent

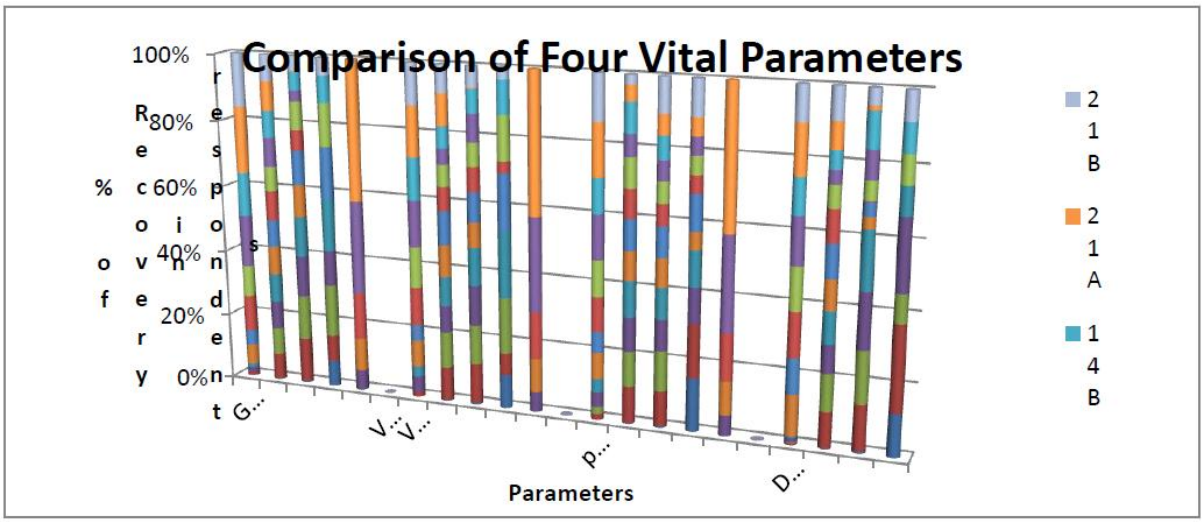
Table 2: Phytochemical Evaluation.

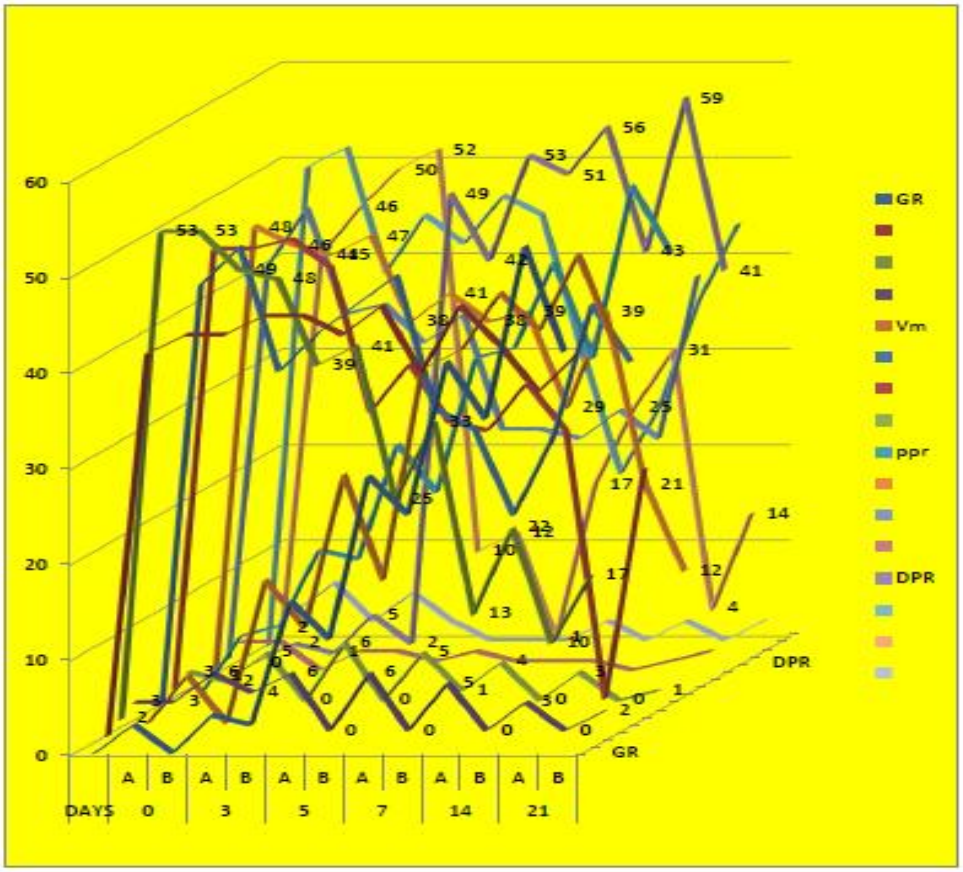
Chemical Constituents	Guda Haritaki Churna
Tanins	+
Phenols	+
Glycosides	+
Triterpenoids	+
Vitamin C	+
Gallic Acid	+
Carbohydrates	+
Reducing sugar	+

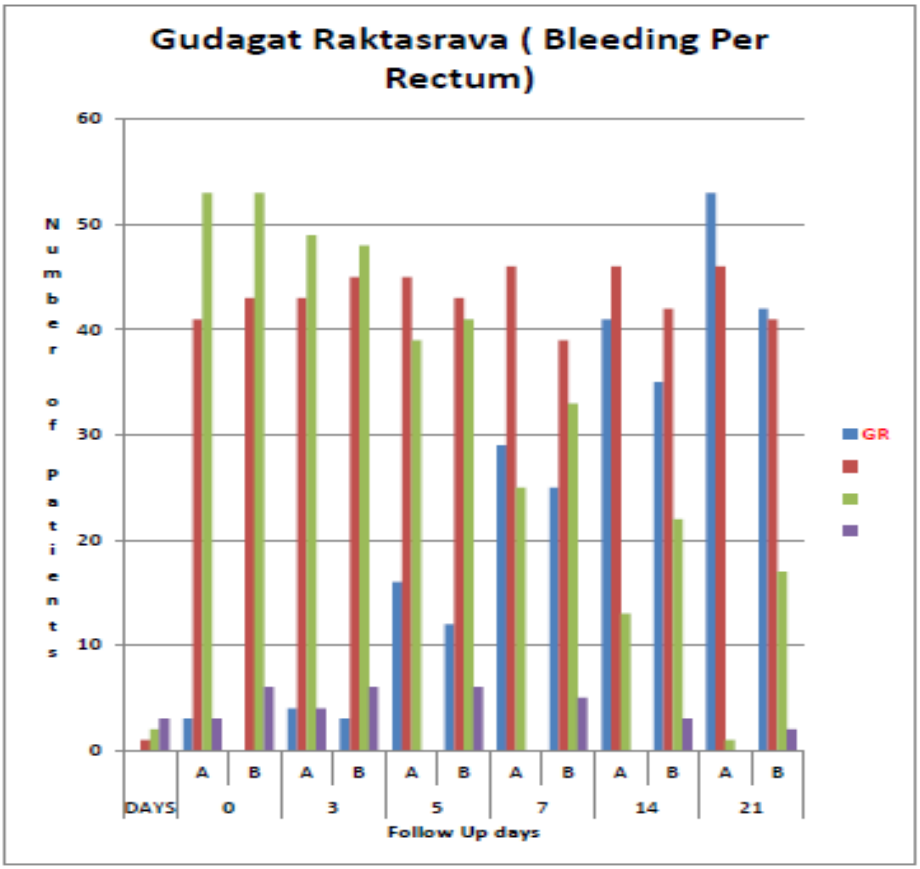
Table 3: Physicochemical Parameters.

