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# A comparative clinical study for haemostatic action of Lajjalu Lepa and Darvi Lepa in Raktarsha

Pankaj Kumar Yadav<sup>1</sup>, Ankita Chitragupt<sup>2</sup>

<sup>1</sup>Ph.D, Scholar & Assistant Professor, Dept. of Prasuti Tantra evum Stree Roga, Babu Yugraj Singh Ayurvedic Medical College, Lucknow, Uttar Pradesh, India.

<sup>2</sup>Assistant Professor, Dept. of Rachana Shareer, Babu Yuqraj Singh Ayurvedic Medical College, Lucknow, Uttar Pradesh, India.

# ABSTRACT

Arsha is a disease afflicting mankind for thousands of years. In Ayurvedic literature, this disease is mentioned as one of the 'Ashtamahagadas'<sup>[1]</sup> and difficult to cure. Nearly 45% of patients attending ano-rectal clinics suffer from the symptoms of Arsha. Vitiation of Doshas adversely affects the digestive fire resulting in Mandagni which in turn lead to constipation. Prolonged contacts of accumulated Mala or excretory material taint Gudavali resulting in Arshas.<sup>[2]</sup> Acharya Charaka explains Arsha as an abnormal fleshy growth at anorectal region whereas at other sites it is called as Adhimamsa.<sup>[3]</sup> In spite of progress in modern medicine, there is very little scope in terms of treatment of Hemorrhoids, Surgical techniques of performing hemorrhoidectomy are many and their complications such as pain, anal incontinence, stricture etc. are well known. All these modern surgical & Para surgical techniques are associated with post-operative complications which may be early complications such as hemorrhage, secondary infection etc., & late complications such as anal stricture. Anal incontinence, profuse watery discharge etc., [4] Hence, in the present study a special emphasis will be made by selecting noninvasive, effective and economic therapeutic modality which has been explained with great details in ancient Ayurvedic Samhitas for the management of Arsha with different type of Lepa which is a painless simple procedure.

Key words: Lajjalu Lepa, Darvi Lepa, Raktarsha, Hemorrhoids.

#### **INTRODUCTION**

This science of life aims at alleviation of diseases as well as maintenance and promotion of good health. The entire science of Ayurveda is based upon Trisutra -Hetu, Linga and Oushadha. Among these three, Oushadha plays an important role in Chikitsa as it is the first major step in treating the diseases.

Arshas is Gudagata Vikara. Occurs independently and

#### Address for correspondence:

Dr. Pankaj Kumar Yadav

Ph.D, Scholar & Assistant Professor, Dept. of Prasuti Tantra evum Stree Roga, Babu Yugraj Singh Ayurvedic Medical College, Lucknow, Uttar Pradesh, India. E-mail: pankjyad@gmail.com

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secondary to Atisara, Grahani, Gulma.<sup>[1]</sup> As the name suggests, it is a disease which haunts a person like anenemyandis considered as one among the Mahagadas according to Ayurveda. Our Acharyas had described fourfold treatment modalities for Arshas like Bheshaja Chikitsa, Agni Karma, Kshara Karma and Shastra Karma.<sup>[5]</sup>

Sushruta had complete knowledge on Gudavali.<sup>[3,4]</sup> The descriptions of these measures in a definite order are suggestive of similar methods to be preferred first. Sushruta has given importance to internal medication accepting their limitations in the management of any surgical disease. Even though primarily a surgeon, Sushruta has on many occasions advised surgery as a last option.

Modern science has very little to offer in terms of medicinal treatment for Haemorrhoids. Prevalent modern surgical measures are having their own limitations and complications and need special training, skills and equipment's for their performance.

Acharya Sushruta in spite of being primarily a surgeon has laid minimum emphasis on unnecessary surgeries while describing the *Chikitsa* of *Arshas*.

One big advantage of *Lajjalu Lepa* and *Darvi Lepa* in *Raktarsha* is that it is easily available and cost effective. Another merit is that it can be safely and effectively administered even to aged patients & those unfit for surgery without causing significant pain. Hence *Lajjalu Lepa* and *Darvi Lepa in Raktarsha* is not just an alternative but a better alternative treatment.

