

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF RAJANI LEPAM IN THE MANAGEMENT OF ARSHAS (II & III DEGREE HAEMORROIDS)

Dr. Korrakuti Sindhuja^{1*} and Dr. K. Srinivasa Kumar²

¹P. G. Scholar, Department of Shalya Tantra, S. V. Ayurvedic College and Hospital, Tirupati.

²Vice- Principal, Reader (PG) & HOD, Department of Shalya Tantra, S.V. Ayurvedic College and Hospital, Tirupati.

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***Corresponding Author**

Dr. Korrakuti Sindhuja

P. G. Scholar, Department
of Shalya Tantra, S. V.
Ayurvedic College and
Hospital, Tirupati.

ABSTRACT

In Ayurveda, since Vedic period Arshas has been the main area of concern among ano-rectal disorders. In present era the incidence of Arshas are due to sedentary life style, irregular eating habits, excessive intake of junk and spicy fast foods, mental stress etc., which results in impaired digestion, constipation, pain, bleeding per rectum etc., Now a days, people are inclined towards Ayurvedic treatment modalities because of its preventive, safe, curative and cost effectiveness. Acharya Sushruta has narrated the 4 types of treatment modalities for the successful management of Arshas viz. Bheshaja karma, Kshara karma, Agni karma and Shashtra karma. The conservative treatment advised by Acharya Sushruta for the treatment of Arshas includes oral medications and number of lepas. Based on this the present research work has been planned with Rajani Lepam and Kaseesadhi Tailam.

KEYWORDS: Arshas, Rajani Lepam, Kaseesadhi Tailam.

INTRODUCTION

Ayurveda the indigenous system of medicine is an integral part of Indian culture. The ancient Acharyas from centuries used herbal and mineral products for preventing and curing various health ailments. In the present era, people are inclined towards Ayurvedic treatment modalities because of its preventive, safe, curative and cost effectiveness.

The primary area of concern for anorectal problems in Ayurveda, dating back to the Vedic period, has been Arshas. Arshas is discussed in Sushruta Samhita Nidana Sthana chapter two and its Chikitsa in Chikitsa Sthana chapter six by the renowned Indian physician "Sushruta" who is regarded as the Father of Surgery. He regarded Arshas as one among the "Ashta Mahagada," or ailments that are extremely hard to cure. Arshas is a notorious for its troublesome pain like enemy, which afflicting mankind for thousands of years.^[1] According to Madhavakara, the illness that kills a man like an enemy is known as Arsha.^[2] The prevalence rate of this disease is becoming more common due to the way of life we lead nowadays.

This condition can be correlated with Haemorrhoids in the modern science, in which dilated veins within the anal canal in the sub epithelial region formed by radicals of superior, middle and inferior rectal veins.^[3] Haemorrhoids are engorgement of the Haemorrhoidal venous plexus, characterized by bleeding per rectum, constipation, pain, prolapse & discharge.

It is manifested due to improper diet, prolonged standing & faulty habits of defecation causing derangement of tri-doshas, mainly vata dosha. Vitiated doshas localizes in gudavali pradhana dhamani & mamsadhara kala & vitiates tvak, mamsa, meda & rakta, resulting in the annavaha sroto dushti. These vitiated *dosas* moves in downward direction, reaches guda and produces sprouts of muscles in gudavali. These sprouts are called Arshas.^[4]

Acharya Sushruta has narrated the 4 types of treatment modalities for the successful management of Arshas viz.^[5]

1. Bhesaja karma (Internal & External medications),
2. Kshara karma (Caustic cauterization)
3. Agni karma (Thermal cauterization)
4. Shashtra karma (Surgical methods)

This classification clearly denotes that, Acharya Sushruta has emphasized (First and foremost) more on medicinal and para-surgical procedures then has laid importance to surgery. The conservative treatment advised by Acharya Sushruta for the treatment of Arshas including oral medications and number of lepas. Lepas can also be used in the persons who have fear to undergo surgery.

AIMS AND OBJECTIVE

1. To evaluate the efficacy of “Rajani Lepam” in the management of Arshas.
2. To compare the efficacy of Rajani Lepam with the standard Kaseesadi Tailam application in the management of Arshas
3. To develop a simple therapy which is non-invasive and easy to apply.

