



ISSN 2456-3110

Vol 4 · Issue 5

Sept-Oct 2019

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

A comparative clinical study on the effect of *Saptacchada Pratisaraniya Kshara* and *Apamarga Pratisaraniya Kshara* in the management of *Arshas* (Internal Haemorrhoids)

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ABSTRACT

Arshas are one of the most common diseases occurring in ano-rectal region. *Sushruta* mentioned *Kshara Karma* prior to *Agni* and *Shashtra Karma* as treatment modalities for *Arshas*.^[1] The disease that can't be cured by any other medicine or in subjects where surgery is not possible this para-surgical procedure of *Kshara Karma* is effective. The study was conducted in the OPD and IPD of B.L.D.E.A's A.V.S Ayurveda Mahavidyalaya and Hospital. 40 patients of *Arshas* were selected from the OPD and IPD of the aforesaid institution and randomly assigned into two groups namely A and B. Subjects under Group A were treated with *Saptacchada Pratisaraniya Kshara Karma*, while Group B were treated by *Apamarga Pratisaraniya Kshara Karma*. The study showed that Group A and Group B are equally effective. The treatment modalities of *Saptacchada Pratisaraniya Kshara Karma* and *Apamarga Pratisaraniya Kshara Karma* are equally efficacious in treating *Arshas*.

Key words: *Arshas*, *Haemorrhoids*, *Kshara*, *Pratisaraniya Karma*, *Apamarga Pratisaraniya Kshara*, *Saptacchada Pratisaraniya Kshara*.

INTRODUCTION

Arshas is one of the most common ano-rectal disorders. The references are available since *Vedic* period. In *Rigveda* and *Atharvaveda*^[2] the disease explained *Durnama* can be appraised as *Arsha*. In *Shuklayajurveda*, there is information of *Oshadhidravya* for treating *Arsha*. Among the *Brihatrayees Sushruta* and *Vagbhata* mentions it under *Ashtamahagada*.^[3] This shows the heaviness of this disease. As per Ayurveda the disease comes

under the heading of *Mahagadas* as it is: *Dirghakalanubandhi*, *Dushchikitsya* in nature, *Tridoshaja* and involves the *Marma*. *Arsha* occurs in *Gudabhaga*, which is undoubtedly a *Marma*, and it is well known for its chronicity and difficult to treat.^[4]

The *Arshas* in modern aspect can be compared with Piles or Haemorrhoids. Haemorrhoid is a Greek word derived from two word "Haem" = Blood, "Rhoos" = flow, means that blood flows and an others name is Pile. "Pile" is a Latin word derived from "Pila" denotes the "ball". So it seems to be 'ball like structure'. Haemorrhoids are varicosity of the plexus of rectal veins lying under mucosa. Due to various etiological factors the haemorrhoidal venous plexuses get constricted and after sometimes they get elongated due to pressure exerted on them resulting in the formation of haemorrhoids at different positions in the ano-rectal region.^[5]

Such haemorrhoids are internal and external to the anal orifice. The external haemorrhoids are covered by skin, while the internal haemorrhoids are covered by mucous membrane. When the two types of

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Submission Date: 17/09/2019 Accepted Date: 25/10/2019

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.4.5.3

haemorrhoids are associated with each other they are known as intero-external haemorrhoids. The incidence of piles apparently increases with age and it seems likely that at least 50% of people over the age of 50 years have some symptoms related to piles.^[6] The irregular food habit modern life styles of man also added to the increase in therate of incidence of *Arshas*.

Even the WHO has started celebrating the 20th November of every year as "WORLD PILES DAY" which clearly indicates the prevalence of this disease all over the world and tremendous physical and mental agony as result of this disease. As far as modern modalities of treatment are concerned, the conservative treatment of haemorrhoids consist, use of laxative and high residual diet. But there are limitations and no radical cure by medicines as the mass is formed enough which needs some surgical intervention for medical cure. Surgical intervention method includes Sclerotherapy, Rubber Band ligation, Infrared photocoagulation, Laser therapy, Lord's anal dilatation, Haemorrhoidectomy, Cryo-Surgery, Transandhaemorrhoidal artery ligation, DGHAL (Doppler Guided Haemorrhoidal Artery Ligation) and Staped haemorrhoidectomy, which are in practice.

