



ISSN 2456-3110

Vol 2 - Issue 1

Jan-Feb 2017

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

A Comparative Clinical Study on the Management of *Arshas* with *Haridradi Lepa* and *Pippalyadi Lepa*

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ABSTRACT

Arsha is as old mankind being an abnormal to routine life. *Arsha* does not cause any threat to life but troubles a lot, so it is included in one of the *Astha Maharogas* by *Sushruta*. This disease is largely confined to the *Guda* but also in *Nasa*, *Netra*, *Karna* etc. regions. Aetiological factors are vitiation of *Doshas* in *Gudavalis*, injury due to throne, stone, nail, vehicle, regular contact of cold water etc. Haemorrhoids are the varicosity of haemorrhoidal veins. Depending on the site these are 3 types viz, Internal, External and Intero-external Haemorrhoids. Depending upon bleeding these are 2 types which are bleeding and non bleeding piles. The presently available treatment measures are *Aushadha*, *Shastra*, *Kshara* and *Agnikarma*. Local external application is described by *Sushruta*, *Yogaratanakara*, *Charaka* and others. Hence a comparative clinical study is planned to evaluate the efficiency and malignant role of *Haridradi Lepa* and *Pippalyadi Lepa* in *Arshas* (Piles). In this study sample size of 40 patients were selected by simple random sampling, 20 in Group-A and 20 in Group-B, in Group-A, *Haridradi Lepa* was used, where as in Group-B *Pippalyadi Lepa* was used. The therapeutic effects was analyzed by using the subjective parameters viz. pain and discomfort during sitting and objective parameters viz, size, BPR (bleeding per rectum), mucous discharge etc. The duration of treatment was 15 days and clinical assessment was done in 5 days interval. At the end of study, the *Haridradi Lepa* has shown significantly beneficial result in sustainable manner.

Key words: *Arsha*, Piles, Haemorrhoids, *Haridradi Lepa*, *Pippalyadi Lepa*.

INTRODUCTION

The term *Arshas* is generally defined as, the diseases, which tortures the person like an enemy is called as *Arshas*.^[1] The incidence and prevalence of the disease *Arshas* is increased due to several factors. It is being an occupational diseases effect all irrespective of age,

sex and religion. Most of the people in tropical countries are suffering from the diseases.

The *Arshas* in modern aspect can be compared with piles or Hemorrhoids. Hemorrhoids is a greek word derived from two words Haem = Blood, Rhos = flow, means that blood flows and another name is pile. Pile is a latin word derived from Pila denotes the ball. So it seems to be ball like structure.^[2]

Hemorrhoids 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 different positions in the anorectal region. Such Hemorrhoids are internal or external to the anal orifice. The external variety are covered by skin, while the internal variety covered by the mucous membrane. When the two varieties are associated with each then they are known as intero-external haemorrhoids.

Piles clinical entity occupies an important place in the ano rectal region. Anatomically, physiological and

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Submission Date : 25/01/2017 Accepted Date: 29/02/2017

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v2i1.7481

pathologically anorectal region is an important junctional area, which offers many challenges to the physician and surgeon also .

As per Sushruta, the *Dosas* due to their aggravating causes, dislodges from their normal seats and reaches the *Mala Dwara* in *Pradhana Dhamani* and causes the vitiation of *Gudavalis* resulting in the production of *Mamsankura* especially in *Mandagni* persons. Irritation to *Guda* by *Kastha*, *Upala*, *Lostha*, *Vastra* and *Sheetodaka Sparsha* leads to further aggravation of *Arshas*.^[3]

Ayurveda propounded a comprehensive *Chikitsa* for *Arshas* includes medicinal, surgical as well as para surgical treatments as prevailing today *Sushruta* advocates the management of *Arshas* under four headings as follows, *Ausadha Karma*, *Shastra Karmas*, *Kshara Karmas* and *Agni Karmas*.^[4]

In the present era, more number of patients is interested to avoid the surgical procedures due to complications. *Sushruta* and *Yogaratanakara* have explained much local application in *Arsha Roga Chikitsa*. Among them two applications are taken for present study, known as *Haridradi Lepa* (*Yogaratanakara*) and *Pipalyadi Lepa* (*Sushruta*).

The ingredients of *Haridradi Lepa* are *Haridra*, *Koshataki*, *Snuhiksheera*, *Saindava Lavana* and *Gomootra*. The ingredients of *Pippalyadilepa* are *Pippali*, *Shireeshaphala*, *Kustha*, *Saindavalavana* and *Snuhiksheera*.