Inclusive criteria

- Patients with irrespective of gender,
- Patients with age ranging from 20 years to 60 years,
- Patient having II & III degree piles.

Exclusive criteria

- Concomitant ano-rectal conditions like Fistula in ano, Fissure in ano, Ulcerative colitis, Malignancy.
- Pregnant women, Portal hypertension, Chronic kidney diseases, Tuberculosis.

MATERIALS AND METHODS

Total 40 patients were selected from the OPD and IPD of SHALYA TANTRA Unit, S.V. Ayurvedic hospital, Tirupati. Grouped randomly into two groups comprising of 20 patients each.

Group-A: Test Group - Patients will be treated with Rajani Lepam^[6] (Haridra churna + Snuhi ksheeram)

Group-B: Control Group - Patients will be treated with application of Kaseesadi tailam^[7] externally.

Study design

Group A - Application of **Rajani lepam** up to 5 sittings on each patient for every 3rd day (i.e; 1st day, 4th day, 7th day, 10th day, 13th day) and follow up after 15 days from the completion of treatment (i. e; 30th day)

Group B - Application of **Kaseesadhi tailam** up to 5 sittings on each patient for every 3rd day (i.e; 1st day, 4th day, 7th day, 10th day, 13th day) and follow up after 15 days from the completion of treatment (i.e; 30th day)

METHODOLOGY

Poorva karma: All required materials were kept ready. On first day, procedure was

explained to patient well in advance. The patient was placed in the lithotomy position. The part was cleaned by using sterile gauze with normal saline and sterile cotton swabs were used to mop the part.

Pradhana karma: Patient was maintained in lithotomy position during the procedure. Haemorrhoidal mass circumference is measured with thread. Clean the pile mass with guaze piece. Rajani lepa was applied over the bahya arshas using back of the B.P handle. Lepa is retained for 5 minutes in site.

Paschat karma: After 5 minutes lepa is removed using cotton swabs with distilled water. T bandage will be done. Advise patient to take rest for 1 hour.

For group- B, in place of Rajani Lepam, 10ml Kaseesadhi Tailam was taken into disposable syringe and then pushed into anal canal, and remaining procedure is same as above.

Assessment

Assessment was done on day 1 (Before treatment) and day 15 (After treatment). Follow up after 15 days i.e. after completion of treatment (30th day).

Table 1: Assesment criteria.

Grading of the subjective parameters				Objective parameters	
Bleeding per Rectum	Constipation	Pain	Itching	Size of pile mass (circumference)	Gradings
No Bleeding	No Constipation	No Pain	No Itching	Almost none	0
Drop by drop	Regular + Constipation	Mild Pain	Mild Itching	Tip of the little finger (approx. - 2cm)	1
Streaming	Irregular + Constipation	Moderate Pain	Moderate Itching	Tip of the index finger (approx. - 3cm)	2
Profuse Bleeding		Severe Pain	Severe (Profuse) Itching	Tip of the thumb (approx. - 4cm)	3

Table 2: Showing statistical analysis on both parameters in Group A.

Parameters	Mean		M.D.	% of Relief	S.D.		S.E.M		't'	'p'
	B.T.	A.T.			B.T.	A.T.	B.T.	A.T.		
B.P.R	2.10	0.30	1.80	85.71%	0.55	0.47	0.12	0.11	19.6150	<0.0001
Constipation	0.95	0.10	0.85	89.47%	0.69	0.31	0.15	0.07	6.4743	<0.0001
Pain	2.10	0.30	1.80	85.71%	0.55	0.47	0.12	0.11	19.6150	<0.0001
Itching	2.15	0.35	1.80	83.72%	0.49	0.49	0.11	0.11	19.6150	<0.0001
Size of the Pile mass	2.10	0.60	1.50	71.43%	0.39	0.60	0.18	0.13	13.0767	<0.0001
Overall result	9.40	1.65	7.75	82.44%	1.96	1.27	0.44	0.28	14.8607	<0.0001

Table 3: Showing statistical analysis on both parameters in Group B.

