

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF *CHITRAKADI VATI* IN THE MANAGEMENT OF *ARSHA* W.S.R. TO HAEMORRHOIDS

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ABSTRACT

Background: Arsha (Haemorrhoids) is one of the most commonest and prevalent ano-rectal disease, included in *Astamahagada* (eight great disease) by Acharya Sushruta and Vagbhata. It is excessive and unnatural growth of *mamsa dhatu* in *guda* region. It can be correlated with Haemorrhoids. Haemorrhoids or Piles are dilated veins within anal canal associated with bleeding per rectum, constipation, pain, prolapse and discharge. In modern science many procedures are indicated, of which haemorrhoidectomy is commonly preferred by surgeons which leaves possibility of recurrence of the disease. In Ayurveda fourfold management of *Arsha* has been indicated i.e. *bheshaj*, *kshara*, *agni* and *shastra* according to chronicity of disease. Among these, *Bheshaja chikitsa* is mentioned mainly for *Arshas* in the earlier stages, where the *Doshas* involved, symptoms and complications are not very severe. *Chitrakadi vati* is explained by Acharya Charaka and *Yogaratanakar* in *grahani chikitsa* as *Deepakapachaka* which corrects *mandagni* i.e. main cause of *Arsha roga*. Many ingredients of *Chitrakadi vati* are *Grahi*, *Anulomaka*, *Arshoghana* etc. hence fulfilling all the criterias to treat *Arsha roga*.

Materials and Method: In this study, two 250 mg *Chitrakadi vati*

Tablets BD were administered to 30 patients selected from Shalya OPD, GAMC & H, Akhnoor, for management of *Arsha roga*. **Results:** 21 out of 30 patients got significant relief in pain and bleeding was reduced in 15 out of 30 patients. **Conclusion:** *Chitrakadi vati* plays an important role in management *Arsha roga*.

KEYWORDS: *Arsha*, Haemorrhoids, *Ashtamahagada*, *Bheshaj*, *Chitrakadi vati*.

INTRODUCTION

‘Arivat pranaan shrinati hinasti iti arsha’^[1] i.e. the disease which tortures the patient like an enemy is called Arsha. It is unnatural and excessive growth of mamsa dhatu in guda region.^[2] It is manifested due to improper diet, prolonged standing, excessive indulgence in sex and faulty habits of defecation causing derangement of Tridosha, mainly Vatadosha. Vitiated dosha localizes in ***Gudavali*** through *Pradhana dhamani* and *Mamsdhara kala* and vitiates Twak, Mamsa, Meda and Rakta, resulting into formation of mamsa ankuras between guda dwara (anal orifice) to 4.5 angula above it.^[3]

Haemorrhoids also called as piles, are clumps of dilated veins within the anal canal between ano-rectal ring and anal orifice in sub-epithelial region formed by radicles of superior, middle and inferior rectal veins. These become swollen and inflamed causing pain and bleeding per rectum while defecation (**splashes in the pan**). Incidence of Haemorrhoids can occur at any stage and affect both sexes. Haemorrhoids often described as varicose veins of the anus and rectum. Haemorrhoids are usually found in three locations: left lateral, right anterior, right posterior positions i.e. **3, 7 or 11’ o clock** position. These are varicosities of veins draining the territory of branches of the superior rectal arteries.^[4]

CLASSIFICATION

a) On the basis of the character of Bleeding^[5]

1. **Ardra (Sravi)** - Bleeding piles due to vitiation of Rakta and Pitta Dosha.
2. **Shushka** - Non bleeding piles due to vitiation of Vata and Kapha Dosha.

b) On the basis of the origin^[6]

1. Sahaja 2. Uttarakalaja (Predominance of dosha)

c) On the basis of the predominance of Dosha^[7]

1. Vataja 2. Pittaja 3. Kaphaja 4. Raktaja 5. Sannipataja 6. Sahaj

d) On the basis of Prognosis^[8]

1. Sadhya (Curable) 2. Yapya (Palliative) 3. Asadhya (Incurable)

e) On the basis of symptoms

1. **Grade I:** No Prolapse, just prominent blood vessels.
2. **Grade II:** Prolapses upon bearing down but spontaneously reduced after defecation.
3. **Grade III:** Prolapses upon bearing down and require manual reduction.
4. **Grade IV:** Permanent prolapsed

f) On the basis of position

1. Bahya Arsha (External Haemorrhoid): It occurs outside the anal verge. Specifically they are varicosities of the veins draining the territory of the inferior rectal arteries. They are sometimes painful, and can be accompanied by swelling and irritation. External haemorrhoids are prone to thrombosis, if the vein ruptures and/or a blood clot develops, the haemorrhoid becomes a thrombosed Haemorrhoid.

