

CLINICAL STUDY OF PATHYADI KWATH AND HARIDRADI LEPA IN ARSHA W.S.R. HAEMORRHOID

Dr. Priyanka Priya^{1*}, Dr. Anant Saznam², Chandan Kumar Pathak³,

Dr. Rakesh Raushan⁴ and Dr. Deepali Sundari Verma⁵

¹PG Scholar, Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar.

²PG Scholar, Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar.

³PG Scholar, Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar.

⁴Associate Professor, Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar.

⁵Professor & Head of Department of Shalya Tantra, Govt. Ayurvedic College & Hospital, Patna, Bihar.

Article Received on
26 December 2024,

Revised on 17 Jan. 2025,
Accepted on 05 Feb. 2025

DOI:10.20959/wjpr20254-35434



*Corresponding Author

Dr. Priyanka Priya

PG Scholar, Department of
Shalya Tantra, Govt.
Ayurvedic College &
Hospital, Patna,
Bihar.

ABSTRACT

Arsha rogas occurs in guda, which is undoubtedly a marma (Sadhyo Pranahara Marma) and it is well known chronicity. Haemorrhoid is a very common Ano-rectal disease, as the symptomatic enlargement or distal displacement of anal cushion where prominence of anal mucosa formed by connective tissue, smooth muscles, arterial and venous plexus. Haemorrhoids are one of the commonest diseases of the rectum and it has been reported since thousands of years and its prevalence rate is highest among all anorectal disease. Arsha hampers the normal activity or daily routine. It gives trouble like enemy. Although there are surgical and para-surgical treatment for Arsha (haemorrhoid) are advocated like Haemorrhoidectomy, Rubber-band ligation, cryo-surgery, kshar-karma, sclerotherapy, Leech therapy etc but all these procedures are not free from complication like pain, discomfort, bleeding etc. In Ayurveda Bhesaja chikitsa is the first line of treatment for Arsha. Ingredient of Pathyadi kwath & Haridradi lepa, which is easily available may be effective to cure Arsha. Hence, in this clinical study of Pathyadi kwath & Haridradi lepa are being select for management of Haemorrhoid.

KEYWORDS: Arsha, Haemorrhoid , Pathyadi kwath, Haridradi lepa.

INTRODUCTION

Ano- rectal disorders are progressively increasing in the society. Out of many of the causes some important are sedentary lifestyle, irregular and inappropriate diet, prolonged sitting or standing and certain psychological disturbances too. Mostly, the anorectal disorders are coupled with psychological manifestations. The prime cause of anorectal disorders is the disarrangement of Jatharagni which further leads to constipation, constipation increases the back pressure into the haemorrhoidal veins to produce piles. Sedentary life style has again worsened the condition, this disorder is utterly embarrassing to the patient. The perianal skin is one of the most pain sensitive region in the body due to rich nerve endings. Hence even a mild form of disorder can produce great discomfort to the patient.

Among them, Arsha is one of such gravis disease which has been included in Ashta Mahagada by Sushruta. Ashta Mahagada defines that the eight diseases like Vatavyadhi, Prameha, Kushtha, Mudha-Garbha, Arsha, Bhagandara, Ashamari and Udararoga are dread full diseases.^[1] This shows the seriousness of this ailment. Even the “WHO” has started celebrating the 20th November of each year as “WORLD PILES DAY”, which clearly indicates the infiltration of this disease all over the world and tremendous physical and mental sufferings of the mankind as a result of this disease.

Arsha can be compared with haemorrhoids at modern system of medicine. 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.^[1] Current statistics reveals 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.^[2]

The term Arsha mentions that the condition gives maximum trouble to the patient like an enemy which shows gravity of the condition. The disease is characterized by formation of mamsankuras in gudapradesha. Patient complaints with clinical features like pain in anal region, bleeding per anus and discomfort. The prime etiopathological factor behind Arsha is

Mandagani i.e. weak digestive enzymes, which in turn leads to Vibandha that causes development of Arsha.