This local application was applied to relieve the inflammation and induration of the pile masses. The ingredients of this preparation acts directly on the *Arshas*. Apart from this, it is also relieves pain, reduction of pile masses, arresting of local bleeding and relief from other symptoms.

OBJECTIVES

To evaluate the efficacy of *Haridradi Lepa* and *Pippalyadilepa* in the management of *Arsha*.

MATERIALS AND METHODS

Source of data

The present clinical study was carried out on both male and female patients, attending at Out Patients Department of Shalyatantra, TMAE'S Ayurvedic

Medical College and Hospital, Hospet, with complaints of pain during and after defecations and inflammation, mucus discharge, discomfort etc.

Method of collection of Data

All the patients are selected by simple randomized sampling procedure

Sample size

Totally 40 patients were selected on the basis of selection criteria i.e inclusion and exclusion criteria

Grouping

All the 40 selected patients were grouped into two categories of equal size i.e, 20 patients in each group as Group 1 and Group 2

Group-1 : the drug combination (*Haridra* + *Koshataki* + *Snuhikshree* + *Saindava Lavana* + *Gomutra*) was used as a local application, because the external application is widely accepted by suffering patients. *Haridradi Lepa* is prepared as per the description available in *Sharangadhara Samhita*. This is applied externally on the *Arshaankura*. Being an external application, the quantity of the drug depends upon the size of *Arshaankura*

Group-2 : the drugs combination (*Pippali* + *Saindava Lavana* + *Kushta* + *Shireesha Phala Kalka* + *Snuhi Dugdha*) was used as a local application because the external application is widely accepted by suffering patients. The *Pipalyadi Lepa* is prepared as per the description available in *Sharangadhara Samhita*. This is applied externally on the *Arshaankura*. Being an external application, the quantity of the drug depends upon the size of *Arshaankura*.

For both the group *Hatitaki Churna* 1tsf with warm water was given in the moening for 15 days.

Examination of Patients

Through history of every patients was taken and recorded on a special case sheet regarding the complaints, duration, personal habits, etc. After interrogation, local and general examination was carried out. The examination was not helpful for diagnosis but has a prognostic values. Thus the examination of the patients was carried as follows:

- Interrogation

- Systematic examination
- Local examination
- Special investigation
- Local examination has given up most importance and it was carried out as follows
- Inspection
- Palpation
- Instrumentation

Side by side, the *Panchendriya Pareeksha* was also taken into account and an attempt was made to determine *Desha*, *Kala*, physical and *Doshic* constituents i.e. *Dosha* of *Arshas* etc.

Investigation

Routine investigation were done for every patients such as blood, urine, stools and radiological.

Criteria for selection of patients

Inclusion Criteria

- Patients of all age group, irrespective of sex
- Patients unwilling for surgery

Exclusion criteria

- Patients having IDDM/NIDDM
- Patients with other co-morbid condition and other systemic pathology.

TREATMENT MODULE

Preparation of patients

The purpose of preparation of the patient suffering with *Arshas* was to make him fit physicaly and mentally before entry of patient in OT, they might have already tried many drugs and might have been advised for surgery for complete cure so he needs encouragements and confidence to get good relief. The peripheral area is to be properly cleaned so as to maintain the proper hygiene.

Treatment

Group-1

After the preparation of patients, they were made to lie down in lithotomy position and the part is cleaned

with povidine-iodine solution and spirit. And then mopped with sterilized cotton.

Then *Haridradi Lepa* was applied by a sterile spoon on the pile mass. And after, a strile gauze piece was kept over the application and T- shaped bandage was done.

Everyday in the morning the dressing was changed. After defecation the patient was advised to take sitz bath at home. Even after complete regression of masses, they were advised to continue the same for another 15 days.

Group-2

After the preparation of patient, they were made to lie down in lithotomy position and the part is cleaned with povidine iodine solution and spirit. And then mopped with sterilized cotton.

Then *Pippalyadi Lepa* was applied by a sterile spoon on the pile mass. And after, a sterile gauze piece was kept over the application and T shaped bandage was done.

Everyday in the morning the dressing was changed. After defecation the patient was advised to take sitz bath at home. Even after complete regression of masses, they were advised to continue the same for another 15 days.

Duration of Treatment

The duration of treatment for Group-1 and Group-2 patients is taken for 15 days. Every morning after defecation the *Haridradi Lepa* and *Pippalyadi Lepa* is applied. For every 5 days the gradings of the signs and symptoms were noted.

