

## COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF DARVYADI KWATH WITH CONVENTIONAL ARSHA TREATMENT IN MANAGEMENT OF RAKTARSHA

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### ABSTRACT

Arsha is one of the most common ano-rectal disease among the population. Considering the clinical presentation of Arsha, most of the causes of bleeding per rectum are included in terms of Arsha. In modern era of surgical practice one of the most common cause of bleeding per rectum is haemorrhoid. According to the study of causes of bleeding per rectum was approximate 11-22% in Hemorrhoids. Raktarsha is one of the six types mentioned by Acharya Sushruta, is characterized by excessive bleeding per rectum during defecation, leading to weakness, reduced vitality and impaired quality of life. Hence conservative management is essential. In Ayurveda treaties Bhesaja and Sanshamana Chikitsa is mentioned for Raktarsha thus Darvyadi Kwath mentioned in Charaka Samhita was selected for this clinical study. A total of 60 patients were divided into two groups: Group A was treated with Darvyadi

Kwath as a haemostatic drug with conventional Arsha treatment, while Group B was treated with only conventional Arsha treatment for 1 week. Assessment was done on the 3<sup>rd</sup>, 5<sup>th</sup> and 7<sup>th</sup> day using statistical analysis. Group A showed significantly better reduction in bleeding amount, frequency and straining period. The study concludes that Darvyadi Kwath along with conventional therapy, is effective in the management of Raktarsha due to its synergistic and haemostatic action.

**KEYWORDS:** Haemorrhoid, Arsha, Darvyadi Kwath, Raktarsha.

## INTRODUCTION

Arsha is a disease having fleshy growth which creates obstruction in anal canal and can potentially effects a person life like enemy. Among the six types described by Acharya Sushruta, Raktarsha is marked by excessive bleeding during defecation. It is associated with the complication like Heenvarna, Heenbala, Heenutsaha, Heenoja (decrease in complexion, strength, enthusiasm and vitality) and Kalushindriya (impaired senses). Thus, there is a need for effective conservative management. Acharya Sushruta described four treatment modalities for Arsha: Bhesaja chikitsa, Kshara karma, Agni karma and Shastra karma. Acharya Sushruta clearly stated that Bhesaja chikitsa for arsha which are Achirkala (new/acute), Alpadosha (less imbalance of dosha) Alpalakshanayukta (mild symptoms), Alpaupadravas (having less complications) and also described that Raktarsha treatment by Sanshaman Chikitsa. This approaches a non-invasive, safe, cost-effective treatment, especially suitable for patients unfit for other procedures. Various Bhesaja forms such as Ghrita, Kwath, Lepa, and Basti are indicated for raktarsha, among these Darvyadi Kwath, described in Charaka Samhita for Raktarsha was selected for clinical study.

## AIM AND OBJECTIVES

1. To explore the efficacy of Darvyadi Kwath in the management of Raktarsha as haemostatic drug.
2. To compare the efficacy of Darvyadi Kwath with conventional Arsha treatment and only conventional Arsha treatment in Raktarsha management.

## MATERIAL AND METHOD

A total 60 number of patients were selected from the Shalya Tantra OPD Govt. Ayurvedic College & Hospital, Guwahati-14 by simple random method and randomly divided into two groups (30 in each).

- 1) Trial Group (A): This group contains 30 nos. of diagnosed Raktarsha patients. These patient were treated with Darvyadi kwath along with conventional Arsha treatment (mentioned for control group).

Darvyadi kwath mentioned in Charak Samhita as-  
रक्तार्शसां प्रशमना दार्वीत्वगुशीरनिम्बाश्च ॥ (Ch.chi. 14/186)

Daruharidra (Berberis aristata)

Dalchini (Cinnamomum verum)

Ushir (Vetiveria zizanioides)

Nimba (Azadirachta indica)

2) Control Group (B): This group also contains 30 nos. of diagnosed Raktarsha patients.