2. Abhyantara Arsha (Internal Haemorrhoids): It occurs inside the anal canal. Specifically they are varicosities of veins draining the territory of branches of the superior rectal arteries. As this area lacks pain receptors, internal haemorrhoids are usually not painful and most people are not aware that they have them. Internal haemorrhoids, however, may bleed when irritated, usually due to constipation.

MANAGEMENT

In modern science, haemorrhoids is managed by procedures like Injection therapy with Albright solution, Rubber band ligation, Cryotherapy, Lord's anal dilatation and Haemorrhoidectomy of which haemorrhoidectomy is choice of surgeons which leaves possibility of recurrence.^[9]

BHESHAJA CHIKITSA

As stated earlier Ayurveda beholds Arsha as local manifestation of systemic derangement of Dosha and Agni, therefore all the Ayurvedic text books presented with different types of Yogas in the form of internal medicines to treat the underlying pathology. Even Acharya Sushruta in Arsha Chikitsa, first mentioned the Bhesaja Chikitsa or in other words he gives the priority to Bhesaja Chikitsa in comparison to other treatment modalities of Arshas. In the same manner Acharya Charaka advocated the use of *Bhesaja Chikitsa* first and then go to

other treatment modalities. He described the general properties of these medicines for internal use and dietetic regime which are as follows.

1. *Anulomana*
2. *Agni Deepana-Pachana* (digestive)
3. *Samshamana* (suppressive of symptoms)
4. *Rakta sangrahi* (haemostatic)^[10]

Protection of *agni* is very essential in treatment of all diseases. *Arsha*, *atisara* and *grahanidosha* are said to be *paraspara hetu* which means one disease becomes cause for another disease e.g. in patients with chronic colitis, intestinal polyps or haemorrhoids are seen and in patients suffering from diarrhea, colitis is observed. Therefore, one finds interrelation between these disorders and as explained earlier, special precaution should be taken with respect to *agni bala*.

Certain drugs like *chitraka*, *pippali*, *pippalimula*, *shunthi*, *nagakesara*, *haridra*, *danti*, *duralabha*, *haritaki* etc have been used in combinations with other drugs for the treatment of *grahani* considering the concept of *agnibala vriddhi* and *vata anulomanam* and the same drugs have been used in *arsha chikitsa* with the same concept. Charak explains that all the above three diseases are caused by *agnimandya* and if increase in *agni* is done then relief in the disease takes place.

Further, *vata* is said to *agnisakha* i.e. *agnibala* depends on *vata*. *Vata kshaya* or *prakopa* results in *agnimandya*. Therefore, *anna*, *pana* and *aushadha* which bring about *vata anulomana* are very useful in treatment of diseases like *arsha* and *grahani* dosha. Obstruction to movement of *vata* (*avarudha gati*) or diarrhea (*atisaraṇa*) leads to *agni kshaya*. *Avarudha gati* is the cause for *vibandha* (constipation). *Malavibandha* along with *pravahana* (urge to defecate) which increases the intra-lumen pressure leading to incompetency of valves in rectal veins leading to their varicosity which causes hemorrhoids where as *atisarana* (diarrhea) causes increased motility of intestine. Hence *vata anulomanam* should be understood as regularization of *vata gati* so that there is no *avarodha* or *atisarana*.^[11]

CHITRAKADI GUTIKA^[12]

Chitrakadi vati is mentioned by Acharya Charak and Yogaratnakara in *Grahani chikitsa adhyaya*. *Chitrakadi Vati* is found beneficial to improve the digestion power (*Agni*) of body, also it effective in the treatment of *Grahani*. It was observed that in many clinical trials, it has

potential effects in treating anorexia and indigestion or any other disorders of *Mahasrotas vyadhi*. *Arsha*, *Grahni* and *Atisara* are caused due to *mandagni* and are *Paraspara Hetu* of each other.

PREPARATION: The fine powder of ingredient is triturated with lemon juice and pomegranate juice and a paste is prepared. Further it is rolled into tablet form, dried and preserved.

DOSAGE: It can be given in the 500mg dose thrice a day, maximum upto 2 gms.

ANUPANA: Warm water or buttermilk.

Table 1: Ingredients, Rasa-Panchaka and Properties of Chitrakadi Vati.