Follow up

The follow up portion of management is of great importance so far as the recurrence of the disease is concerned. After completion of duration the follow up is done for next 15 days. All the treated cases are advised to visit the Shalya Department, TMAE'S Ayurvedic Medical College and Hospital, Hospet.

Instructions

The patient were advised to maintain the hygiene, *Nidana Parivarjana* like riding, sitting on hard surface for long time, excessive coitus, food which leads to

constipation, and contact of cold water at anal region are to be avoided.

PARAMETER FOR ASSESSMENT

Subjective Parameter

Pain and discomfort during defecation, sitting etc.

Objective Parameter

Size of *Arshaankura*, healing etc.

Grading of Parameter

Pain

- G0 = No Pain
- G1 = Mild Pain
- G2 = Moderate Pain
- G3 = Severe Pain

Bleeding per rectum

- G0 = No bleeding per rectum
- G1 = Mild bleeding per rectum
- G2 = Moderate bleeding per rectum
- G3 = Severe bleeding per rectum

Mucous Discharge

- G0 = No Mucous Discharge
- G1 = Mild Mucous Discharge
- G2 = Moderate Mucous Discharge
- G3 = Severe Mucous Discharge

Inflammation

- G0 = No Inflammation
- G1 = Mild Inflammation
- G2 = Moderate Inflammation
- G3 = Severe Inflammation

Pruritus Ani

- G0 = No Pruritus Ani
- G1 = Mild Pruritus Ani
- G2 = Moderate Pruritus Ani
- G3 = Severe Pruritus Ani

Constipation

- G0 = NoConstipation
- G1 = Mild Constipation
- G2 = Moderate Constipation
- G3 = Severe Constipation

Size

- G0 = NoSize
- G1 = Mild Size
- G2 = Moderate Size
- G3 = Severe Size

Discomfort

- G0 = NoDiscomfort
- G1 = Mild Discomfort
- G2 = Moderate Discomfort
- G3 = Severe Discomfort

OBSERVATIONS AND RESULTS

The total numbers of cases were selected irrespective of their age, sex, complaints, duration of complaints, types of *Arshas*, diet and other factors responsible for the diseases. The 40 cases were grouped into two comprising of 20 patients each. Out of 40 selected patients, 31 (77.5%) were females and rest the 9 (22.5%) were males. After studying carefully we had came to know that females are more prone for the *Arshas*. Out of 40 patients selected for study people doing moderate work are 21 (62.5%) in number and heavy work 6 (15%) each in heavy and 13 (32.5%) sedentary categories. The food habit also plays an important role in the diseases of *Arshas*. It can be divided into two categories such as, Vegetarian, Non vegetarian. Dietary habits do have a major role to play in the diseases of alimentary tract including *Arshas*. Out of all patients for study, 13 (32.5%) were vegetarians and 27 (67.5%) were non vegetarians, thus it is clear that non vegetarians were more prone to *Arshas*, owing to less fiber and water amount in the non-vegetarians diet. On categorization of *Arshas* based on "*Doshic profiles*" patients of *Vataja* were 8 (20%) in number, *Pittaja* were 20 (50%) in number, *Kaphaja* were 5 (12.5%) *Raktaja* type were 3 (7.5%) and *Sannipataja* type were 4 (4.10%) patients of

Shjaarshas were not included in the study. Patients complaining of bleeding per rectum were 40 (100%) pain in anal region was complained by 40 (100%) patients, but mucous discharge was complained by only 7 (17.5%) patients. Out of 40 patients, 31 (77.5%) patients were showing partial prolapse and 9 (22.5%) patients were showing complete prolapse.

Statistical Analysis of BPR (Paired sample statistics)

Group		Mean	S.D.	S.E	t	p	
Group 1	BT	2.35	0.489	0.109	--	--	
	AT	5	1.35	0.489	0.109	0	0
		10	1.00	0.000	0.000	12.34	P< 0.001*
		15	0.25	0.444	0.099	30.52	P< 0.001*
Group 2	BT	2.35	0.489	0.109	--	--	
	AT	5	1.4	0.502	0.112	19.0	P< 0.001*
		10	0.9	0.307	0.068	12.70	P< 0.001*
		15	0.6	0.502	0.112	17.62	P< 0.001*

* - Highly Significant

The above table denotes that there is no result after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group-1. The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group-2

Statistical Analysis of Pain (Paired sample statistics)

Group		Mean	S.D.	S.E	t	p
Group 1	BT	2.5	0.512	0.114	--	--
	AT	5	1.55	0.510	0.114	19.00

		10	1.00	0.000	0.000	12.71	P< 0.001*
		15	0.3	0.470	0.105	33.48	P< 0.001*
Group 2	BT		2.35	0.489	0.109	--	--
	AT	5	1.4	0.502	0.112	19.0	P< 0.001*
		10	0.95	0.223	0.049	12.46	P< 0.001*
		15	0.2	0.41	0.091	26.25	P< 0.001*

* - Highly Significant

The above table denotes that there is highly significant result after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group-1. The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 2.