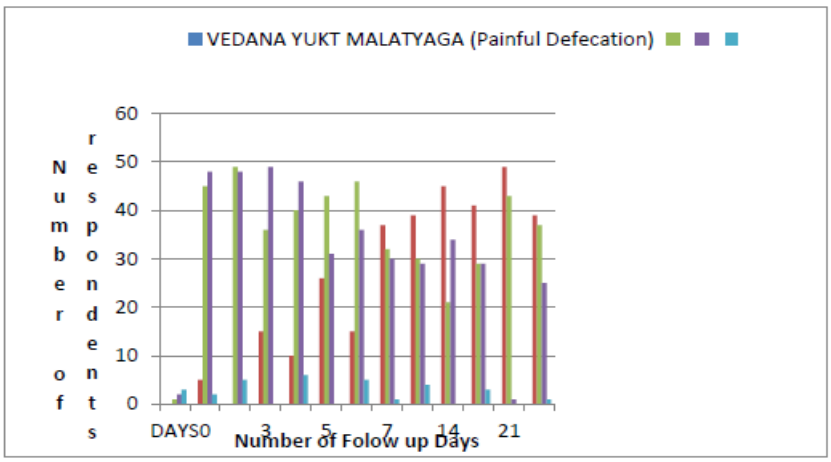
Parameters	Guda Haritaki Churna
Ph	6.10
Total Ash Value	5.54%
Acid Insoluble ash	1.245%
Water Soluble ash	2.26%
Water Soluble Extractive	64.61%
Alcohol Soluble Extractive	56.37%
Loss on Drying at 105^0C	3.99%
Foreign Matter	019%
Moisture	7%
Reducing sugars	10%

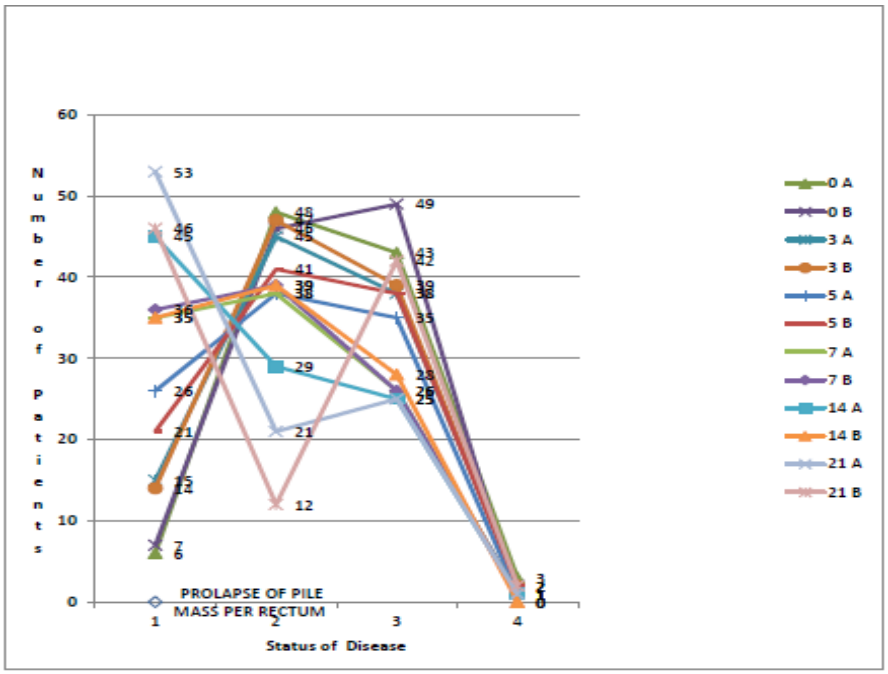
ASSESSMENT OF RESULT

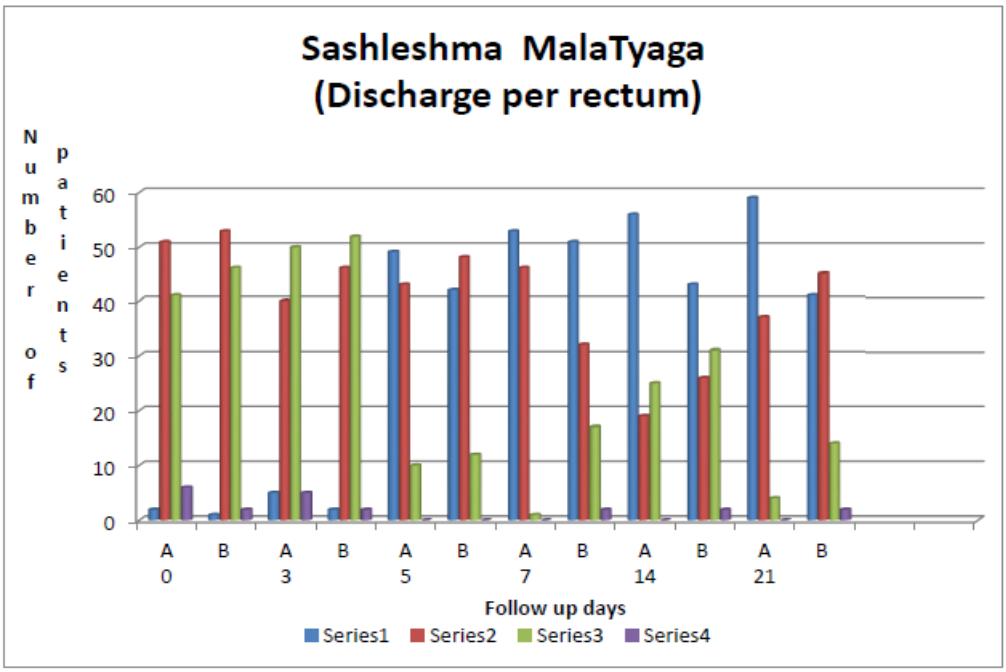


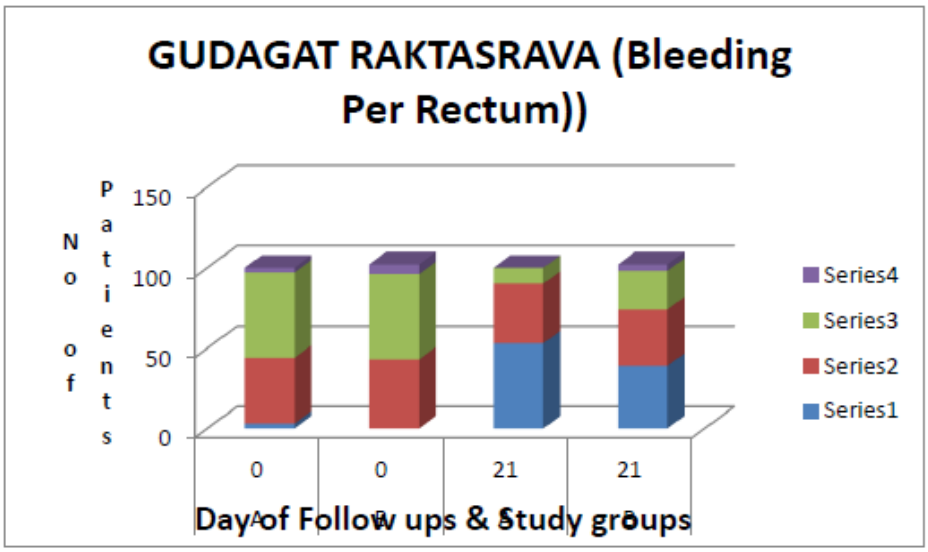

GR
Vm
ppr
DPR
DPR
GR
DAYS
A
B
0
3
5
7
14
21

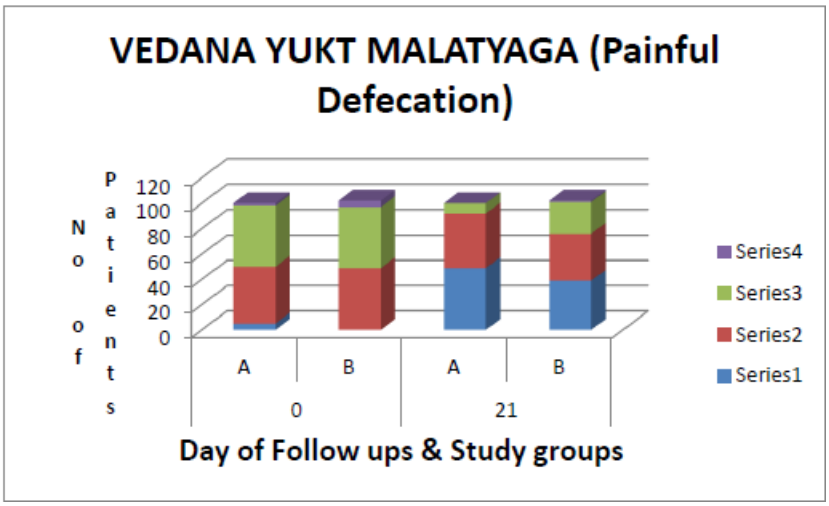

Gudagat Raktasrava (Bleeding Per Rectum)
Number of Patients
GR
DAYS
A
B
0
3
5
7
14
21
Follow Up days