S.NO.	INGREDIENTS	RASA	GUNA	VEERYA	VIPAKA	KARMA
1.	Chitrak	Katu Tikta	Laghu, Ruksha, Tikshna	Ushna	Katu	Deepana-Pachana, Arshoghana Grahni, Shoola hara, Pittasaraka
2.	Pippalimula	Katu	Laghu, Ruksha	Ushna	Katu	Deepana-Pachana, Vata-Kaphahara Anahaghana, Anulomana
3.	Shunthi	Katu	Guru, Ruksha, Tikshna	Ushna	Madhura	Deepana-Pachana, Bhedana, Vibandh hara, Shoolahara
4.	Maricha	Katu	Laghu, Sukshama Tikshna	Anushnashit	Katu	Deepana, Kapha-Vatahara, Shoolahara
5.	Pippali	Katu	Laghu, Snigdha, Tikshana	Anushnashit	Madhura	Deepana, Rasayana, Vata-Kaphahara, Arshaghana, Shoolahara
6.	Hingu	Katu	Laghu, Snigdha, Tikshna	Ushna	Katu	Deepana-Paachana, Anulomana, Chedana, Vata-Kaphahara, Shoolahara
7.	Ajamoda	Katu Tikta	Laghu, Ruksha, Tikshna	Ushna	Katu	Deepana, Kapha-Vatahara, Shoolahara, Anulomana
8.	Chavya	Katu	Laghu, Ruksha	Ushna	Katu	Deepana-Pachana, Anulomana, Shoolahara, Arshoghana,
9.	Yavakshara	Katu	Laghu, Snigdha Sukshma	Ushna	Katu	Deepana, Kaphaj Arshahara, Kapha-Vatahara Vibandha hara, Shoolahara
10.	Sarjikshara	Katu Kshara	Laghu, tikshna, Sara	Ushna	Katu	Sukha varchaka, Vata-Kaphahara, Medohara, Shoolahara, Gulmahara
11.	Saindhava	Lavana Madhura	Laghu, Snigdha, Sukshama	Ushna	Katu	Deepana-Pachana, Tridosha hara, Chedana, Kapha

						Vilayana, Vibandha hara
12.	Samudra lavana	Lavana	Laghu, Snigdha	Natiushna	Madhura	Deepana, Bedhana, Shoolahara, Kapha-Vatahara,
13.	Romaka lavana	Lavana	Laghu, Tikshna, Sukshama	Atiushna	Katu	Deepana, Vida Bhedana, Vataghana, Vishyandana
14.	Audhbhid lavana	Tikta Katu	Laghu, Tikshna, Sukshama	Ushna	Madhura	Deepana, Pachana, Utkledi
15.	Vida lavana	Lavana Kshara	Laghu, Tikshna, Sukshama	Ushna	Madhura	Deepana, Shoolahara, Anulomana
16.	Matulunga Swarasa	Amla Madhura	Laghu, Snigdha	Ushna	Amla	Deepana-Pachana, Raktapittahara, Shoolahara, Vibandha hara, Kaphaj Arshahara, Shotha hara
17.	Dadima Swarasa	Amla Madhura	Laghu, Snigdha	AnushnaShit	Amla Madhura	Deepana, Vata-Kapha hara, Grahi, Rochana

AIM

To study the clinical safety and efficacy of *Chitrakadi vati* in the treatment of *Arsha* (Haemorrhoids).

OBJECTIVES

1. Establishment of the safety of oral administration of the trial drug.
2. Reduction in local sign and symptoms of *Arsha*.

MATERIAL AND METHOD

Material: Marketed samples of “*Chitrakadi vati*” formulation which is a Herbo mineral proprietary formulation was procured from manufacturing units (Jammu and Kashmir Medical Supplies Corporation Limited) in measure of 250 mg tablets to get accurate dose administration.

Method: Patients suffering from sign & symptoms of *Arsha* were included in the study and local per rectal & proctoscopy examination were conducted at OPD level to confirm the site, position, prolapse, size and shape of pile mass.

Source of data: For the present clinical study 30 Patients were selected from the OPD of Shalya tantra Department of Government Ayurvedic Medical College & Hospital, Akhnoor Jammu, JK UT.

INCLUSION CRITERIA

1. Patients of either sex aged 20-75 years.

2. Internal or external piles.
3. Bleeding or non-bleeding piles.
4. Painful or painless haemorrhoids.
5. Patients willing and able to participate in the clinical study for 2 months.