These patients were treated with conventional Arsha treatment which was as follows-

Arshoghni Vati-1 tablet (300 mg) thrice daily after food

Abhayarista-20ml with 20ml of water twice daily after food

Triphala Churna-6gm with 1 glass of lukewarm water at bed time daily

Kasisadi taila Basti-5 ml P/R before defecation and at bed time daily

Sitz bath-twice daily (as directed)

In short:

Sample size: 60 cases

No. of group: 02(30 patients in each group)

Type of study: Randomized Open Clinical Trial

Level of study: OPD

## PLAN OF STUDY

After preliminary registration and diagnostic medical history was taken along with general & systemic examinations cases were selected & treated in Govt. Ayurvedic College & Hospital, Guwahati-14.

After careful identification & authentication the trial drug was prepared.

Dosage: 2 pala (96 ml) Kwath with 1 karsha (12ml) Goghrita in 2 divided dose

Prakshep: Goghrita [1 karsha =12 ml]

Aushadkhala: Pragbhagta kala

Duration of Treatment-1 week

Follow up: 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> day of drug administration.

After the completion of treatment scheduled cases were followed up at an interval of 15 days and 2 months.

## DIAGNOSTIC CRITERIA

Based on symptomatology of Raktarsha mentioned in classical texts, in addition to the sign & symptoms of haemorrhoids mentioned in modern text.

On the basis of findings of P/R examination, proctoscopic examination and detailed history of patient was taken.

### Inclusion Criteria

1. Patients of age between 16-70 years.
2. Patients of either sex.
3. Both fresh and already treated cases.
4. Haemorrhoids of 1<sup>st</sup> degree and 2<sup>nd</sup> degree
5. Hb%  $\geq$  10gm/dl

### Exclusion Criteria

1. 3<sup>rd</sup> degree, 4<sup>th</sup> degree & Thrombosed haemorrhoids.
2. Haemorrhoids associated with Fissure in ano, Fistula in ano.
3. Patients with malignancy of Rectum, Anal canal and Prostate.
4. Tuberculosis, Diabetes mellitus, Hypertension, CLD, COPD, Ulcerative colitis, Crohn's disease, HIV, HBsAg and HCV positive cases, cases of other systemic diseases, Genetic and Systemic Hemolytic disease.
5. Pregnancy & Lactating mother.

### Criteria for Withdrawal

- 1) Discontinuation of the treatment during trial by patient
- 2) Development of any complication
- 3) Aggravation of the disease symptoms
- 4) Any side effect of the drug

## LABORATORY INVESTIGATIONS

CBC, ESR, BT, CT, PT, INR

Random Blood Sugar

HIV, HBsAg, Anti HCV

Proctoscopy

Colonoscopy (if necessary)

Stool- Routine and Microscopic (if necessary)

Stool for Occult blood (if necessary)

### Clinical Assessment

Assessment was done on the basis of subjective and objective parameters planned for the study.

Subjective parameters

#### A. Bleeding quantity

Amount	Score
No bleeding	0
Mild bleeding (<5 drops/defaecation)	1
Moderate bleeding (>5 drops/defaecation)	2
Severe bleeding (sprouting during defaecation)	3

#### B. Bleeding Frequency

Frequency	Score
No bleeding	0
Occasional (1-3 times in a week)	1
Very often (4-6 times in a week)	2
Regular (with every defaecation)	3

#### C. Period of straining

Time	Score
<3 minutes	0
3-6 minutes	1
6-10 minutes	2
>10 minutes	3

### Objective parameters

#### A. Haemoglobin%

Hb% difference was analysed before and after treatment.

## METHODOLOGY

Kwatha preparation:- As described in Sharangdhar Samhita.

1 pala(48 gm) of Darvyadi kwath churna was taken

[1pala (48gm)-12 teaspoon]  
 ↓  
 Mixed with 16 pala of water  
 [16pala (768ml)-3 glass]  
 Mixture was boiled upto 1/8<sup>th</sup> of total liquid left  
 ↓  
 Liquid was filtered with Strainer  
 96 ml of kwath was obtained

**Medicine consumption-** 48 ml of lukewarm kwath and 6ml of Goghrita added in Kwath as prakshep dravya and consume it twice daily prior to the meal (Praghagatkala).

**Advise-** consumption of meal after 10-15 mintues of drug intake.

Avoid oily, spicy food and increase intake of fibre rich diet.

Avoid straining during defecation and reduces defecation time upto 2-3 minutes.