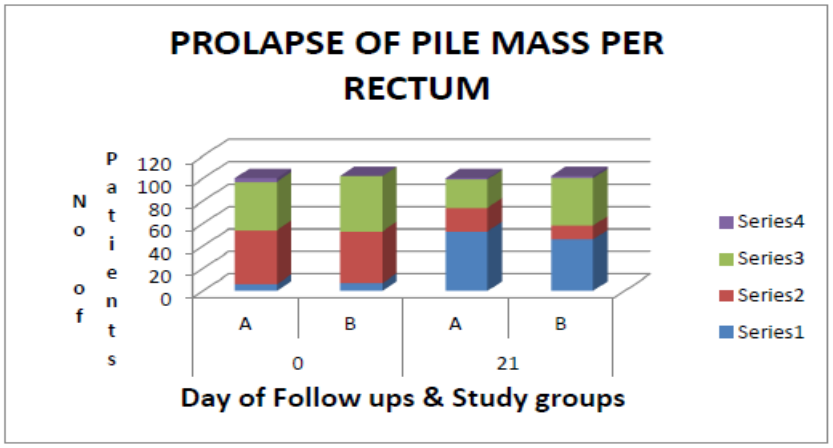

VEDANA YUKT MALATYAGA (Painful Defecation)
Number of responds
60
50
40
30
20
10
0
DAYS0
3
5
7
14
21
Number of Folow up Days

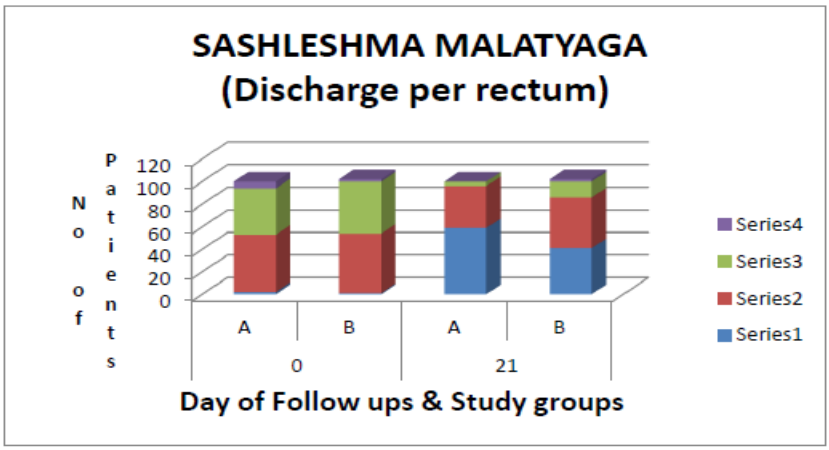

Number of Patients
60
50
40
30
20
10
0
PROLAPSE OF PILE
MASS PER RECTUM
1
2
3
4
Status of Disease
0 A
0 B
3 A
3 B
5 A
5 B
7 A
7 B
14 A
14 B
21 A
21 B


Sashleshma MalaTyaga
(Discharge per rectum)
Number of patients
60
50
40
30
20
10
0
A 0
B
A 3
B
A 5
B
A 7
B
A 14
B
A 21
B
Follow up days
Series1
Series2
Series3
Series4


GUDAGAT RAKTASRAVA (Bleeding Per Rectum))
No of Patients
150
100
50
0
0
0
21
21
A
B
A
B
Day of Follow ups & Study groups
Series4
Series3
Series2
Series1


VEDANA YUKT MALATYAGA (Painful Defecation)
No of Patients
120
100
80
60
40
20
0
A
B
A
B
0
21
Day of Follow ups & Study groups
Series4
Series3
Series2
Series1


PROLAPSE OF PILE MASS PER RECTUM
No of Patients
120
100
80
60
40
20
0
A
B
A
B
0
21
Day of Follow ups & Study groups
Series4
Series3
Series2
Series1



1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum)	Z = 2.4
	p<.05 Significant At 95% Level Of Significance
2.VEDANA YUKT MALATYAGA (Painful Defecation)	Z=2.5
	p<.05 Singnificant Significant At 95% Level Of Significance
3.PROLAPSE OF PILE MASS PER RECTUM	Z=1.8
	p<0.1Significant At 90% Level Of Significance
4.SASHLESHMA MALATYAGA (Discharge per rectum)	Z =2.1
	p<.05 Significant At 95% Level Of Significance

Hence The Guda HaritKi with Koshan Jal may be effective in Management of Gudarsha w.r.t. Haemorrhiods in comparison to Only Koshan Jal at 95% level of significance.

1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum)

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of GUDAGAT RAKTASRAVA (Bleeding Per Rectum) in the sample size of 100 and 102 patients respectively at the 95% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. The success rate of Gudharitaki with Koshnajala was 93% while for the Koshnajala was only 81%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

2. VEDANA YUKT MALATYAGA (Painful Defecation)

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of VEDANA YUKT MALATYAGA (Painful Defecation) in the sample size of 100 and 102 patients respectively at the 95% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. The success rate of Gudharitaki with Koshnajala was 92% while for the

Koshnajala was only 74%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

3. PROLAPSE OF PILE MASS PER RECTUM

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of PROLAPSE OF PILE MASS PER RECTUM in the sample size of 100 and 102 patients respectively at the 90% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. the success rate of Gudharitaki with Koshnajala was 74% while for the Koshnajala was only 56%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala. The accuracy has been reduced to 90% from 95% level of significance to accommodate the efficacy of the treatment in the management of the Gudarsha. Since it is prolonged process and the sample size or the treatment follow period may be short to show the required results as per the standard rate of accuracy.

4. SASHLESHMA MALATYAGA (Discharge per rectum)

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of SASHLESHMA MALATYAGA (Discharge per rectum) in the sample size of 100 and 102 patients respectively at the 95% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. The success rate of Gudharitaki with Koshnajala was 96% while for the Koshnajala was only 84%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

The four parameters which are of paramount importance and prominently fiGudae out as the symptoms of Gudarsha and animate the sufferings of the patients which makes the life of patients mesirable and handicap in their day today life. The three out of four have heigher degree of accuracy which emphatically proves beyond doubt that the study usefull and panegyricly perceived by the exponents of Ayurveda profesionals in the management and treatment Gudarsha w.r.t. Haemorrhiods at the earlier stages of the diseases without severe complications.

DISCUSSION

Discussion is the most important process of re-examining the whole work in research study with giving proper reasoning and explanations of the observations to draw proper inference.

To reach in the depth of the knowledge, discussion is an important step which helps to understand the subject and lead us to draw scientific conclusion.

Proctologic disorders and its management have long history. Proctology is the branch of medical science which deals with the affections of ano-rectal region. *Sushruta*, pioneer of ancient Indian surgery, has shown his keen interest in the management of diseases of ano-rectal region in his treatise "*Sushruta Samhita*". Although all diseases of ano-rectal region are recognized as developed during the recent era of modern science and they have been considered as the most common Ano-rectal disease observed during those days. It becomes evident from the description available with "*Sushruta Samhita".* Such a good description can be attributed either to their being very common or they were the most troublesome. The disease *Gudarsha*, perhaps is at the top of the list of all the ailments of ano-rectal region and the present life style and working culture make the people more prone to such disease.

The review of Ayurvedic literatures, reveals that *Gudarsha* is a *Raktadushtijanya Vyadhi* and it is included among the *Ashta Mahagadas*. It's inclusion in *Mahagadas* proves that it is difficult to cure. The gravity of the disease becomes more clear taking into consideration of complications of this disease, where Sushruta has very clearly mentioned that this disease, if remained untreated may lead to sufficient loss of blood, *Samgrahani, Kasa, Shwasa* and ultimately the patient may lead to a very undesirable complication like loss of vision. Regarding the line of treatment, *Sushruta* has clearly mentioned that the disease should be tackled on the line of principles of *Bhaishaja, Kshara Karma, Agni Karma and Shastra Karma*.

Gudarsha simulate the clinical picture of haemorrhoids at modern parlance. A number of para-surgical and surgical treatments right from injection therapy to the latest one i.e. DGHAL (Doppler Guided Haemorrhoid Artery Ligation) are available. Hence, the change in the trend of management from time to time is itself a proof that knowledge of disease as well as its management is indeed of high technical skills.

Like *Ayurvedic* authors, modern texts too speak of very serious complications of this disease like Strangulation, Thrombosis, Portal Pyaemia, Suppuration etc. So if peoples follow proper *Ahara and Vihara* along with *Pathya Apathya* there is no need of parasurgical as well as surgical procedures. Ayurveda state that *Swasthasya swasthya rakshananm, aturasya vyadhi parimokshanam.* Conservative treatment reduces pathology as well as disease but

parasurgical and surgical reduces only disease.