In regards to its management, Sushruta states four modalities i.e. (i) Bhaishaja Chikitsa (Palliative treatment), (ii) Kshar Karma (Potential cauterization agent therapy), (iii) Agnikarma (Direct cauterization agent therapy) and (iv) Shashtra Karma (Operation by sharp instrument). He has mentioned Bhaishaja in special type of Arsha which is newly occurred, less symptoms and less complication. Several theories for the pathogenesis of haemorrhoids exist but none have been proven to be universally correct. Hemorrhoids are classified into two types depending on their level in relation to anus.^[3] They are classified as internal and external piles.^[4] Internal piles are further classified into four degrees depending on the symptoms produced.^[5]

Depending on the symptoms, haemorrhoids are classified as follows.

- Grade I: The hemorrhoids do not prolapse, only bleeding from the rectum is there.
- Grade II: The hemorrhoids prolapse upon defecation, but spontaneously reduce.
- Grade III: The hemorrhoids prolapse upon defecation, but reduce after manipulation.
- Grade IV: The hemorrhoids are prolapsed and remain prolapsed.

DRUG REVIEW

Pathyadi kwath

It contains 6 ingredients

Haritaki

Maricha

Vayavidanga

Chitrakmoola

Yawani

Sunthi

Haridradi Lepa

It Contains 3 ingredient.

1. Koshataki
2. Haridra
3. Katu tail

MATERIALS AND METHODS

Plan of Study

- Criteria of selection of patient
- Criteria for diagnosis
- Criteria for assessment

Selection of patient

- Total 30 patients of *Arsha* will be selected randomly from OPD and Deptt. of Shalya Tantra, Government Ayurvedic College & Hospital, Patna .
- Duration of trial- 60 days
- Follow up after each 15 days.

AIM AND OBJECTIVES

AIM: To study the clinical effect of Pathyadi kwath & Haridradi lepa in *Arsha* w.s.r to Haemorrhoid.

OBJECTIVES

1. To assess the effectiveness of Pathyadi kwath in the management of *Arsha*.
2. To assess the effectiveness of Haridradi lepa in the management of *Arsha*.

Diagnostic Criteria

Patient having sign and symptoms of *Arsha* (Haemorrhoids) follows

- Bleeding per rectum
- Pain in anus
- constipation
- Pruritus ani
- Mucus discharge
- Anemia

Assessment Criteria

Assessment will be done before & after the treatment

- Bleeding per rectum
- Pain in anal region
- Constipation
- Number of pile mass

INCLUSION CRITERIA

- Patient with age from 12 to 70 years.
- Patients who are suffering from Arsha 1st & 2nd degree.
- Irrespective of sex.
- Patients who were cooperative and ready to give written consent.

EXCLUSION CRITERIA

- 3rd & 4th degree piles.
- Thrombosed piles mass
- Strangulated piles mass
- Rectal polyp.
- Carcinoma of rectum
- Portal hypertension
- Patients suffering from HIV, HCV, HbSAg etc.
- Other chronic disease

WITHDRAWAL CRITERIA

- Discontinuous of treatment trail.
- Development of any serious Complication.

EXAMINATION: - Following examination were performed on each patient.

- Inspection of the anal region
- Digital examination – P/R
- Proctoscopy

INVESTIGATION

- Haemogram -Hb, TLC, DLC, BT, CT
- Blood sugar-RBS
- HIV, HCV, HbSAg

OBSERVATION AND RESULTS

All data will be observed and statistically analyses. It provides basis of analysis of the problem and effects of the method adopted for its cure. A clinical study was conducting Pathyadi Kwath and Haridradi Lepa in Arsha w.s.r. to Haemorrhoids.

Selection of Patient

Number of Patients-30 patient will be selected from OPD of Govt. Ayurvedic College and Hospital, Patna.