Parameters	Mean		M.D.	% of Relief	S.D.		S.E.M		't'	'p'
	B.T.	A.T.			B.T.	A.T.	B.T.	A.T.		
B.P.R	2.05	0.30	1.75	85.37%	0.51	1.47	0.11	0.11	17.6163	<0.0001
Constipation	0.90	0.10	0.80	88.89%	0.64	0.31	0.14	0.07	6.8388	<0.0001
Pain	2.05	0.35	1.70	82.93%	0.51	0.49	0.11	0.11	16.1702	<0.0001
Itching	1.95	0.35	1.60	82.05%	0.60	0.49	0.14	0.11	14.2361	<0.0001
Size of the Pile mass	2.05	0.65	1.40	68.29%	0.39	0.59	0.09	0.13	12.4566	<0.0001
Overall result	9.00	1.75	6.25	80%	1.95	1.37	0.44	0.31	13.6151	<0.0001

Table 4: Showing comparison statistical analysis on both parameters in Group A and Group B.

Parameters	Mean		M.D.	S.D.		S.E.M		% of Relief		't'	'p'
	G.A	G.B		G.A	G.B	G.A	G.B	G.A	G.B		
B.P.R	1.80	1.75	0.05	0.41	0.44	0.09	0.10	85.71%	85.37%	0.3697	0.7136
Constipation	0.85	0.80	0.05	0.59	0.52	0.13	0.12	89.47%	88.89%	0.2843	0.7777
Pain	1.80	1.70	0.10	0.41	0.47	0.09	0.11	85.71%	82.93%	0.7166	0.4780
Itching	1.80	1.60	0.20	0.41	0.50	0.09	0.11	83.72%	82.05%	1.3784	0.1761
Size of the Pile mass	1.50	1.40	0.10	0.51	0.50	0.11	0.11	71.43%	68.29%	0.6227	0.5372
Overall result	7.75	7.20	0.55	1.29	1.58	0.29	0.35	82.44%	80%	1.2066	0.2350

RESULTS

Bleeding per rectum- In Group-A, the percentage of magnitude of bleeding per rectum has reduced to 85.71%. Similarly in Group-B this percentage has come down to 85.37%.

Constipation–In Group-A, the percentage of relief of constipation has reduced to 89.47%. Similarly in Group-B this percentage has come down to 88.89%.

Pain–The percentage of severity of pain in Group-A showed a reduction by 85.71% as against 82.93% in Group-B.

Itching –The percentage of severity of Itching in Group-A showed a reduction by 83.72% where as in Group-B it was 82.05% in patients of Arshas.

Size of the pile mass –The circumference of size of the pile mass showed marked improvement in both the groups. In Group-A, the percentage of size of the pile mass has reduced to 71.43%. Similarly in Group-B this percentage has come down to 68.29%.

DISSCUSION

The properties of the most of the drugs in the present study having ushna, teekshna, snigdha and lekhana property of the drugs relieves the sanga of the doshas in Arshas and thus helps in reducing the size of the pile mass. Arshas is mainly caused due to vitiation of the apanavayu, the snigdha guna of the drugs alleviates the vitiated apana vata, and thus helps in curing the disease. The pain of the arshas is relieved by the vedanahara property of the lepa, and also by the ushna, snigdha properties of the drugs. The itching sensation is mainly due to kapha dosha, this will be reduced by the ushna, teekshna, katu properties of the drugs. The effect of drugs on burning sensation in Arshas is relieved by tikta rasa of haridra.

According to modern science, the rectum has a rich blood and lymph supply, drugs can readily cross the rectal mucosa. Due to more vascularity in this area, absorption rate is very high. The drugs absorbed through the haemorrhoidal veins remove the obstruction present in the vein and by that the haemorrhoidal mass will be reduced.

CONCLUSION

Both the methods of treatment proved to be effective in the management of *Arshas*. But comparatively Rajani Lepa (82.44%) shown slight better results with Kaseesadhi Taila (80%). The procedures in both the groups i.e., application of “Rajani Lepam” and “Kaseesadhi Tailam” which was simple, very easy procedure with minimal expenditure, and did not require hospitalization and it could be carried out at OPD level itself.

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