



ISSN 2456-3110

Vol 5 · Issue 3

May-June 2020

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

# JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



**Charaka**  
Publications

Indexed

## To evaluate efficacy of *Suranpindi* (internally) along with *Kasisadi Malahara* (locally) in the management of *Gudarsha* w.s.r. to Grade 1 and 2 internal haemorrhoid

Dwivedi Amarprakash<sup>1</sup>, Patil Aishwarya B.<sup>2</sup>

<sup>1</sup>Professor, <sup>2</sup>Post Graduate Scholar, Dept. of Shalya Tantra, School of Ayurveda, D.Y. Patil Deemed to be University, Navi Mumbai, Maharashtra, INDIA.

### ABSTRACT

*Gudarsha* or haemorrhoid has been known to mankind for longer time and one of the commonest disease to affect human being, in today's time consumption of fast foods, sedentary life style and mental stress are factors that disturbed bowel habit and constipation. Haemorrhoid is clinically engorged condition of haemorrhoidal venous plexus with abnormally displaced enlarged anal cushion. The prevalence rate of this disease is 4.4% in ten million people. *Arsha* is mentioned in *Ashtamhagad* by Acharya Sushruta and occurs mainly due to *Agnimandya* (low digestive fire). Modern medical science has treatment alternatives such as diet-lifestyle modification, sclerotherapy, banding, LASER ablation etc. and various surgical procedure such as hemorrhoidectomy, MIPH etc. in advanced stage. Sushruta has described various modalities in the management of *Arsha* such as *Bheshaja*, *Ksharkarma*, *Agnikarma* and *Shastra Karma*. The *Arsha* in early stages with less sign and symptoms can be treated with medicinal treatment. Hence, to establish a palliative treatment for *Arsha*, *Suranpindi* (internally) along with *Kasisadi Malhara* (locally) was prescribed and to evaluate its therapeutic efficacy in early internal (Grade 1 and 2) haemorrhoid. In this clinical study, an open randomized controlled clinical trial has been conducted on 50 patient. The study revealed that, the combination treatment proved effective in reducing symptoms of *Gudarsha* i.e. internal (Grade 1 and 2) haemorrhoid such as per rectal bleeding, size and colour of pile pedicle, and further regression in stages of haemorrhoid.

**Key words:** *Arsha*, *Suranpindi*, *Kasisadi Malhara*, *Haemorrhoid*.

### INTRODUCTION

In today's modernized world, shift duties, stressful life, eating unhealthy foods people prone to the disease like haemorrhoids. Dilatation of the veins of internal rectal plexus constitutes the condition of the

internal haemorrhoids which are covered by the mucous membrane.<sup>[1]</sup> Haemorrhoids, also called piles are masses or clumps of tissues which consist of muscle and elastic fibres with enlarged, bulging blood vessels and surrounding supporting tissues presents in the anal canal of an individual.<sup>[2]</sup>

The disease begins from dilatation within the cavernous bodies of anal canal cushions primarily due to passing hard stool or straining at defecation, leading to, bruising of engorged venous cushions and rupture of artero-venous shunts resulting in bleeding piles. Due to site of disease many of the patient's hesitate to go to doctor and they delay the examination and treatment which ultimately leads to worsen condition of the disease.<sup>[3,4]</sup>

According to Ayurveda haemorrhoids can be correlated with *Arsha* or *Gudarsha*. It is included in

#### Address for correspondence:

Dr. Patil Aishwarya B.

Post Graduate Scholar, Dept. of Shalya Tantra, School of Ayurveda, D.Y. Patil Deemed to be University, Navi Mumbai, Maharashtra, INDIA.