EXCLUSION CRITERIA

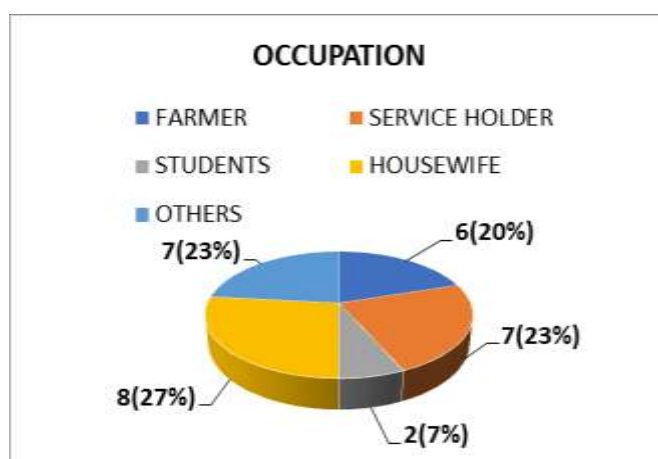
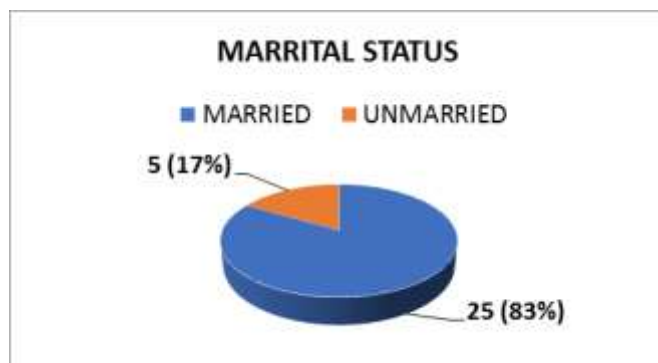
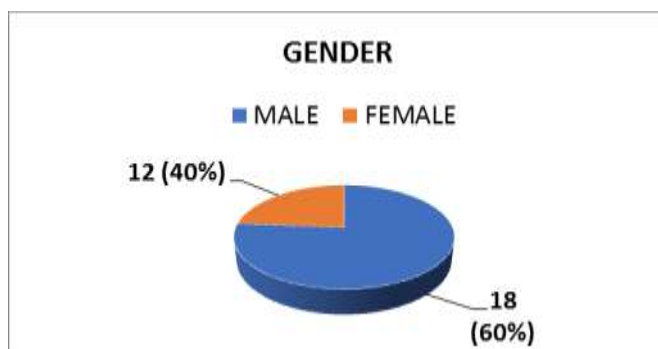
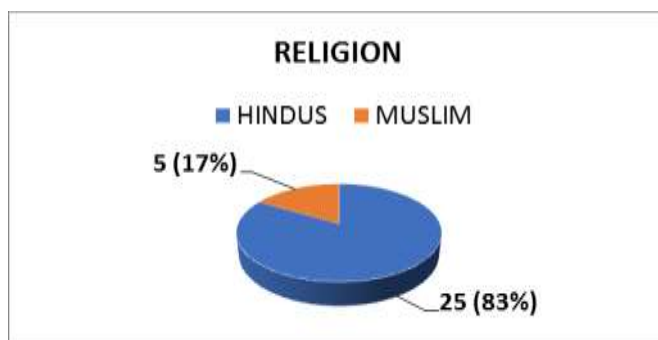
1. Subjects with irreducible piles (3rd and 4th degrees).
2. Peri-anal conditions like fistula, ischio-rectal abscess and malignancy of rectum and anal canal.
3. With uncontrolled diabetes mellitus.
4. Thrombosed & Strangulated pile mass
5. Liver disorders like liver cirrhosis
6. Kidney Disorders
7. Cardiac Disorders.
8. Crohn's disease or Ulcerative colitis
9. Patients on prolonged (> 6 weeks) medication with corticosteroids, antidepressants, anticholinergics, immune suppressants, estrogen replacement therapy etc. or any other drugs that may have an influence on the outcome of the study.
10. HIV positive patients and patients having major systemic illness.