According to *Sushruta*, the *Doshas* due to their aggravating factors, dislodges from their normal seats (along or combined with other including the *Rakta*), and reaches the *Maladwara (Marga)* in *Pradhana Dhamani* and causes the vitiation of *Gudavalis* resulting in the production of *Mamsankura* especially in *Mandagni* persons. Irritation of *Guda* by *Kashta*, *Upala*, *Loshta*, *Vastra* and *Sheetrodaka Sparsha* leads to further aggravation of *Arshas*.^[6] Ayurveda propounded a comprehensive *Chikitsa* for *Arshas* includes medical, surgical as well as para-surgical treatments as prevailing today. *Sushruta* as mentioned in "*Ashtavidha Shastra Karmeeya Adhyaya*" about the *Chedhana* and *Lekhana Karma* of the *Arsha*,^[7] and effect of *Kshara* replaces *Shastra Karma* as it does the *Chedhana*, *Bhedhana* and *Lekhana Karma*. *Saptacchada* is one among the *Vanaspatya Dravya* which is easily available, mentioned in "*Ksharakalpavidhi Adhyaya*" of *Sushruta*

Samhita and to overcome the lacunas mentioned in the Allopathic system of medicine, management of *Arshas* by *Kshara Karma* treatment was considered as an ideal option. Hence *Saptacchada Pratisaraniya Kshara* in the management of *Arshas* with special reference to the internal haemorrhoids was taken for the study.

MATERIALS AND METHODS

Totally 40 patients of internal haemorrhoid had been selected for the study and those are divided into two groups, Group A - 20 patients and Group B - 20 patients.

Complete history and clinical evaluation of all the patients had been recorded in a specially designed Performa which included both *Ayurvedic* and modern methods of examinations.

Subjective and objective parameters were used to assess the clinical response in both groups. The patient were assessed on before treatment (1st day), on 7th day, on 14th day on 21st day after the treatment.

Group A - *Saptacchada Pratisaraniya Kshara*.^[8]

Group B - *Apamarga Pratisaraniya Kshara*.^[9]

Preparation of *Saptacchada* and *Apamarga Kshara*

- Firstly collected the *panchangas* of *Saptacchada* and *Apamarga* (each 10kg) and then allow it to dry, later the dried plants was burn into ashes and allow itself cool.
- Then collect the whole ash (1kg + 1kg) and it is mixed with 6 parts of water (for in each *Bhasma*), stir it well and allow to settled one night.
- Then it was filtered by using the double folded cloth for 21 times and the residue was thrown out. The obtained filtrate which resembles the colour of *Gomutra* should be heated on low flame.^[10]
- Allow the content to reduce it half then about 1/3 of *Ksharajala* should betaken out of the vessel.
- Then heat the 100gm *Shukti* till it become red hot and mix it with 1/3 *Ksharajala* till it dissolves completely.

- f. Add the dissolved *Shukti* to boiling *Ksharajala* and allow it to boil till the content attains the consistency as described by *Sushruta* (not too liquid or not too solid).
- g. Finally add 10 gm of *Chitraka Moolakalka* to the *Kshara*.
- h. Removed it from the fire and transferred into separate container with lid and store it for use.

Inclusive criteria

- Patients of classical symptoms of *Arsha* were taken.
- 20-50 years of age group.

Exclusive criteria

- External thrombosed pile mass.
- Patient having systemic pathology - malignancy, HIV, HBV, Piles with Ulcerative colitis, Cirrhosis of liver and Diabetes mellitus.
- 4th degree pile mass where surgery is necessary.

OBSERVATION AND RESULTS

Effect on Pain

In Group A, before treatment, pain was varies in patients. On 7th day it reduces to 5.77%, next 14th day it reduces to 37.28%, on 21st day it reduces to 54.23%, lastly 28th day pain is 100% cured. In Group B, before treatment, pain was varies in patients. On 7th day it reduces to 27.5%, next 14th day it reduces to 55.17%, on 21st day it reduces to 86.0%, lastly 28th day pain is 100% cured.

Effect on Constipation

In Group A, before treatment, constipation was varies in patients. On 7th day it reduces to 18.96 %, next 14th day it reduces to 41.37%, on 21st day it reduces to 65.5%, lastly 28th day pain is 100% cured. In Group B, before treatment, constipation was varies in patients. On 7th day it reduces to 20.40%, next 14th day it reduces to 48.97%, on 21st day it reduces to 85.71%, lastly 28th day pain is 100% cured.