E-mail: aishwaryabharatpatil57312@gmail.com

Submission Date: 28/05/2020 Accepted Date: 19/06/2020

#### Access this article online

##### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.5.3.3

*Ashta-mahagada* category. If non-self-possessed person continuously practicesun salutary lifestyle, food consumption habit, indulge in strenuous work, and holding natural urges which vitiation *Vatadosha* and *Jatharagni*, this vitiated *Vata* further vitiated blood and muscle tissues and local blood vessels travels downward, and affect sphincters and surrounding anatomical structures in the anal canal, leading to pile mass formation i.e. *Arsha*.<sup>[5,6]</sup>

Various mode of treatment are available for internal haemorrhoids which can be classified into surgical, para-surgical and medicinal management. Similarly, Sushruta has described four fold treatment alternatives for the management of *Gudarsha* such as *Bheshaja*, *Kshara Karma*, *Agnikarma* and *Shastra Karma* as per *Avastha* (stages).<sup>[7,8,9]</sup>

*Arsha* in early stage with less signs and symptoms can be treated with medicinal treatment (*Bheshaja*) and which cannot be treated with medicines should be treated with *Kshara Karma* and *Agnikarma* and which are not cured with all above treatment should be treated with *Shastrakarma*.<sup>[10]</sup> Further, the disease such as *Arsha*, comes under *Aadibala Pravrita Roga* and in early stages i.e. 1<sup>st</sup> and 2<sup>nd</sup> degrees of *Arsha*, the first line of treatment is *Bhaishajya Chikitsa*.<sup>[11]</sup>

The parasurgical techniques have got one or the other type of limitation and are not free from post-operative complications, and it opportunity to find out remedial measure which would ideally cure the disease that free from complications and also there is need and scope of medicinal treatment in those where surgery is contraindicated. Therefore, here it was preferred to choose *Bhaishajya Chikitsa* under which the Ayurvedic preparation *Suranpindi* and *Kasisadi Malahara* was used for management of *Abhyantara Arsha*.<sup>[12]</sup>

As per Ayurvedic pathogenesis, among several causes of *Arsha*, *Agnimandya* (low digestive fire) is the main factor. In Sharangdhar Samhita's *Madhyama Khand*, *Suranpindi* has been termed as '*Arshonashini Param*', having *Arshoghana* (anti-haemorrhoid) property, and which pacifies *Agnimandya*.<sup>[13]</sup> The *Dhatuvaigunya* (organic pathology due to local deformity) of anal

structures requires adjuvantlocal treatment and *Pratisarana* of medicated paste i.e. *Malahara* is treatment of and is effective locally.<sup>[14]</sup>

So, the present clinical study was carried out to prove the therapeutic effect of *Suranpindi* internally along with *Kasisadi Malahara* for local application and in the management of *Gudarsha* with special reference to 1<sup>st</sup> and 2<sup>nd</sup> degrees internal haemorrhoids.

### AIMS AND OBJECTIVES

1. Open clinical study to evaluate efficacy of *Suranpindi* with *Kasisadi Malahara* in the management of *Gudarsha* with special reference to Grade 1 and 2 internal haemorrhoid.
2. To provide user friendly, conservative Ayurvedic regimen such as *Suranpindi* in *Vati* (tablet) form and *Kasisadi* in form of *Malahara* (ointment) for internal piles management.

### MATERIALS AND METHODS

**Type of study** - Open clinical study.

**Place of study** - Shalya tantra Department, Dr. D. Y Patil Ayurvedic Hospital, Navi Mumbai.

Outdoor and Indoor patient from the Shalya tantra Department, Dr. D. Y. Patil Ayurvedic Hospital enrolled and participated in the study.

**Sample size** - 50

**Drug Profile** -

Internal use - *Suranpindi*

Local use - *Kasisadi Malahara*

**Dose**

1. *Suranpindi* tablets (500 mg each) were given orally, two tablets twice in a day, after meal with luke warm water.
2. *Kasisadi Malahara* local application (per rectal digital application) once daily in morning.

**Duration of study** - 1 month.

The follow up the patients was taken on 0, 7, 14, 21, and 28 days.

**Ethical Clearance** - Ethical clearance is taken from ethical committee of Dr.D.Y. Patil Ayurvedic Hospital.

### Methodology

#### Content of Suranpindi

1. *Suran (Amorphophallus campanulatus)* (Roxb) Blume
2. *Chitrakmoola (plumbago zeylanica)*
3. *Shunthi (Zingiber officinale)*
4. *Maricha (piper nigrum)*
5. *Gud (jaggery) (Saccharum officinarum)*

#### Method of preparation of drug

First of all 32 parts of dry *Suran* was crushed into fine powder, then 16 parts of *Chitrakmoola Churna*, followed by 4 parts of *Shunthi Churna* and 2 parts *Maricha Churna* was taken together and 2 parts of *jaggery (Gud)* was mixed to form *Vati*.