DISCUSSION ON CONCEPTUAL STUDY

Ayurvedic Review

Gudarsha Roga and its management has been a challenge for physicians of all the system of medicines. *Sushruta* has described the anatomy and physiology of *Guda* and its surrounding structures. *Sushruta* says that *Guda* is originated as *Sara* of *Rakta* and *Kapha* digested by *Pitta* along with the active participation of *Vayu*. The importance of *Guda* is stated as *Sadhya Pranahara Marma, Pranayatan*, and *Karmendriya*.

Acharya Charaka has also given a full chapter on *Gudarsha* and elaborately described *Gudarsha Nidan, Rupa, Chikitsa* etc., He has mentioned four types of treatment of *Gudarsha* by name only and has given more emphasis on *Bhaisajya Chikitsa*.

Classification of *Gudarsha* is done on the basis of the origin i.e. *Sahaja* and *Janmottara Kalaja*; on the basis of bleeding nature i.e. *Ardra* and *Shuska*; on the predominance of *Dosha Vataja, Pittaja, Kaphaja* & *Raktaja*; on the basis of prognosis, *Sadhya, Asadhya* and *Yapya*; on the basis of the treatment, *Bhaisaja Sadhya, Kshara Sadhya, Agni Karma Sadhya and Shastra Karma Sadhya*.

Patients of *Gudarsha* are increasing rapidly nowadays, it may be due to the change in life style and dietary regimen which is more spicy and unwholesome as well as *Viruddha Ahara* in nature is being adopted by the young generation of population, frequent long sitting job culture, rides on speedy vehicles are the common factors which may be held responsible to increase the number of piles cases. *Sushruta* narrated it under the "*Ashta Mahagadas"*.

In the *Nidana* of *Gudarsha*, heredity plays an important role, prolong sitting on hard surface, riding on horse etc. sedentary nature of work, continuous irritation at anal region etc. are the important factors for manifestation of *Gudarsha*.

In the *Purvarupa* of the disease, patient feels *Alasya, Angasada, Indryadaurbalyam, Atopa, Anaha, Vibandha* etc. The complete manifestation of the disease causes bleeding per rectum and discomfort in anal region. Disease becomes chronic due to spasm of the anal sphincter, which further leads to constipation.

For the management of *Gudarsha* avoidance to *Nidana Sevana* is the most important factor. *Sushruta* has mentioned different types of management for *Gudarsha* which include various surgical and para surgical methods like *Kshara Karma, Agni Karma* etc.

The patients having *Gudarsha* should follow the *Pathya –Apathya*. Under that one should refrain from addictions, excessive intake of tea, *Vishtambhi* food and in *Vihara*, avoid too over indulgence in sex, ridding over speedy vehicle etc.

Modern Review

Haemorrhoids can be defined as "dilated veins occurring in relation to the anal canal and originating in the sub mucosal plexuses formed by radicals of the superior, middle and inferior rectal veins". Dilatation of the veins of the internal rectal plexus constitutes the condition of the internal haemorrhoids, which are covered by mucous membrane. Complete anatomical description of the ano-rectal region has been made. For treating the disease knowledge of physiology is as important as anatomy. Disturbance in physiology of defecation has played important role in manifestation of disease.

Etiopathogensis of haemorrhoids are classified under two headings i.e. Primary and secondary. Primary factors include long standing position, in which blood has to flow against gravity; anatomical factors such as the veins get constricted during the act of defecation, absence of valves or congenital weakness of vein walls and constipation which causes excessive straining during defecation. Secondary factors include Carcinoma of rectum, Portal hypertension and Pregnancy which causes compression of superior rectal veins and progesterone which relaxes smooth muscle in the wall of the veins in cases of pregnancy.

Various methods have been adopted to classify the disease. Haemorrhoids are classified as Internal, External and Intero-external varieties. According to position it is classified as primary and secondary. On the basis of protrusion it is divided as 1^{st}, 2^{nd}, 3^{rd} and 4^{th} degree piles.

Clinical features of piles are mainly painless bleeding, protrusion of mass, occasional pain or discomfort, constipation and discharge.

Examination of patient is carried out by inspection, palpation (digital examination) followed by proctoscopic examination. Condition of peri-anal skin, any protrusion of mass, fissure, sentinel tag, tone of sphincter, tenderness, swelling, indurations etc. of surrounding the anus

are described. Details of piles like Site, Size, Shape, Surface, Position, Colour and Consistency have been recorded. Complication of haemorrhoids are mainly anemia, ulceration, thrombosis, strangulation, fibrosis and gangrene are also noted.

Regarding the treatment of haemorrhoids different modalities have been described as preventive as well as curative. Under curative measures Conservative, parasurgical like Sclerotherapy, Rubber band ligation, Cryosurgery, Lord's Anal Dilation, LASER treatment, DGHAL, IRC and surgical Haemorrhoidectomy method are described. After having the knowledge of different treatment modalities, one can better decide to treat the haemorrhoids perfectly.

SAMPRAPTI

An attempt was made to correlate the pathogenesis of *Gudarsha* in both ancient and modern concept. Concise comparative description is as under.

Table 5.1: Correlation of Ancient and Modern *Samprapti* (Patho-physiology).

Ancient concept	Modern concept
Virruddhahara, Adhyasana, irregular diet habits, over riding etc. suppression of *Apana Vayu*, *Mandagni* and constipation. Vitiation of *Doshas* and involvement of *Rakta* travels through *Pradhana Dhamani* and affects *Gudavali.* ↓ Involves *Meda*, *Mamsa*, and *Twak Dhatu* representing anal cushions and fleshy mass ↓ *Gudarsha* ↓ Complication : *Rakta Srava*	Deficiency of fibre food intake, irregular diet, constipation, irregular bowel habits, pregnancy, sedentary work and anal sphincter over activity. ↓ Congestion, engorgement of ano-rectal vessels (haemorrhoidal plexus) ↓ Laxity of anal cushions i.e. supporting connective tissue, muscularis mucosa, submucosal tissue and fascia. ↓ Haemorrhoids (Piles) ↓ Complications: Bleeding

Discussion on Clinical Study

Majority of patients who attended the OPD had bleeding per rectum, mucus discharge per rectum, painful defecation, prolapse of pile mass and constipation as their common complaints. It is rightly described in the literature, that habitual constipation in due course of time will definitely lead to Haemorrhoids. The same complaint was observed in the trial patients. Improper dietary habits lead to indigestion which in turn leads to constipation. In *Ayurvedic* literatures, we find several causes quoted for indigestion and constipation, which lead to *Apana Vayu Vikruti*. Once *Apana Vayu* is vitiated, it takes *Sthana Samshraya* in *Guda*

causing several *Gudaja Vikara*. Here in the present study, causes which were described in the classical literatures for *Gudarshas* were well appraised. Thus, it can be said that diet plays a major role in formation of this disease.

General data of the patients

Total 202 patient were registered among them 100 patients were registered in Group A and 102 patients in Group B for this study and 194 patients completed the course of treatment. 5 patients in Group A and 3 patient in Group B were dropped out from this study.

Age

All the patients in this study were categorized into 5 age groups. The observations made in this aspect lead to the conclusions that maximum no. of patients i.e. The maximum number of patients i.e. 71 (35.14%) belonged to age group of 36-45 years followed by 41 (20.29%) patients from age group of 46-55 years and 47(23.2%) patients from age group of 26-35 years where as 27 (13.34%) patients each were from 56-65 year of age group and 16-25 years of age group have 16 (7.92%) respondents in this study.

Sex

Male predominance was 63.86% while 73 (36.14%) patients were female. This may be due to more male patients reporting to ano-rectal clinic (A.R.C.); it was observed that female patients generally not prefer male doctor for treatment of ano-rectal diseases due to shyness. The other causes may be for the majority of male gender in this study due to the random selection of patients irrespective of the gender which is not matching with available data.

Religion

Maximum number of patients i.e. 83.17% was from Hindu religion, while 16.83% were Muslims. It was due to Hindu dominant area where the study was carried out. No direct correlation can be made with the disease condition with a particular religion.

Education

Majority of patients i.e. 59 (29.21%) were have secondary level education, 52 (25.74%) patients were having primary level education, 52 (25.74%) patients were graduated while 21(10.4%) patient were Illiterate and 18 (8.91%) patient were post graduated. This shows that maximum number of patients coming to Govt. hospital is secondary level educated and well educated patients are still not coming to such hospital, hence any definite conclusion is

difficult to draw in this study.