DOSE

Pathyadi Kwath is given is in decoction form (20- 40) ml /day BD).

FOLLOW UP

Follow up will be done on every 15 days to assess the changes.

Total duration of study- 60 days.

Statistical Analysis

All information which are based on various parameters was gathered and statistical calculation were carried out in terms of mean (X), standard deviation (S.D.) standard error (S.E.), paired test (t value) and finally results were incorporated in term of probability (p) as
 $P \geq 0.05$ Insignificant

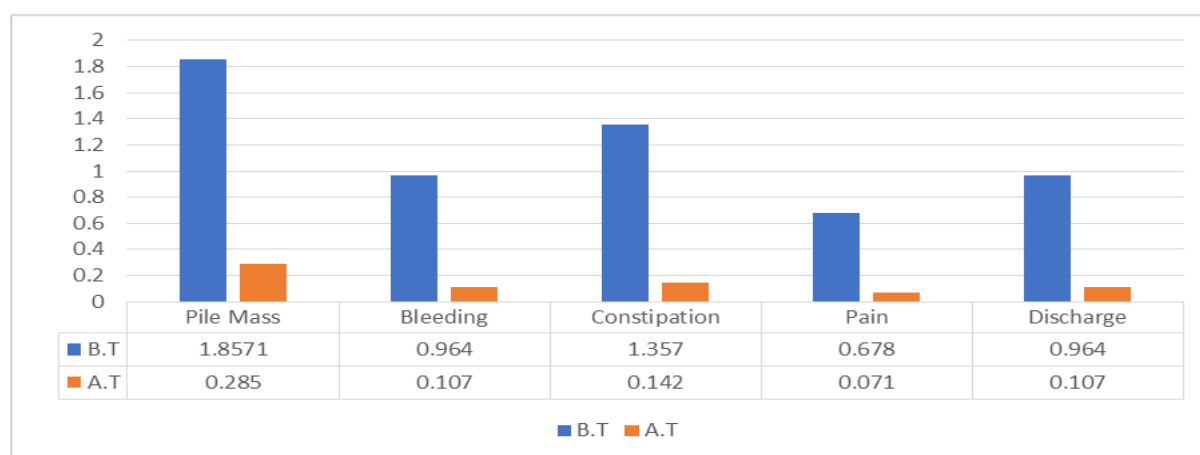
$P \leq 0.020$ Moderately significant

$P \leq 0.010$ Significant

$P \leq 0.001$ Highly significant

Effect of the Therapy

S. No.	Criteria	Mean		%age Diff.	SD	SE	t	P
		BT	AT					
1.	Pile Mass	1.8571	0.285	84.615	0.878	0.166	9.460	<0.001
2.	Bleeding	0.964	0.107	88.888	1.112	0.210	4.076	<0.001
3.	Constipation	1.357	0.142	89.473	1.066	0.201	6.024	<0.001
4.	Pain	0.678	0.071	89.473	0.956	0.180	5.291	<0.001
5.	Discharge	0.964	0.107	88.888	1.112	0.210	4.076	<0.001



A. Effect of Therapy on Pile mass

The mean score of Pile mass, before treatment was 1.857 and after treatment it changed to 0.285 giving 84.61 % difference in mean score which was highly significant statistically ($p < 0.001$).

B. Effect of Therapy on Bleeding

The mean score of Bleeding, before treatment was 0.964 and after treatment it changed to 0.107 giving 88.88 % difference in mean score which was highly significant statistically ($p < 0.001$).

C. Effect of Therapy on Constipation

The mean score of Constipation, before treatment was 1.357 and after treatment it changed to 0.142 giving 89.473 % difference in mean score which was highly significant statistically ($p < 0.001$).

D. Effect of Therapy on Pain

The mean score of Pain, before treatment was 0.678 and after treatment it changed to 0.714 giving 89.47 % difference in mean score which was highly significant statistically ($p < 0.001$).