#### **AIMS AND OBJECTIVE**

- 1. To evaluate the effect of *Lajjalu Lepa* in the management of *Raktarsha*.
- 2. To evaluate the effect of *Darvi Lepa* in the management of *Raktarsha*.
- 3. To study the comparative efficacy of *Lajjalu Lepa* and *Darvi Lepa* in the management of *Raktarsha*.

#### **REVIEW OF LITERATURE**

It is very essential to have knowledge of anatomical relations and structures of *Guda*, because without this, surgical treatment can't be done properly. The anatomical description of *Guda* is not clearly available in *Ayurvedic* literature. But we can get an idea about anatomical concept of *Guda* by taking into consideration of scattered references in different texts.

#### Arshas Vyutpatti

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#### Nirukti

*Charaka* has explained *Arshas* as an abnormal fleshy growth in *Guda Pradesha*. *Vagbhata* defines that *Arshas* are the fleshy projections that create obstruction in anal passage and kills the life like an enemy.

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#### Classification of Arshas In Ayurvedic Classics<sup>[5]</sup>

SN	Arshas	SS	cs	AS	AH	MN	Sha.	BP
1.	Vataj	+	+	+	+	+	+	+
2.	Pittaj	+	+	+	+	+	+	+
3.	Kaphaja	+	+	+	+	+	+	+
4.	Dwandwaj	+	+	+	+	+	+	-
5.	Sannipataj	+	+	+	+	+	+	+
6.	Raktaj	+	-	+	+	+	+	+
7.	Sahaja	+	+	+	+	+	+	+
8.	Shushka	-	+	+	+	-	+	-
9.	Ardra	-	+	+	+	-	+	-

#### Raktaja Arshas<sup>[6]</sup>

It appears red like *Gunja* seeds and *Pravala*, some may appear purple, pinkish colour like tender leaves of *Banyan*.

- There will be profuse bleeding of *Dushta Rakta* due to pressure of hard stool while passing through *Mamsankura*.
- Due to constant bleeding patient develops symptoms of anaemia, lack of Ojas, lack of strength and lack of luster etc.
- The patient looks pallor and desire for sour and cold substance (*Amalasishira Preeti*). The power of perception is reduced.

For the convenience of the treatment *Charaka* has classified *Raktarsha* into two types - *Vataja Raktarsha, Kaphaja Raktarshas.* 

*Vatajaraktarshas* - Here patient passes hard, dry and black coloured stool, pinkish frothy blood through the anal orifice. Flatus is trapped in the intestine instead of passing freely. Patients suffer from fatigue, pain in low back, thigh and anal region.

Kaphaja Raktarshas - Here, patient passes whitish yellow semi solid, bulky stools containing fat, with

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sticky mucous discharge and frank blood through anal orifice.

#### Srava

Based on discharge *Charaka* have classified two types, *Vataja* and *Kaphaja Raktarshas*. In both the types of *Raktaarshas* profuse bleeding of *Dusta Rakta* occurs.

#### Arsha among Ashtamahagada<sup>[7]</sup>

Arsha is considered as one among the Astamahagada. That means, it is very difficult to cure. There are many reasons to consider Arsha as Mahagada.

- a) *Arsha* is *Sahaja Vikara*: Any disorder having family history of heredity is incurable.
- b) All the stages & varieties of Arsha are not possible to treat only with medical management, it requires Shastra, Kshara & Agni Karma too, but those may cause adverse effect.

c) Some of the *Arshas* are not mere haemorrhoids, but they are rectal tumors too.

#### Management of Arshas

The main aim of *Ayurveda* is to cure the disease of the diseased person and guard the health of healthy person. Later may be regarded as preventive or prophylactic measure. In the management of *Arshas*, the treatment modalities can be classified into preventive and curative measures.