Occupation

As far as occupation is concerned, maximum 63 (31.19%) patients were serviceman, 52 patients (25.74%) were Labour and 37 (18.32%) patients were business class, while 50 (24.75%) patients were from housewives category. The prevalence indicated that serviceman were more sufferer of this disease followed by Labour, Service class persons are used to take, long sitting and irregular regimen. Labours are also more prone due to taking improper diet. Irregular food habits largely contribute to the manifestations of piles.

Socio-Economic Status

It was observed that maximum 87(43.06%) patients were of lower middle class, followed by 45(22.28%) patients each from opper middle economic status, 43(21.29%) from below powerty line and 27(13.37%) patients from upper economic status. It might be due to compulsion to do more strenuous work and take improper and untimely diet. Another reason can be government hospitals which are more approachable for middle class and lower class people.

Working Nature

Maximum 63 (31.29%) patients were having job of prolong sitting nature, 60 (29.70%) patients were having sedentary life style, 47(23.23%) patients were having long standing nature of work, while 42(20.78%) patients were physical Labours. The above prevalence indicates that the nature of work may play an important role in the formation of *Gudarsha*. The people having job of prolong sitting, are more prone to piles because this type of work leads to improper digestion which in turn leads to irregular bowel habit; creates excess pressure on the anal region during passing stool. The people who are living sedentary life are also more susceptible for this disease. Physical labors generally having improper and low quality diet which leads to improper digestion. Long standing creates pressure on haemorrhoidal vein and leads to create pathology of this disease.

Marital Status

Maximum 160(79.21%) patients were married, 41(20.29%) patients were unmarried while only 01(0.5%) patient was divorced. As per the social structure, marriage is common in Indian society over the age of 25 years and maximum patients belonged to this group. It is not surprising or co-incidence that most of the patients found in this study were married because

they have attained the age of 25 or above. The advancing age factor can be correlated with the increased incidence of pile cases up to some extent but it still requires more evidence to be proven.

Habitat

Out of 202 patients selected for study, 172(85.15%) patients were belonging to urban area where as 30(14.85%) patients were from rural area. This may be due to the location of this hospital where the study was conducted. However, in the urban distributions, *Gudarsha* can be attributed to the over busy and sedentary life of the people. Faulty dietary habits like eating junk, fast foods also can be added to as a precipitating factor for *Gudarsha* (Piles).

Family History

Among 202 patients of both groups, 136 patients (67.33%) had a positive family history related to piles. From this data it can be inferred that the *Gudarsha* follows the genetic path. Congenital weakness of the wall of veins, abnormal large arterial supply to rectal plexus may play an important role in the formation of haemorrhoids, which have further been supported by the appearance of this disease in many or all the family members.

Addiction

37.62% patients were alcoholic, 30.20% patients were addicted to tobacco chewing and 12.38% patients were addicted to smoking. Tobacco chewing is a common habit observed among the people. These observations show that the excessive tobacco chewing and alcoholism manifest loss of appetite, thus leading to improper digestion, *Agnimandya* and constipation which is the main cause of *Gudarsha*.

Diet

Maximum number of patients i.e. 130(64.36%) were mixed (both veg. and non veg.) and rest of 72 patients (35.64%) were vegetarian. Non vegiterian food may causes the constipation as it lacks the fibrous inputs in the diet and the selection of the food iteams consumed in non vegetarian diet is not proper; hence it complicates and creats an environment for the improper bowel movement leading to the disease.

Dominant Rasa in Diet

Majority of patients i.e. 26.24% were consuming *Katu Rasa* dominated diet, 19.8% *Amla Rasa* dominated diet, 15.84% patients were taking *Tikta Rasa* domained diet, 13.9% patients

were taking *Lavana and Kashaya Rasa* dominated diet and 10.4 10.4% patients were taking *Madhura Rasa*.

Excessive intake of *Katu Rasa* may leads to *Agnimandya and Pittavriddhi* which is the main causative factor for *Gudarsha.*

Dietetic Habits

It was observed that the food habit of maximum 77 (38.12%) patients was *Vishamashana,* followed by 68(33.67%) patients of *Viruddhashana* and 43(21.3%) patients of *Adhyashana* while *Samashana* was found only in 14(6.93%) patients. *Vishamashana* again leads to improper digestion and resulting in vitiation of *Agni* followed by *Doshas* leading to constipation giving rise to the pathogenesis of *Gudarsha. Viruddhashana* is also a habit of people of Saurashtra as they are generally taking salted *Khichadi* with milk which can be held responsible for vitiation of such *Dosha* which can cause *Gudarsha* like disease.

Koshtha

Among 202 registered patients, a majority of 132 (65.34%) patients were having *Krura Koshtha,* 42 (20.8%) patients were having *Mridu Koshtha,* while 28 (13.86%) patients were having *Madhyama Koshtha*.

Bowel habit

It was observed that among 202 registered patients, 156 (77.23%) patients were reported irregular bowel habit and 46 (22.77%) patients had given history of regular bowel habit. This indicates that irregular bowel habit leads to constipation which is the main cause of *Gudarsha*.

Consistency of Stool

Hard stool was found in 166 (82.17%) patients while consistency of Soft stool was noted in 36 (17.83%) patients only. Hard stool gives rise to much pressure on the valve less blood vessels of rectum during defecation which ultimately plays important role in developing pile masses.

Built

Maximum 55.94% patients were of *Krisha Kaya***,** followed by 31.19% patients who were having *Sthula Kaya* and only 12.87**%** patients were *Madhyama Sharira*. So one can say that this disease can be manifested to any build of person but *Krisha Kaya* patients are affected

more in comparison to other *Kaya*.

Prakruti

On assessing *Prakruti*, it was found that maximum 93 (46.03%) patients were of *Vata Pitta Prakruti*, 59 (29.22%) patients were of *Vata Kapha Prakruti* and 50 (24.75%) patients was of *Pitta Kapha Prakruti*. This data show that the *Vata* dominated people are more sufferer of *Gudarsha*.

Sara

In *Sara* assessment, maximum 88 (43.57%) patients were of *Avara Sara* followed by 73 (36.13%) with *Prava Sara* and 41 (20.30%) patients of *Madhyama Sara* was found in this study.

Samhanana

Maximum 155 (76.74%) patients were of Avara Samhanana, *35 (17.32%) patients with* Madhyama Samhanana *and 12 (5.94%) patients with* Pravara Samhanana.

Satmyata

Maximum 151 (74.76%) patients were of *Mishra Rasa Satmya*, 20 (9.9%) patients was of *Eka Rasa Satmya* and 11 (5.44%) patients was observed of *Sarva Rasa Satmya* in the present study.

Agni

Among 202 registered patients, majority of 121 (59.1%) patients were having *Mandagni*, *Vishamagni* was reported in 73 (36.13%) patients, *Sama Agni* was found in 5 (2.48%) patients whereas remaining 3 (1.48%) patients was reported having *Tikshnagni*. In fact; *Mandagni* is the main reason for this disease and largely responsible for manifestation of *Gudarsha*.

Satva

It was observed that, maximum 117 (57.92%) patients were of *Avara Satva* followed by 59 (49.2%) patients with *Madhyama Satva* and remaining 26 (12.88%) patient showed *Pravara Satva*. *Satva* plays an important role in causing any disease. It shows the will power of the patients and *Madhyam Satva* persons are able to face the disease/treatment consequences easily and present themselves for treatment early and boldly.

Vaya

In this study, most of the patients were *Praudavtha* i.e. 111 (54.95%), 75 (37.13%) patients were *Vriddha* and rest of 16 (7.92%) patients belonged to *Yuva Vaya*. Because, the young individuals more active, enthusiastic and work hard to earn money for family without giving much time to their health particularly to the diet.

Vyayama Shakti

After assessment of *Vyayama Shakti* in registered patients, 100 (49.51%) patients were having *Avara Shakti*, 62 (30.69%) patient were having *Madhyama Shakti* while 40 (19.8%) patients had *Pravara Vyayama Shakti*. This observation shows that the most of the patients were, having *Madhyam Bala* and that is why most of them enjoyed the treatment procedures enthusiastically.

Ahara Shakti

In this clinical trial, maximum 160 (79.2%) patients were observed with *Avara Ahara Shakti*, followed by 37 (18.31%) patients with *Madhyama Ahara Shakti* and 5 (2.47%) patients with *Pravara Ahara Shakti.* Due *to Mandagni, Avara Ahara Shakti* can be seen, as in this study maximum patients were suffering from *Avara Ahara Shakti* which is the main cause of *Gudarsha.*

Character and Relation of Bleeding per Rectum

Bleeding per rectum was found in maximum 179 (88.62%) patients and 23 (11.38%) patients had no complained of bleeding per rectum. (Table 4.33) On assessing Bleeding quantity, it was found that maximum 167 (82.67%) patients had no bleeding, 20 (9.90%) patients had mild bleeding, 4 (1.98%) patients had moderate bleeding and 1 (0.49%) patient had severe bleeding.