E. Effect of Therapy on Discharge

The mean score of Discharge, before treatment was 0.964 and after treatment it changed to 0.107 giving 88.88 % difference in mean score which was highly significant statistically ($p < 0.001$).

DISCUSSION

In present clinical study total 30 diagnosed cases of haemorrhoid were registered.

General Observations**Age**

In the study out of 30 patients, maximum numbers of patients i.e. 23.33%, were observed between the age group of (31- 40 yr) & (41-50) yr. The more influence of age between (31- 40 yr) & (41-50) yr shows that the disease piles occurred in middle age group.

Gender

Majority of the patients were male i.e. 70.00 % and 30.00 % patients were from female category. The less number of female patients in this study might be due to ignorance of disease.

Socio economic status

Observations showed that maximum number of patients were socioeconomically belonged to middle class i.e. 53.33%. This data showed the unawareness of the middle- class patients for healthy diet and life style which are prior causative factors and may lead to disease *Arsha*. Due to good awareness among the High- class patients none of patient was found from this group in the study.

Religion

In the study maximum (76.66%) patients were of Hindu religion followed by 23.33% of patients were from Muslim religion. There is no definite relation of the *Arsha* with any particular religion.

Occupation

In the present study, maximum numbers of patients were from student i.e. 26.67%. Because of the busy schedule, irregular food habits and continuous sitting they are more prone to develop habitual constipation and digestive troubles which ultimately leads to development of piles.

Nature of work

In the present study, it has been observed that maximum number of patients was doing sedentary work i.e. 56.66%, moderate workers were 33.33% and strenuous workers were 10.00%. More numbers of sedentary workers have suggested that due to lack of movement, leading to the *mandagni*, which might be held responsible for accumulation of *dosha* and gradually develop *Arsha*.

Habitat status

Data showed that maximum numbers of patients were living in Rural area i.e. 56.67%. In spite of availability of special medical care in the urban setup majority of people was suffering from *Arsha*. This might be due to urban life style and food habits whereas rural people were accustomed to work hard in the field so in those patients the chances of

constipation and GIT disturbances were less which ultimately play important role in formation of *Arsha*.

Marital Status

In this study maximum numbers of patients were married i.e. 60.00% and 36.66 % of patients were found unmarried. There is no any reference is available regarding the impact of marital status on the formation of piles. Therefore, on the basis of observation in this study, it could not be concluded about the relationship of marriage to this disease.

Education

In this study literate patients were more i.e. 80.00% while illiterate patients were 20.00%. So, it is assumed that they might be neglected to pay attention to health and diet.

Diet

Maximum numbers of patients i.e. 70% were taking mixed diet. The consumption of Mixed diet is more frequent in this region due to dominancy of intake of mixed diet people in the surrounding area in this study.

Addiction: Addiction of Alcohol was found in 20% of patients, smoking was found in 13.33%, tobacco chewing was found in 10% of patients and no any addiction was found in 56.66% of Patient.

Shareera prakruti

Maximum numbers of patients i.e. 50% were of *vataja prakruti*. Piles can be occurring in all types of *prakruti* but in this study *vataja prakruti* patients were found more. As sample size was small and may be on the basis of this study it will be not true to concluded that *vataja prakruti* patients are more susceptible to have piles.

Vyayama

In present study *madhyam vyayama shakti* was found in 76.66% of patients, *avar vyayama shakti* was found in 16.66% of patients. Under the influence of sedentary life style physical activities are reduced and due to lack of *vyayam* the *ama* formation leads to *vyadhi*.