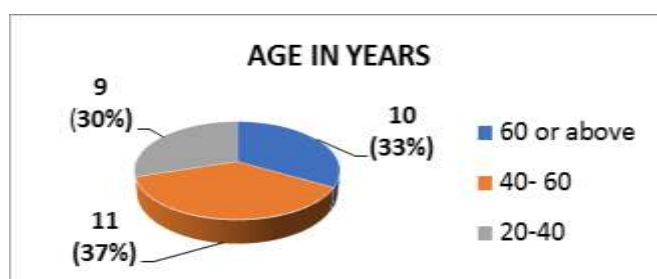
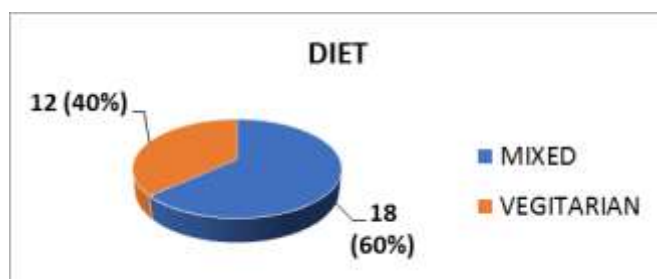
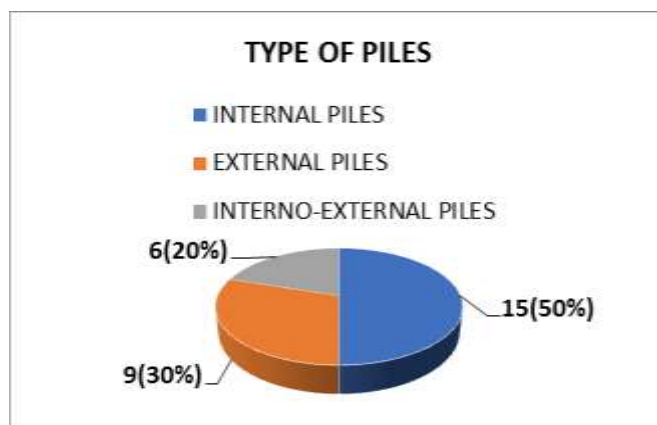
DURATION OF TREATMENT

Total 5 follow ups were taken of each patient in two months with 2 follow ups after every week (except enrollment day) and other 3 follow ups each after a gap of two weeks i.e. Enrollment day = Day 0, First follow up = Day 7, Second follow up = Day 14, Third follow up = Day 28, Fourth follow up = Day 42 and Fifth follow up = Day 56.

STATISTICAL DATA OF THE SELECTED PATIENTS

The clinical observations from different aspects approaching to the treatment have been represented showing the statistical analysis according to various factors like religion, gender, marital status, occupation, type of piles, diet, age etc.





ASSESSMENT CRITERIA

1. Bleeding per rectum (nature, character & amount)

G0 - No bleeding

G1 – Few drops of blood with stool

G2 – Dripping

G3 – Splash in the pan

2. Pain (was assessed by Visual analog scale)

G0 - Absence of pain/no pain. (0 on scale)

G1 - Mild-Pain that can easily be ignored, present during defecation only. (1 to 3 on scale)

G2 - Moderate-Pain that cannot be ignored, present upto 1 hour after defecation. (4 to 6 on scale)

G3 - Severe-That is present most of the time demanding constant attention. (7 to 10 on scale)

3. CONSTIPATION

G0 – Passing stool daily with normal consistency.

G1 – Passing stool daily with hard consistency.

G2 – Passing stool on alternate days.

G3 – Passing stool after two days

4. Size of pile mass (circumferential length)

G0 – Complete regression of pile mass

G1 – 1cm - 2cm (approx. size of tip of little finger)

G2 – 2.1cm - 3cm (approx. size of tip of index finger)

G3 – 3.1cm - 4cm (approx. size of tip of thumb)

OBSERVATION

Table 2: Scoring pattern of different sign and symptoms of the patients before treatment.

ASSESSMENT CRITERIA	NUMBER OF PATIENTS			
	G0	G1	G2	G3
BLEEDING	4	8	10	8
PAIN	9	7	6	8
CONSTIPATION	6	11	9	4
SIZE OF PILE MASS	7	12	8	3

Table 3. Scoring pattern of different sign and symptoms of patients after treatment.