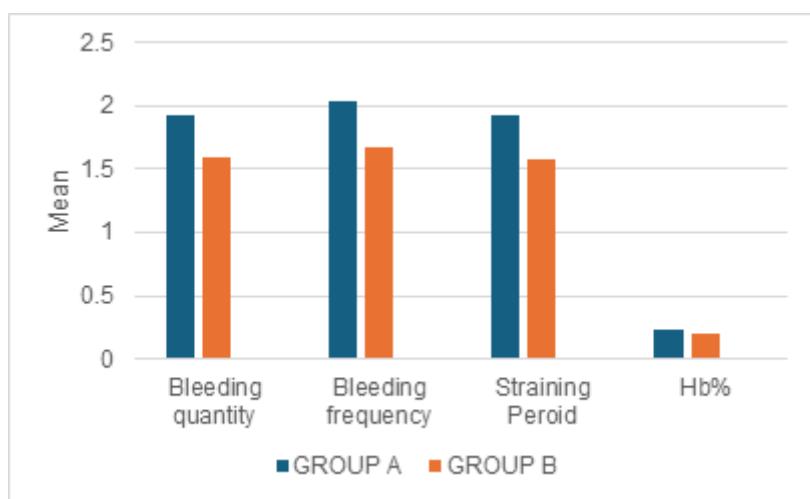
## OBSERVATIONS AND RESULTS

**Table 1: Distribution of Raktarsha patients according to observation of demographic parameters as follows.**

Parameter	Patient predominant	No. of patient	Percentage
Sex	Male	42	70%
Religion	Hindu	44	73.3%
Age group	30-45 yrs	26	43.3%
Habitat	Urban	33	55%
Diet	Non Veg.	55	91.6%
Occupation	Service	14	23.3%
Bowel habit	Irregularly constipated	34	56.6%

**Table 2: showing comparative effect between group A and group B (unpaired t- Test Statistical Analysis.**

Unpaired t-test	XA±SD	XB±SD	SED	t <sup>58</sup>	P	Remarks
Bleeding quantity	1.93±0.69	1.60±0.50	0.156	2.1421	0.0364	Significant
Bleeding frequency	2.03±0.72	1.67±0.66	0.178	2.0574	0.0442	Significant
Straining period	1.93±0.64	1.57±0.63	0.163	2.2438	0.0287	Significant
Hb%	0.23±0.12	0.20±0.12	0.033	0.7169	0.4763	Non Significant



**Fig. Comparative effect between group A and group B (unpaired t- test).**

These findings confirm the superior haemostatic efficacy of Darvyadi Kwath when combined with conventional Arsha management. Result are very much significant in the Group A, which was treated by Darvyadi kwath with conventional Arsha treatment. The statistical analysis showed significant result in reducing bleeding quantity, bleeding frequency and period of straining during defecation. In both groups Hb% shows equal improvement. After 15 days and 2 months of treatment completion, patients of both group were followed up and found there was no recurrence of symptoms.

## DISCUSSION

Among all the four drugs of Darvyadi kwath Tikta rasa is common. Acharya Charaka mentioned that Tikta dravya act as agnisandipan, dosha pachana and raktasangrahi karma. Tikta, Kashaya and Madhur rasa which are pittashamak and predominately Tikta, Kshaya rasa are raktashodak and stambhan in nature.

Goghrita is added as parkshep dravya in kwath will be act as vatanulomana (carminative) and agnideepan (enhances digestive fire) karma. Sandhan is one of the four Rakta stambhana upayayas in which use of Kashaya rasa dravya as both local and systemic haemostatic agents. When mucous membranes or tissues are exposed to Kshaya (astringent medication) that are taken internally, they shrink and are frequently used to check the discharge of blood, serum or mucous secretions. Similarly externally applied astringent promotes protein coagulation which dried, harden and protects the skin.

The synergistic combination with conventional medication potentiates the overall therapeutic effect, leading to faster symptom relief and tissue healing.

## CONCLUSION

The study demonstrates that Darvyadi Kwath administered with conventional Arsha treatment is significantly more effective than conventional therapy alone in managing Raktarsha due to its haemostatic and synergistic properties. The findings are very interesting and require further evaluation in large sample size with multicentric involvement. It is a safe, effective and economical alternative for Raktarsha management with minimal side effects.

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