PROBABLE MODE OF ACTION

PATHYADI KWATH

This is trial formulation used in this study to see the efficacy over the management of *Arsha*. It contains 6 ingredients – Haritaki, Maricha, Vayavidanga, Chitrakmool, Yawani, Shunthi. Majority of the composition of above drug having Tikta Ras, Ushna virya, and Laghu- Ruksha guna. Laghu guna helps in increasing Jatharagani and enabling Amapachana further behaving as we know mandagani is the main etiology of *Arsha*. The dosha-dushya samprapti furthermore Ruksha guna facilitate shrinking of pile mass as a result, it led to decrease in size of pile mass. Ajwain has hemostatic property due to presence of Saponin and Tannin, which alleviates blood flow in pile masses and flavonoids further aids in shrinkage of piles mass. Embelin in viavidang and flavonoids alkaloid along with terpanoids in chitrakmool has Analgesic and wound healing property.

HARIDRADI LEPA

Haridra is having Ushna, Teekshna, Ruksha Shothahara, Vranaropana, Rakta Shodhaka, Rakta Stambhaka, Kapha-Vata hara properties. Koshataki is also having Ras: Katu, Tikta, Alpa Kasaya, Guna: Laghu, Tikshana, Virya: Sita, Vipaka : Katu, Karma : Kaphapittaghna, Malavishodhini, which have an Analgesic, haemostatic and anti-inflammatory effect. So, the Lepa reduced pain & swelling to the part. There is a reduction in the size of the Haemorrhoidal Mass due to Ruksha properties.

CONCLUSION

In the six and last section, the whole study is summarized and conclusions drawn on the basis of this study have been presented.

- ❖ Maximum number of patients had primary as well as secondary haemorrhoids at all three positions.
- ❖ Majority of the composition of Pathyadi kwath having Tikta Ras, Ushna virya, and Laghu- Ruksha guna. Laghu guna helps in increasing Jatharagani and enabling Amapachana further behaving as we know mandagani is the main etiology of *Arsha*.
- ❖ The dosha-dushya samprapti furthermore Ruksha guna facilitate shrinking of pile mass.
- ❖ *In majority of patients anal spintcher spasm was alleviated.*
- ❖ No any adverse effects were reported by any of the patients during the course of treatment.

- ❖ Present western lifestyle, bad food habits, and day to day regimen gives rise to *mandagni* and finally leads to *Arsha*.
- ❖ The disease can be diagnosed on the basis of chief complaints like *raktasrava* & presence of *Arsha ankura*.
- ❖ In present study maximum patients have addictions like smoking and tobacco chewing. These are also to be considered for causative and aggravating factors of the disease. Apart from the above factors socio-economic condition, mental stress and *malabaddhata* play an important role in causing and aggravating the disease.
- ❖ *Arsha* is a common problem of middle age groups irrespective of the gender. In the study majority of patients were from age group of 31-40 years of age. The knowledge of etiological factors is very essential because they are deemed to be of paragon importance equally as treatment.
- ❖ The fourfold treatment protocol given in the textbooks of Ayurveda gives more emphasis to commence with conservative management in *Arsha*.

REFERENCES

1. Sushruta, Sushruta Samhitaa Sootrasthaana 33/4, Page 144, with Nibandhasamgraha commentary of Shri Dalhanaachaarya, edited by Vaidya Yaadavaji Trikamji Āchaarya Chaukhamba Surbhaarati Prakaashana, Vaaraanasi, reprint edition 2010. (Ibid 2)
2. www.turko.gastro.org.
3. Gray DJ. Rectum and anal canal. In: Gardner SE, Gray DJ, Rahilly RO, editors. Anatomy. 4th ed. Philadelphia: WB Saunders, 1975; p. 486. [Google Scholar]
4. Gass OC, Adams J. "Hemorrhoids: Etiology and pathology". Am J Surg, 1950; 79: 40–3. doi: 10.1016/0002-9610(50)90189-9. [DOI] [PubMed] [Google Scholar]
5. Church JM. Analysis of the colonoscopic findings in patients with rectal bleeding according to the pattern of their presenting symptoms. Dis Colon Rectum, 1991; 34: 391–5. doi: 10.1007/BF02053689. [DOI] [PubMed] [Google Scholar]