Statistical Analysis of Mucous Discharge (Paired sample statistics)

Group		Mean	S.D.	S.E	t	p	
Group 1	BT	0.2	0.410	0.091	--	--	
	AT	5	0.2	0.410	0.091	0.0	0.0
		10	0.0	0.0	0.0	2.18	P< 0.05*
		15	0.0	0.0	0.0	2.18	P< 0.05*
Group 2	BT	0.2	0.410	0.091	--	--	
	AT	5	0.410	0.410	0.091	0.0	--
		10	0.05	0.223	0.049	1.83	P< 0.05**
		15	0.0	0.0	0.0	2.18	P< 0.025*

* - Highly Significant, ** - Not Significant.

The above table denotes that there is not significant after 5 days where as significant result after 10 days and significant result after 15 days in Group 1. The above table denotes that there is not significant after 5 days where as not significant result after 10 days and highly significant result after 15 days in Group 2.

Statistical Analysis of Inflammation (Paired sample statistics)

Group		Mean	S.D.	S.E	t	p	
Group 1	BT	2.05	0.686	0.153	--	--	
	AT	5	1.4	0.502	0.112	5.94	P< 0.001*
		10	0.4	0.510	0.114	14.24	P< 0.001*
		15	0.15	0.366	0.081	15.38	P< 0.001*
Group 2	BT	2.35	0.489	0.109	--	--	
	AT	5	1.45	0.510	0.114	13.08	P< 0.001*
		10	0.85	0.366	0.081	13.15	P< 0.001*
		15	0.25	0.444	0.099	30.52	P< 0.001*

* - Highly Significant

The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 1. The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 2.

Statistical Analysis of Pruritus ani (Paired sample statistics)

Group		Mean	S.D.	S.E	t	p
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Group 1	BT	1.2	0.410	0.091	--	--	
	AT	5	0.95	0.223	0.049	2.51	P< 0.025*
		10	0.15	0.366	0.081	11.91	P< 0.001*
		15	0.00	0.000	0.000	13.08	P< 0.001*
Group 2	BT	1.2	0.410	0.091	--	--	
	AT	5	0.95	0.223	0.049	2.52	P< 0.025*
		10	0.55	0.510	0.114	5.94	P< 0.001*
		15	0.00	0.000	0.000	13.08	P< 0.001*

* - Highly Significant

The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 1. The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 2.

Statistical Analysis of Constipation (Paired sample statistics)

Group		Mean	S.D.	S.E	t	p	
Group 1	BT	1.0	0.000	0.000	--	--	
	AT	5	0.25	0.44	0.099	7.55	P< 0.001*
		10	0.000	0.000	0.000	0.000	--
		15	0.000	0.000	0.000	0.000	--
Group 2	BT	1.4	0.502	0.112	--	--	
	AT	5	1.05	0.223	0.049	3.19	P< 0.05*

		10	0.3	0.470	0.105	15.98	P< 0.001*
		15	0.00	0.000	0.000	12.46	P< 0.001*
* - Highly Significant							

The above table denotes that there is highly significant after 5 days where as not significant result after 10 days and not significant result after 15 days in Group 1. The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 2.

Statistical Analysis of Size (Paired sample statistics)

Group			Mean	S.D.	S.E	t	p
Group 1	BT		2.15	0.366	0.081	--	--
	AT	5	1.4	0.502	0.112	7.5	P< 0.001*
		10	1.0	0.329	0.072	10.51	P< 0.001*
		15	0.25	0.444	0.099	19.0	P< 0.001*
Group 2	BT		2.3	0.470	0.105	--	--
	AT	5	1.65	0.489	0.109	5.94	P< 0.001*
		10	1.1	0.447	0.099	10.26	P< 0.001*
		15	0.7	0.470	0.105	14.24	P< 0.001*
* - Highly Significant							

The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 1. The above table denotes that there is highly significant after 5 days where as highly

significant result after 10 days and highly significant result after 15 days in Group 2.