ASSESSMENT CRITERIA	NUMBER OF PATIENTS			
	G0	G1	G2	G3
BLEEDING	14	9	8	3
PAIN	13	9	4	4
CONSTIPATION	16	8	6	0
SIZE OF PILE MASS	11	14	4	1

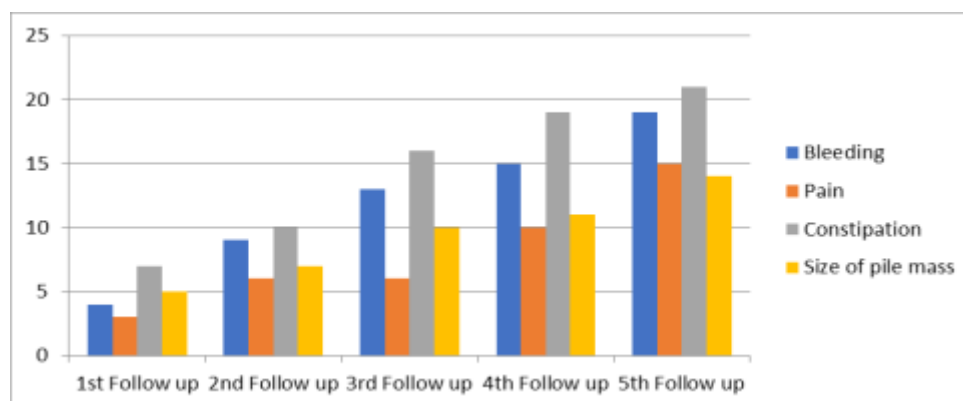


Fig 1: Numer of patients showing improvement in their symptoms with each follow up.

FINAL RESULT

Table 4: Efficacy of *chitrakadi vati* for management of different sign and symptoms of *arsha*.

ASSESSMENT CRITERIA	NO. OF PATIENT BT	NO. OF PATIENT AT	IMPROVEMENT	EFFICACY IN % AGE
BLEEDING	26	7	19	73.07%
PAIN	21	6	15	71.42%
CONSTIPATION	24	3	21	87.5%
SIZE OF PILE MASS	23	9	14	60.86%

Overall Efficacy In Percentage: 73.21 %.

DISCUSSION

In the study, incidence of Arsha had less prevalence in younger age. The service holder patients were more prone due to long sitting & irregular regime. *Vatapittaja prakruti* patients and history of hereditary cases were found more due to congenital weakness in vein wall. It might be as per description of *Acharya Vagbhata* in *Sahaja arsha*. Number of patients taking mixed diet were more as regular non-veg diet leads to development of chronic constipation which in turn leads to development of *Arsha*. Patient of internal *arsha* at 7'o clock position & of first degree were more in number.

Arsha is a *Tridoshaj* disease that arises from *Mandagni* and *Ama* formation. In respect with the *Bheshaj Chikitsa* of *Arsha*, the *Vatanuloman* effect is desired. The principle of treatment of *Arsha* includes three chief clinical effects- (1) *Agni Deepan*, (2) *Vatanuloman* and (3) *Raktasthambhan*. *Dushyas* affected here are *Twacha*, *Rakta*, *Mamsa* and *Meda*.

Bleeding is the principle and earliest symptoms of haemorrhoids for which patient seeks medical advice. *Bheshaja Chikitsa* (medical therapy) is more effective in early stage of *Raktarsha* (haemorrhoids) and has greatest advantage of wider acceptability by the patients. Also this measure has to be adopted along with the other line of treatment like *shastra karma*, *kshara karma*, *agni karma* etc.

The ingredients present in *Chitrakadi vati* are arranged so scientifically that definitely they help in breaking the *Samprapti* of *Arshas* at different levels. Almost all the ingredients of *Chitrakadi vati* does *deepana* and *pachana*, treats the *Mandagni*, thereby reducing *Ama* formation. *Pippalimoola*, *Shunthi*, *Maricha*, *Hingu*, *Ajmoda*, *Chavya*, *Saindhav* etc. **are vata**

anulomaka/ vibandhahara which provides easy passage of stool, relieves constipation and thus improves the condition of the patient. *Chitraka, Pippali, Shunthi, Maricha, Hingu, Ajmoda, Chavya etc* are *Shoolahara* and helps in relieving pain associated with *arsha*. *Chitraka* and *Dadima swarasa* are *grahi* which directly act on *ardra arsha*. Also *chitraka, pippali, chavya, yavakshara and matulunga nimba* comes under *arshoghana mahakashaya*, hence plays a vital role in management of *Arsha*.^[13]

CONCLUSION

Chitrakadi vati showed significant effect on primary symptoms of *Arsha* such as pain during defaecation, bleeding, constipation and size of pile mass. On regular use, it can cease the recurrence and advancement of disease. Further to note that this treatment worked significantly in 1st degree piles but in 2nd and 3rd degree piles patients were improved only. The overall efficacy of drug was found to be 73.21% after 5th follow up during the study. No adverse effects were found during and after the treatment.

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Conflicts of Interest

There are no conflicts of interest.

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