On assessing nature of bleeding per rectum, it was found that maximum 167 (82.67%) patients had no bleeding, 28 (9.90%) patients had mixed with stool, 3(1.98%) patients had dropping bleeding and 1 (0.49%) patient had syringing type of bleeding was recorded.

It was found that, maximum 20(80%) patients had complained of bleeding during defecation, 4(16%) patients had complained of bleeding after defecation while only 1(4%) patient had complained of bleeding before defecation.

Sphincter

In this clinical trial, Sphincter Tone in 136 (67.33%) patients was found spasmodic and in remaining 66(32.67%) patient sphincter tone was normal. In initial stages i.e. in cases of 1st and early 2nd degree of piles/ *Gudarsha* pain in ano found occasionally that's why sphincter tone was found spasmodic.

Reducibility of Pile Mass

On assessing reducibility of pile mass, it was found that in 136 patients the pile mass was spontaneously reducible and suggestive of 2nd degree piles. Such types of patients were selected as per inclusion criteria for this study apart from 1st degree piles.

Consistancy and Surface of Pile Masses

Consistency of pile mass was soft in 66 (32.67%) patients while it was firm in 136 patients (67.33%). (Table 4.40).

Surface of pile mass was tortous in maximum number of patients i.e. 136 (67.33%), followed by smooth surface that were found in 66 (32.67%) patients.

Character of Pile Masses

32.67% pile masses were of *Snigdha* in nature while 67.33% pile masses were of *Shushka* nature. This suggests predominance of *Vata* and *Pitta Doshas* involved in maximum cases.

Position of Pile Mass

22.27% pile masses were at 3O' Clock position, 36.13% pile masses were at 7O' Clock position, 38.11% pile masses were observed at 11O' Clock position, 1.48% at 1 O' Clock while 1.98% pile masses were observed at 5 O' Clock.

Out of total 53 pile masses, 195(96.33%) were at Primary position while 7 (3.47%) were at Secondary position.

3O' Clock, 7O' Clock position & 11O' Clock position are the positions of primary pile masses. This arrangement attributes to the termination of superior rectal artery which divides into right and left two main branches. The left branch continues as a single vessel and terminates at 3 o'clock, where as the right branch divides into two branches- one terminates at 11 o'clock [Anterior branch] and the other terminates at 7 o'clock [Posterior branch]. Hence the chances of development of primary pile masses at 3, 7 and 11 o'clock positions are

more.

Degree of pile mass

Out of total 202 patients, 32.67% were diagnosed as Grade 1, while 67.33% were diagnosed as Grade2.

It suggests that patients generally visit hospital when they feels that something is coming out of anus during defecation. In the initial stage of piles, occasional per rectal bleeding is only the symptom which cannot notice by patients. So patients neglected the symptom and further progress in the form of protrusion of piles leads to discharge and discomfort and increased P/R bleeding which bound the patient to consult the hospital for expert opinion.

Shape of Pile Masses

46.03% pile masses were like *Kadamba,* 24.75% were like *Tundikeri* and 29.22% were like *Jalauka Vaktra.* The different shapes of pile masses may be due to the slight variation in the involvement of the amount of tissue by which pile masses are formed. There is no such relation is found with shape of pile masses and the line of treatment. This may be due to little variation in the individual confi Gudaation of body shape and different body parts.

Colour (*Varna*) Resemblance

46.03% pile masses were Red, 24.75% pile mass were Black Blue and 29.22% pile mass were Blue. Maximum incidence of predominance of *Pitta Dosha and Vata Dosha* can be considered for the red and black blue colouration of pile masses.

Painful defecation

On assessing pain, it was found that in 67.33% patients, pain was present and in 32.67% patients there was no pain.

On assessing the character of pain, it was found that in maximum 70 (51.47%) patients, pain was of Pricking type, in 14 patients (10.29%) Burning, in 7 (5.14%) patients pain was of Cutting type and 45 (33.08%) patients had Throbbing pain.

It might be due to spasmodic condition of sphincter and passing hard stool. The lower half of the anal canal and peri-anal skin are one of the most pain sensitive region in the body due to rich nerve endings. Hence, even a little involvement of the lower half of anal canal which is covered by the skin in protruding piles can produce great discomfort to the patient.

Severity of Painful defecation

Pain was mild in 66 (32.67%) patients, moderate type pain found in 131 (64.85%) patients, while severe pain was noticed only in 5 (2.47%) patients.

Duration of Painful Defecation

Pain was occasionally present in 66 (32.67%), intermittent pain was in 131 (64.85%) subjects, while constant pain was found in 5 (2.47%) patients which was suggestive of early and uncomplicated stages of piles; in maximum (58.62%) number of cases constant painful defecation is suggestive of some inflammatory changes in to the piles masses.

Discharge per Rectum

Discharge per rectum was present in 136 patients (67.33%), while it was absent in 66 patients (32.67%). Whitish discharge was present in 130 patients (64.35%), it was yellowish in 62 patients (30.69%) while reddish discharge was found in 20 patients (9.90%) only. Discharge per rectum is a common complaint in cases of piles, more or less in quantity and frequency and also depends on the condition of infection and inflammation. The above data are suggestive of involvement of some inflammatory pathology up to some extent and nothing else.

EFFECT OF THERAPY ON CLINICAL FEATURES

Effect of Therapy on Painful Defecation

On first follow up 3rd Day

In Group A

49 patients had moderate painful defecation, 36 patients had mild painful defecation & 15 patients had no painful defecation.

In Group B

6 patients had severe painful defecation, 46 patients had moderate painful defecation, 40 patients had mild painful defecation & 10 patients had no painful defecation.

On second follow up 5th Day

In Group A

31 patients had moderate painful defecation, 43 patients had mild painful defecation & 26 patients had no painful defecation.

In Group B

5 patients had severe painful defecation, 46 patients had moderate painful defecation, 40 patients had mild painful defecation & 10 patients had no painful defecation.

On third follow up 7th Day

In Group A

1 patient had severe painful defecation, 30 patients had moderate painful defecation, 32 patients had mild painful defecation & 37 patients had no painful defecation.

In Group B

4 patients had severe painful defecation, 29 patients had moderate painful defecation, 30 patients had mild painful defecation & 39 patients had no painful defecation.

On fourth follow up 14th Day

In Group A

34 patients had moderate painful defecation, 21 patients had mild painful defecation & 45 patients had no painful defecation.

In Group B

3 patients had severe painful defecation, 29 patients had moderate painful defecation, 29 patients had mild painful defecation & 41 patients had no painful defecation.

On fifth follow up 21th Day

In Group A

8 patients had moderate painful defecation, 43 patients had mild painful defecation & 49 patients had no painful defecation.

In Group B

1 patient had severe painful defecation, 25 patients had moderate painful defecation, 37 patients had mild painful defecation & 39 patients had no painful defecation.

Effect of Therapy on Bleeding per Rectum

On first follow up 3rd Day

In Group A

4 patients had severe bleeding per rectum, 49 patients had moderate bleeding per rectum, 43 patients had mild bleeding per rectum & 4 patients had no bleeding per rectum.

In Group B

6 patients had severe bleeding per rectum, 48 patients had moderate bleeding per rectum, 45 patients had mild bleeding per rectum & 3 patients had no bleeding per rectum.

On second follow up 5th Day

In Group A

39 patients had moderate bleeding per rectum, 45 patients had mild bleeding per rectum & 16 patients had no bleeding per rectum.

In Group B

6 patients had severe bleeding per rectum, 41 patients had moderate bleeding per rectum, 43 patients had mild bleeding per rectum & 12 patients had no bleeding per rectum.

On third follow up 7th Day

In Group A

25 patients had moderate bleeding per rectum, 46 patients had mild bleeding per rectum & 29 patients had no bleeding per rectum.

In Group B

5 patients had severe bleeding per rectum, 33 patients had moderate bleeding per rectum, 39 patients had mild bleeding per rectum & 25 patients had no bleeding per rectum.

On fourth follow up 14th Day

In Group A

13 patients had moderate bleeding per rectum, 46 patients had mild bleeding per rectum & 41 patients had no bleeding per rectum.

In Group B

3 patients had severe bleeding per rectum, 22 patients had moderate bleeding per rectum, 42 patients had mild bleeding per rectum & 35 patients had no bleeding per rectum.