#### Preventive measures<sup>[8]</sup>

The general principles in prevention of all diseases are to avoid the occurrence of any diseases. *Mandagni* or poor digestion or constipation may be regarded as principal factors. Therefore, such measures that keep the *Agni* improved and bowels regular would prevent development of *Arshas*. In addition, the etiological factors like constipation, sedentary habits, vehicle riding, undesirable postures etc., are to be avoided. Besides, the person should properly adopt the seasonal hygiene and *Shodhana* therapy and should not indulge in unhealthy habits. The disease canals be prevented in early stage i.e., *Purvarupa* stage by improving *Agni* and maintaining equilibrium of *Doshas*.

#### Curative measures<sup>[9]</sup>

Acharya Sushruta has enumerated four curative measures in the treatment of Arshas. They are Bhesajya (medical), Kshara Karma (caustic therapy), Agni Karma (thermal cautery), and Shastra Karma (surgical). Charaka also described these four measures, but has concentrated more on medical measures pointing out the risk factors involved in the remaining three measures if performed by an unskilled surgeon. The Kshara Sutra therapy in Arshas is mentioned in Chakradatta, Vangasena Samhita, Bhaishajya Ratanavali. The Raktamokshana (bloodletting) is also mentioned in limited conditions of Arshas.

#### Drug Review<sup>[10]</sup>

Bheshaja has been described as one of the Chikitsa Chatushpada. Acharya Charaka mentioned that it is the right medicine which is capable of providing health and the one who relieves you from disease is the right physician. With intelligent use of medicine means half of the treatment is achieved. In Ayurvedic classics innumerous single and compound drugs have been mentioned in several contexts. Most of them are not standardized according to the current research methodology. Unless the drug is tested through this methodology the drug does not get recognition in today's scientific world.

In modern surgery various procedures are practiced for the treatment of haemorrhoid e.g., Rubber band ligation, cryosurgery, infra-red coagulation, haemorrhoidectomy etc. But none of them are devoid of complications.

Among Astanga Ayurveda, Shalya Tantra is one of the most important branches based on six major principles of management such as Bhaishajya, Ksharakarma, Yantrakarma, Agni Karma, Raktamokshana and Shastra Karma. Among them Bheshaja Karma is the first line of treatment as there is no fear of complication, putrification and bleeding in comparison to other procedures.

Hence for the present study *Lajjalu Lepa* and *Darvi Lepa* which has been mentioned in *Charak Samhita*, *Arsha Chikitsa* has been used for *Lepa*.

Ingredients of Lajjalu Lepa

- 1. Lajjalu
- 2. Goghrita

#### Ingredients of Darvi Lepa

- 1. Darvi
- 2. Gogrita

#### **MATERIALS AND METHODS**

#### Source of Data

Patients attending the O.P.D, I.P.D and Camp of R.P.K.Kardi Ayurvedic Hospital, Ilkal, showing signs and symptoms of *Raktarsha* (Bleeding Piles) were randomly selected for the study.

#### **Study Design**

This is an open label clinical trial with pre-test & post-test design.

#### **Method of Collection of Data**

30 patients attending OPD, IPD & Camp suffering from *Raktarsha* were selected for the study. Data regarding history duration of illness, findings on clinical examination and other relevant information were recorded in BT/AT Proforma designed especially for the study. The Performa was designed based on the clinical features of the condition *Raktarshas* vis-à-vis Hemorrhoids.

#### **Inclusion Criteria**

- 1. Bleeding per Rectum (Splashing in pan)
- 2. Mucous Discharge
- 3. On DRE (Digital Rectal Examination), presence of 1st, 2nd, 3rd degree Haemorrhoids.

#### **Exclusion criteria**

- 1. Patients below 20 and above 60 years of age.
- 2. Secondary Piles (Piles associated with systemic diseases.)
- 3. Prolapsed, Thrombosed and Strangulated Haemorrhoids.

 The associated conditions like Fistula in-ano, Fissure in-ano, Ulcerative colitis Chron's disease, CA of Rectum.

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5. Anaemic patients below 8gm%

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6. Pregnant Ladies.