Statistical Analysis of Discomfort (Paired sample statistics)

Group			Mean	S.D.	S.E	t	p
Group 1	BT		1.35	0.489	0.109	--	--
	AT	5	1.1	0.307	0.068	2.51	P< 0.025*
		10	1.00	0.000	0.000	3.19	P< 0.005*
		15	0.4	0.502	0.112	10.78	P< 0.001*
Group 2	BT		2.2	0.410	0.091	--	--
	AT	5	1.5	0.512	0.114	6.6	P< 0.001*
		10	0.85	0.489	0.109	12.34	P< 0.001*
		15	0.35	0.489	0.109	22.58	P< 0.001*
* - Highly Significant							

The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 1. The above table denotes that there is highly significant after 5 days where as highly significant result after 10 days and highly significant result after 15 days in Group 2.

DISCUSSION

The management of piles has been a common problem for surgeon and proctologist ever since this disease was recognized. As separate entity, Sushruta was the first surgeon who described certain para surgical and surgical procedures. He has placed, this disease in list of *Ashtamahagada*, which are very difficult to treat. Some of the case of haemorrhoids are clear indication of surgery, but it is not advisable due to old age and presence of systemic diseases. This present study was aimed at non surgical management

of piles. The local application of *Haridradi Lepa* and *Pippalyadi Lepa* was selected for the study. The clinical study was done in 40 cases. The male and female patients selected for study of age group 20-60 years. The patients having the clinical symptoms such as bleeding per rectum, pain, inflammation, mucous discharge, constipation, size, discomfort and pruritis ani. The patients suffering with haemorrhoids in 1st, 2nd and 3rd degree were included.

Single mass get responded very quickly to the treatment comparative to others. Complete regression of mass took place in the *Vata*, *Pitta* and *Kaphaja Arshas*. The clinical symptoms were maximum improved by the end of 10th day in Group-1, comparing to Group-2. *Pittaja Arshas* showed quick response compared to *Kaphaja* and *Vataja*. The case suffering with piles associated with constipation was found in maximum number of patients.

The selected drug have the properties of *Deepana*, *Pachana* as well as laxative effect to improve appetite to relieve constipation respectively.

The constipation factor during defecation due to more strain at the anal canal and rectum which creates pressure over the haemorrhoidal veins. This causes dilatation of rectal veins which causes piles.

The above mentioned drugs have shown the efficacy in shedding of pile masses as well shrinkage of prolapsed pile masses and arrest bleeding per rectum, mucous discharge along with reduction of pain and inflammation were observed.

Hence it can be concluded that the administration of *Haridradi Lepa* as external application was most effective to relieve bleeding per rectum, size and inflammation in Group-1. Where as administration of *Pippalyadi Lepa* as external application was most effective to relieve pain and discomfort in Group-2.

Both the *Lepas* have equal effect in mucous discharge, pruritis ani and constipation in both the groups. The efficacy of *Haridradi Lepa* is most effective in reducing the bleeding, size and inflammation comparing to *Pippalyadi Lepa*. The cost effect of *Haridradi Lepa* is very low and easy available when compared with *Pippalyadi Lepa*.

It shows that this medicine is only a partial treatment, which helps the patient to get relief from symptoms

and more over present study helps to avoid surgical intervention and its complication and helps to those patients who are unwilling for surgery. In this way the present comparative study shows significant effects in relieving symptoms and bring the patients to the stage of palliative treatment to avoid surgery.

CONCLUSION

From the above study it can be concluded that *Haridradi Lepa* is more effective in bleeding per rectum and inflammation when compared to *Pippalyadi Lepa*. *Pippalyadi Lepa* is more effective in pain and discomfort when compared to *Haridradi Lepa*. *Haridradi Lepa* is completely curative, safe and effective in relieving symptoms in early stage of disease and also useful in patients who are unwilling for surgery. *Pippalyadi Lepa* is moderately curative, safe and effective in relieving symptoms in early stage of disease and also useful in patients who are unwilling for surgery.

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How to cite this article: K. M. Siddalinga Murthy, N. B. Mashetti. A Comparative Clinical Study on the Management of Arshas with *Haridradi Lepa* and *Pippalyadi Lepa*. J Ayurveda Integr Med Sci 2017;1:15-22.
<http://dx.doi.org/10.21760/jaims.v2i1.7481>

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