On fifth follow up 21th Day

In Group A

10 patients had moderate bleeding per rectum, 37 patients had mild bleeding per rectum & 53 patients had no bleeding per rectum.

In Group B

4 patients had severe bleeding per rectum, 24 patients had moderate bleeding per rectum, 35 patients had mild bleeding per rectum & 39 patients had no bleeding per rectum.

Effect of Therapy on Discharge per Rectum

On first follow up 3rd Day

In Group A

5 patients had severe discharge per rectum, 50 patients had moderate discharge per rectum, 40 patients had mild discharge per rectum & 5 patients had no discharge per rectum.

In Group B

2 Patients had severe discharge per rectum, 52 patients had moderate discharge per rectum, 46 patients had mild discharge per rectum & 2 patients had no discharge per rectum.

On second follow up 5th Day

In Group A

8 patients had moderate discharge per rectum, 43 patients had mild discharge per rectum & 49 patients had no discharge per rectum.

In Group B

12 patients had moderate discharge per rectum, 48 patients had mild discharge per rectum & 42 patients had no discharge per rectum.

On third follow up 7th Day

In Group A

1 patient had moderate discharge per rectum, 46 patients had mild discharge per rectum & 53 patients had no discharge per rectum.

In Group B

1 Patients had severe discharge per rectum, 17 patients had moderate discharge per rectum, 32 patients had mild discharge per rectum & 51 patients had no discharge per rectum.

On fourth follow up 14th Day

In Group A

25 patients had moderate discharge per rectum, 19 patients had mild discharge per rectum & 56 patients had no discharge per rectum.

In Group B

2 Patients had severe discharge per rectum, 31 patients had moderate discharge per rectum, 26 patients had mild discharge per rectum & 43 patients had no discharge per rectum.

On fifth follow up 21th Day

In Group A

4 patients had moderate discharge per rectum, 37 patients had mild discharge per rectum & 59 patients had no discharge per rectum.

In Group B

2 Patients had severe discharge per rectum, 14 patients had moderate discharge per rectum, 45 patients had mild discharge per rectum & 41 patients had no discharge per rectum.

Effect of Therapy on Prolapse of Pile Mass

On first follow up 3rd Day

Group A

2 patients had severe prolapse of pile mass, 38 patients had moderate prolapse of pile mass, 45 patients had mild prolapse of pile mass & 15 patients had no prolapse of pile mass.

Group B

2 patients had severe prolapse of pile mass, 39 patients had moderate prolapse of pile mass, 47 patients had mild prolapse of pile mass & 14 patients had no prolapse of pile mass.

On second follow up 5th Day

Group A

1 patients had severe prolapse of pile mass, 35 patients had moderate prolapse of pile mass, 38 patients had mild prolapse of pile mass & 26 patients had no prolapse of pile mass.

Group B

1 patients had severe prolapse of pile mass, 38 patients had moderate prolapse of pile mass, 41 patients had mild prolapse of pile mass & 21 patients had no prolapse of pile mass.

On third follow up 7th Day

Group A

1 patients had severe prolapse of pile mass, 26 patients had moderate prolapse of pile mass, 38 patients had mild prolapse of pile mass & 35 patients had no prolapse of pile mass.

Group B

1 patients had severe prolapse of pile mass, 26 patients had moderate prolapse of pile mass, 39 patients had mild prolapse of pile mass & 36 patients had no prolapse of pile mass.

On fourth follow up 14th Day

Group A

1 patients had severe prolapse of pile mass, 25 patients had moderate prolapse of pile mass, 29 patients had mild prolapse of pile mass & 45 patients had no prolapse of pile mass.

Group B

28 patients had moderate prolapse of pile mass, 39 patients had mild prolapse of pile mass & 35 patients had no prolapse of pile mass.

On fifth follow up 21th Day

Group A

1 patients had severe prolapse of pile mass, 25 patients had moderate prolapse of pile mass, 21 patients had mild prolapse of pile mass & 53 patients had no prolapse of pile mass.

Group B

1 patients had severe prolapse of pile mass, 42 patients had moderate prolapse of pile mass, 12 patients had mild prolapse of pile mass & 46 patients had no prolapse of pile mass.

In the above discussion about the various stages of treatment may be considered as mild, moderate and severe as follows:

***GUDAGAT RAKTASRAVA* (Bleeding Per Rectum)**

Description	Grading BT
No bleeding	No
Drooping	Mild
Syringing	Moderate
Streaming	Severe

***VEDANA YUKT MALATYAGA* (Painful Defecation)**

Description	Grading BT
No discomfort	No
Feeling discomfort with in tolerable limit, no requirement of analgesic either orally or in other route	Mild
To relieve pain oral analgesic is required	Moderate
To relieve pain analgesic injection is required/pain or discomfort does not reduce after oral analgesic	Severe

PROLAPSE OF PILE MASS PER RECTUM

Description	Grading BT
No Prolapse of Pile mass	No
Pile mass prolapse during defecation & reduces itself	Mild
Pile mass prolapse during defecation requires manual reduction	Moderate
Permanent prolapse of Pile mass	Severe

***SASHLESHMA MALATYAGA* (Discharge per rectum)**

Description	Grading BT
No discharge	No
Mild discharge & no requirement of pads	Mild
Changing of pads once a day only	Moderate
Changing pads more than once a day	Severe

Overall Effect of Both the Therapies

1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum)

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of GUDAGAT RAKTASRAVA (Bleeding Per Rectum) in the sample size of 100 and 102 patients respectively at the 95% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. the success rate of Gudharitaki with Koshnajala was 93% while for the Koshnajala was only 81%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

2. VEDANA YUKT MALATYAGA (Painful Defecation)

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of VEDANA YUKT MALATYAGA (Painful Defecation) in the sample size of 100 and 102 patients respectively at the 95% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. the success rate of Gudharitaki with Koshnajala was 92% while for the Koshnajala was only 74%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

3. PROLAPSE OF PILE MASS PER RECTUM

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of PROLAPSE OF PILE MASS PER RECTUM in the sample size of 100 and 102 patients respectively at the 90% level of significance using the

Z test of proportion, where the grade 0 and 1 combined together to access the treatment. the success rate of Gudharitaki with Koshnajala was 74% while for the Koshnajala was only 56%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala. The accuracy has been reduced to 90% from 95% level of significance to accommodate the efficacy of the treatment in the management of the Gudarsha. Since it is prolonged process and the sample size or the treatment follow period may be short to show the required results as per the standard rate of accuracy.

4. SASHLESHMA MALATYAGA (Discharge per rectum)

The comparison between the Gudharitaki with Koshnajala and Koshnajala only was found to be significantly different in the diagnosis of SASHLESHMA MALATYAGA (Discharge per rectum) in the sample size of 100 and 102 patients respectively at the 95% level of significance using the Z test of proportion, where the grade 0 and 1 combined together to access the treatment. the success rate of Gudharitaki with Koshnajala was 96% while for the Koshnajala was only 84%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

The four parameters which are of paramount importance and prominently fiGudae out as the symptoms of Gudarsha and animate the sufferings of the patients which makes the life of patients mesirable and handicap in their day today life. The three out of four have heigher degree of accuracy which emphatically proves beyond doubt that the study usefull and panegyricly perceived by the exponents of Ayurveda profesionals in the management and treatment Gudarsha w.r.t. Haemorrhiods at the earlier stages of the diseases without severe complications.

Probable Mode of Action of

1. Agnideepana action of Haritaki takes place by its Tikta, Katu Rasa and Ushna Virya also it has potent anulomaka action hence there by it reduces Painful Defecation.
2. Kashaya Rasa causes Raktastmbhana alon with Raktaprasadana by Madhura, Tikta Rasa.
3. Once constipation is relieved there occurs regression of pile mass
4. Decreases congestion
5. Imflammation reduces.
6. Discharge reduces.

Vedana

- jaggery – Said to reduce inflammatory markers.
- Alpha glycolic acid Haritaki – Increases threshold of proprioceptor.
- β Cistesterol of Gud – Has highly significant analgesic action.
- Marmesin of Haritaki helps to reduce edema (Shotha) there by reduces congestion.

Vibandha

- Gud & Koshna jala induces gastric emptying.
- Haritaki has laxative action.

Laxative (Gudharitaki) - Easy evacuation of feces makes easy and smooth passage of feces through anal canal.

SUMMARY

Role of "GUDHARITAKI" in The Management Of Gudarsha(Haemorrhoids) was aimed to evaluate the therapeutic efficacy of ***Gudaharitaki with Koshnajala*** in piles and to compare its efficacy with comparator i.e. ***Koshnajala*.** The study comprises of five sections viz. Conceptual study, Drug Review, Clinical study, Discussion, Summary and Conclusion.