#### **Assessment Criteria**

- Assessment will be done on subjective criteria before & after the treatment.
- The data obtained will be subjected to statistical analysis to get the final results.

#### **Subjective Parameter**

1. Bleeding Per Rectum

#### **Objective Parameters**

- 1. Degree of the pile mass.
- 2. Number of the pile mass.

#### Procedure

#### Procedure for Group A & Group B

- Patient will be made to lie down in lithotomy position comfortably.
- Under all aseptic precautions, painting and draping will be done.
- Lubricated Proctoscope will be introduced into the Anal Canal. Position and condition of Piles mass will be noted, and Proctoscope will be removed.
- Then slit Proctoscope will be introduced into Anal canal and *Lepa* (for group A: *Lajjalu Lepa* and group B: *Darvi Lepa*) will be once a daily on 7<sup>th</sup> days done.
- Same procedure will be repeated for another Pile mass.
- And follow-up at 8<sup>th</sup>, 15<sup>th</sup>, 30<sup>th</sup> day of the month.
- Total study duration 30 days.

#### DISCUSSION

The changing life style of human beings have created several disharmonies in normal homoeostasis. The irregular food habits, junk food, sedentary life style, irregular sleep, etc. are contributing factors in causing Pankaj Kumar Yadav et al. A clinical study for haemostatic action of Lajjalu Lepa and Darvi Lepa

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disturbance in the digestive system in general and formation of Haemorrhoids in particular. According to *Sushruta*, "*Manasika Karana*" i.e., Psychological disturbance also triggers this condition. Nowadays this disease is becoming more and more common with the sharp increase in people following a sedentary life style.

#### Raktarsha Before Treatment



Raktarsh After Treatment



#### **Effect of Drug on Subjective Parameters**

#### **On Bleeding: (Group A & Group B)**

For comparison between Group A and Group B, we have used Mann Whitney U test. From above table we can observe that P-Value is less than 0.05 hence we conclude that there is significant difference in Group A and Group B. Further we can observe that Mean rank for Group A is more than Group B hence we conclude that Group A is more effective than Group B.

The *Raktastambhak* property of a *Lajjalu* and *Goghritha* ensures Action of Bleeding for Group-A and *Darvi* and *Goghrita* also reduce Bleeding in average

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amount For Group B. Mode of action of individual drug have been already explained.

#### **Effect of Drug on Objective Parameters**

#### **Degree of Piles**

Since observations are n ordinal scale, we have used Wilcoxon Signed Rank test to test efficacy in Group A and Group B. From above table we can observe that P-Values for Group A and Group B are less than 0.05 hence, we conclude that effect observed in both Groups are significant.

#### **Number of Piles Mass**

Since observations are n ordinal scale, we have used Wilcoxon Signed Rank test to test efficacy in Group A and Group B. From above table we can observe that P-Values for Group A and Group B are less than 0.05 hence, we conclude that effect observed in both Groups are significant.

#### **CONCLUSION**

The prevalence of Arsha was found to be maximum in patients following sedentary life style which was 50% patients included in the study. Lajjalu Lepa and Darvi *Lepa* has significant result in treatment of haemorrhoids. Both are very effective reliever of Bleeding. This can be seen in the treatment result which shows- Bleeding: 69.7% relief (group A), 34.4% relief (group B). Lajjalu Lepa and Darvi Lepa has significant result in treatment of haemorrhoids. Both are very effective reliever of Degree of piles. Degree of Piles: 41.4% relief (Group A), 21.3% relief (Group B), Lajjalu Lepa and Darvi Lepa has significant result in treatment of haemorrhoids. Both are very effective reliever of No. of piles. Number of Pile Mass: 36.7% relief (Group A), 14.4% relief (Group B). Among both the groups patients of group A (where we have used Lajjalu Lepa as a drug of choice) have given better results than group B (Darvi Lepa) in subjective as well as Objective and Subjective parameters. Hence Lajjalu Lepa can be recommended for Bleeding, Degree of piles, and No. of piles mass, which is giving better results than Darvi Lepa, since it has all the properties of being an ideal Arshogna Bheshaja.

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