Effect on Bleeding

In Group A, before treatment, bleeding was varies in patients. On 7th day it reduces to 23.63%, next 14th

day it reduces to 56.36%, on 21st day it reduces to 83.63%, lastly 28th day pain is 100% cured. In Group B, before treatment, bleeding was varies in patients. On 7th day it reduces to 26.8%, next 14th day it reduces to 57.14%, on 21st day it reduces to 93.87%, lastly 28th day pain is 100% cured.

Effect on size of the pile mass

In Group A, before treatment, the pile mass size was varies in patients. On 7th day it reduces to 6.77%, next 14th day it reduces to 33.28%, on 21st day it reduces to 62.71%, lastly 28th day pain is 100% cured.

In Group B, before treatment, the pile mass size was varies in patients. On 7th day it reduces to 21.05%, next 14th day it reduces to 50.87%, on 21st day it reduces to 80.70%, lastly 28th day pain is 100% cured.

Effect on discharge

In Group A, before treatment, discharge was varies in patients. On 7th day it reduces to 29.09%, next 14th day it reduces to 45.45%, on 21st day it reduces to 78.23%, lastly 28th day pain is 100% cured. In Group B, before treatment, discharge was varies in patients. On 7th day it reduces to 17.02%, next 14th day it reduces to 55.31%, on 21st day it reduces to 93.61%, lastly 28th day pain is 100% cured.

Effect on Colour

In Group A, before treatment, colour was varies in patients. On 7th day it reduces to 28.07%, next 14th day it reduces to 52.63%, on 21st day it reduces to 84.21%, lastly 28th day pain is 100% cured. In Group B, before treatment, colour was varies in patients. On 7th day it reduces to 26.66%, next 14th day it reduces to 62.22%, on 21st day it reduces to results is 100% and Group B overall results is 100%. This study is an equivalent study 97.77%, lastly 28th day pain is 100% cured.

Results of Group A

The percentage of improvement in Group A on pain is 100%, Constipation is 100%, Bleeding 100%, Size of the pile mass is 100%, Discharge is 100% and Colour is 100%.

Results of Group B

The percentage of improvement in Group B on pain is 100%, Constipation is 100%, Bleeding 100%, Size of the pile mass is 100%, Discharge is 100% and Colour is 100%.

Overall comparative Effect

Comparative analysis of the overall effect of the treatment in both the groups was done by statistically with paired t test. The test shows that the treatment is statically not significant in Group B when compared to Group A. Group A overall results is 100% and Group B overall results is 100%. This study is an equivalent study hence non significance is the good outcome.

CONCLUSION

No untoward effect was observed in any of the cases in both the methods of management namely, *Saptacchada Pratisaraniya Kshara Karma* and *Apamarga Pratisaraniya Kshara Karma*. The procedures in both the methods were simple, economical with minimal hospitalization. The treatment modalities of *Saptacchada Pratisaraniya Kshara Karma* and *Apamarga Pratisaraniya Kshara Karma* are equally efficacious in treating *Arshas*. Comparative analysis of the overall effect of the treatments in both the groups was done statistically where in Group A overall result was 100% and Group B overall result was 100%. Clinically there is no difference in the effect between the two groups except in pain after *Kshara Karma* where *Apamarga Pratisaraniya Kshara* fared better which may be because of action of *Vata-Kaphahara* and *Ushna Virya* property of *Apamarga*, bleeding per anum was also less in *Apamargakshara* compared to *Saptacchadakshara*. Patients of both the groups were co-operative, with stood the procedure well and there

was better acceptability in the group treated with *Apamarga Pratisaraniya Kshara Karma* because of less pain suffered from the patients when compared to the group treated with *Saptacchada Pratisaraniya Kshara Karma*. No recurrence was observed in both the groups after in the follow-up period.

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How to cite this article: Swarup Majumder, N. B. Mashetti. A comparative clinical study on the effect of Saptacchada Pratisaraniya Kshara and Apamarga Pratisaraniya Kshara in the management of Arshas (Internal Haemorrhoids). J Ayurveda Integr Med Sci 2019;5:7-10.
<http://dx.doi.org/10.21760/jaims.4.5.3>

Source of Support: Nil, **Conflict of Interest:** None declared.