The dissertation is begun with introduction of the subject in brief, necessity of the study and method of presentation of the work.

Conceptual study: is consisted of review on disease (Ayurvedic and modern), origin of word *Gudarsha* and its understanding from various aspects of literatures of ancient and present era were made. It was analyzed in detail regarding all characteristic of *Gudarsha* (Internal piles) the surgical anatomy of anus and surrounding structures has been well reviewed. An attempt has been made to synthesize concept of *Nidana Panchaka, Sadhya-Asadhyata* and principles of management as well as *Pathya-Apathya* for *Gudarsha*.

Gudarsha can be compared with haemarrhoids at modern parlance which can influence anyone. It is one of the commonest problems of ano-rectal region and reasons may be different like hereditary, anatomical deformities, diet, life style etc. The prime etiopathogical factor behind *Gudarsha* is *Mandagani* i.e. weak digestive enzymes, which in turn leads to *Vibandha* that causes development of *Gudarsha*.

The *Ayurvedic* concept is supplemented with modern literatures i.e. surgical anatomy of anal canal and rectum, physiology of defecation, etiopathogenesis, clinical features and management along with complications and prevention of Haemorrhoids. In management, old and new techniques with the definition, indications, material, methods, advantages, disadvantages and complications was analyzed.

Under the heading of Drug review, complete description of the costituents and the chemical composition of *Guda, Haritaki and Koshnaja* had been described in complete with details as possible. Probable mode of action has also been discussed in detail. This also includes analytical study of all drugs.

Clinical study included material and methods which included the aims and objective of the study, research design, inclusion and exclusion criteria, method of sampling and statistical measures used. Observation and efficacy of treatment in both the group was also included under this heading.

Total 202 patient were registered among them 100 patients were registered in Group A and 102 patients in Group B for this study and 194 patients completed the course of treatment. 5 patients in Group A and 3 patients in Group B were not responding in the end of the treatment.

- In group A *Gudharitaki with Koshnajala* and in group B only *Koshnajala* was used for management of 1st and 2nd degree of pile masses.

The demographical data, clinical observations & results were evaluated using Z test of proportion for the statistical significance of effect in both the groups. The compatibility of the study for the homogenesity was conducted and found to be non significant i.e. the groups were demographically compairable and the confounding factors affecting the treatment, disease and recovery period were eliminated for the proper justification of the study and generalization of the treatment.

- ✓ Patients were randomly (lottery system Randomization) allocated into two groups. Assessment was made by scoring method and the results obtained in both the therapy have been mentioned in tabular form with description.
- ✓ In present study patients belonging to Hindu community (83.17%), lower middle socio-economic status (43.06%) and from urban habitat were high.

- ✓ Excess intake of *Katu Rasa* (26.24%), *Mandagni*, (59.1%) irregular bowel evacuation (77.23%) 65.34% has krura koshtha, and mix diet (64.36%) person contributed in high percentage in this study.
- ✓ Maximum 31.29% patients were observed job of prolong sitting nature.
- ✓ Among the various habits observed consumption of tobacco (30.20%)/smoking (12.38%) /others was seen in this study i.e. 37.62% patients were addicted to alcohol.

Avar Vyayam Shakti was observed in (49.51%) patients & 79.02% patient havig *Avar Ahar Shakti*

- ✓ Observations made on clinical signs of *Gudarsha* in middle aged person revealed 82.17% patients having hard stool while bleeding per rectum in 88.62%, 80% patients had complained of bleeding during defecation,
- ✓ 96.67% patients had painful defecation.
- ✓ Discharge per rectum was present in 83.33% patients.
- ✓ In this study 22.27% pile masses were at 3O' Clock position, 36.13% pile masses were at 7O' Clock position, 38.11% pile masses were observed at 11O' Clock position, 1.48% at 1 O' Clock while 1.98% pile masses were observed at 5 O' Clock.
- ✓ The patients were selected in the clinical study on the basis of clinical symptoms of Grade I and Grade II piles masses. 32.67% were diagnosed as Grade 1, while 67.33% were diagnosed as Grade 2 piles.
- ✓ Both the groups have shown better result in improving the sign and symptoms of *Gudarsha*. But while comparing the two therapies, *Gudharitaki with koshna jala* showed little bit better results on various parameters observed.
- ✓ On comparing the efficacy of treatment on relief in signs and symptoms, painful defecation, bleeding per rectum, and discharge per rectum, comparison of both groups in relief showed insignificant result on 3^{rd}, 5^{th}, 7^{th}, 14^{th} and 21^{st} day while significant results on prolapse of pile mass was found much better in Group-B on comparison to Group - A i.e. on 3^{rd} day. But finally symptoms of pain in ano, bleeding per rectum, and discharge except prolapse, are relieved earlier and in a better way in Group-A as compared to Group-B.
- ✓ Overall effect of therapy was better in patients who managed with *Gudharitaki.*

Discussion mentioned with logical interpretation of results obtained in the study. Probable mode of action of *Gudharitaki with Koshnajala* and only *Koshnajala* has been supported.

SUMMARY AND CONCLUSION

Made as plan of study with valid justification from introduction to Discussion. **Table 6.1:** Comparison between *Gudharitaki with Koshnajala* **(Group A)** and *Koshnajala* **(Group B)** treatment for piles of 1st and 2nd degree.

S. No.	*Gudharitaki with Koshnajala*	*Koshnajala*
01.	Economical medicine	Cost effective
02.	Routine & regular mode of treatment	Routine & regular mode of treatment
03.	This is a OPD level treatment and can be administered at home before meal.	This is also a OPD leval treatment and also at home with daily routine.
04.	It is a non-invasive type of treatment.	It is also non-invasive Type of treatment.
05.	It is more effective treatment	It is effective treatment

CONCLUSION

After the evocative discussion on the basis of observation following conclusions are drawn. Gudarsha is mentioned in Ayurveda classics has similarity with description of haemorrhoids in modern medical science. Gudarsha is a common problem of middle age groups irrespective of the gender. In the study majority of patients were from age group of 30 - 40 years of age. The knowledge of etiological factors is very essential because they are said to be half of the treatment and asked to patients to be strictly avoided.

The fourfold treatment protocol given in the textbooks of Ayurveda gives more emphasis to start with conservative management in Gudarsha. It is observed that different modalities of treatment in treating Piles with their own limitations.

Present western lifestyle, bad food habits, and day to day regimen gives rise to mandagni and finally leads to Gudarsha. The disease can be diagnosed on the basis of chief complaints like Guda gata shool, Mala baddhata, Raktasrava & presence of Gudarsha ankura.

In present study maximum patients have addictions like tea, smoking and tobacco chewing & Low fibre food consumption. These are also to be considered for causative and aggravating factors the disease.

Apart from the above factors socio-economic condition, mental stress and malabaddhata (Constipation) play an important role in causing and aggravating the disease.

The present study **Role of Gudharitaki in Management of Gudarsha W.R.T Haemorrhoids** was carried out. After a detailed observation and discussion on the observed

data, the following conclusion has been drawn:

1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum)

The success rate of Gudharitaki with Koshnajala was 93% while for the Koshnajala was only 81%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

2. VEDANA YUKT MALATYAGA (Painful Defecation)

The success rate of Gudharitaki with Koshnajala was 92% while for the Koshnajala was only 74%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

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The success rate of Gudharitaki with Koshnajala was 74% while for the Koshnajala was only 56%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala. The accuracy has been reduced to 90% from 95% level of significance to accommodate the efficacy of the treatment in the management of the Gudarsha. Since it is prolonged process and the sample size or the treatment follow period may be short to show the required results as per the standard rate of accuracy.

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The success rate of Gudharitaki with Koshnajala was 96% while for the Koshnajala was only 84%. Hence we can coclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala.

The four parameters which are of paramount importance and prominently figer out out as the symptoms of Gudarsha and animate the sufferings of the patients which makes the life of patients mesirable and handicap in their day today life. The three out of four have heigher degree of accuracy which emphatically proves beyond doubt that the study usefull and panegyricly perceived by the exponents of Ayurveda profesionals in the management and treatment Gudarsha w.r.t. Haemorrhiods at the earlier stages of the diseases without severe complications.

No adverse effects were reported by any of the patients during the course of treatment.

For statistical analysis Z test was applied.

SUGGESTION FOR FUTURE STUDY

- Study on large sample size should be performed to generate more authentic data regarding the efficacy of *Gudharitaki*.

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