#### Content of Kasisadi Malhara

1. *Kasisa (FeSO<sub>4</sub>.H<sub>2</sub>O)*
2. *Dantimool (Baliospermum montanum wild.Moll Arg.)*
3. *Saindhav (Rock salt)*
4. *Karviramool (Nerium indicum Mill)*
5. *Chitrak-moola (plumbago zeylanica)*
6. Bee wax.

#### Method of preparation of drug

Firstly, *Kalka* of the materials in equal parts (fifty grams each) such as *Kasisa*, *Dantimool*, *Saindhav*, *Karviramool* and *Chitrakmoola* was prepared. Thereafter, the above *Kalka* is uniformly mixed with Bee wax to get *Kasisadi Malahara*.

#### Inclusion Criteria

- Either sex ratio of age group between 18 -60 yrs.
- Diagnosed patient of first and second degree internal piles were included in this study
- All cases who didn't receive any local treatment.

#### Exclusion Criteria

- Patients having Diabetes, Malignancies, HIV, HBsAG and VDRL positive.
- Pregnant women
- 3<sup>rd</sup> degree prolapsed piles and thrombosed piles.
- Ca Rectum
- Haemorrhoids with fissure or fistula in ano.

#### Grading parameters for assessment

The parameters such as Per rectal bleeding, Size of pedicle (on proctoscopy), colour of pile pedicle and Stage of piles were graded and assessed for therapeutic efficacy of the formulation.

##### 1) P/R bleeding (as per patients complaints)

P/R bleeding	Grade
16 and above drops	++++
6 to 15 drops	+++
3 to 5 drops	++
1 to 2 drops	+
No bleeding	0

##### 2) Size of pedicle (on proctoscopy)

Size resembling larger than ground nut	++++
Size resembling same as ground nut	+++
Size resembling Same as pea nut	++
Size resembling smaller than pile pedicle	+
No of pile pedicle visualized	0

##### 3) Colour of pile pedicle

Blakish colour	++++
Bluish colour	+++
Reddish colour	++
Pinkish colour	+

Colour resembling that of mucosa	0
----------------------------------	---

++++ No of pile pedicle distinguished	0
---------------------------------------	---

4) Stage of piles

4 <sup>th</sup> degree proplased and thrombsed pile mass	++++
+3 <sup>rd</sup> degree internal pile mass	+++
++2 <sup>nd</sup> degree internal pile mass	++
+++1 <sup>st</sup> degree internal pile mass	+

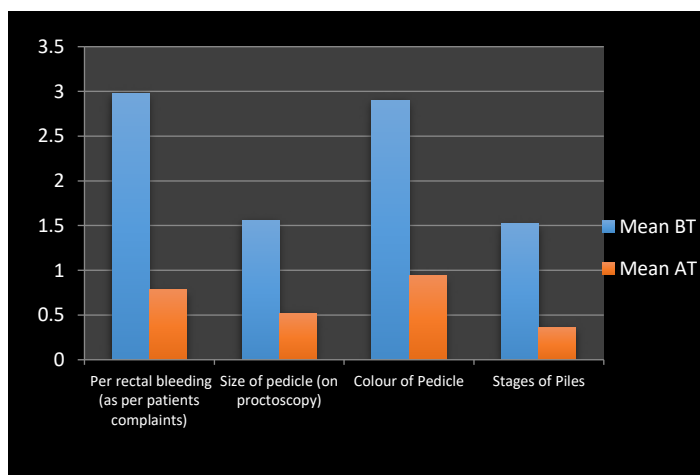
OBSERVATION AND RESULTS

Out of 50 patient, it has been observed from the study that out of 50 patient, maximum no. of patients i.e. 24 (48%) were in between the age group 30-40 years, followed by 12% in the group 40-50 years, 8% in the group of 50-60 years, minimum patient 6% in the group of 20-30 years. The observation revealed that the majority of patient were male. Further, most of the patents were in service, business and labours occupation wise.

Table 1: Observations Before and After treatment with SD, Paired t and p value.

SN	Symptoms	Mean		Mean (BT-AT)	IMP %	SD (+,-)	SE (+,-)	t	p	Result
		BT	AT							
1.	Per rectal bleeding (as per patients complaints)	2.9 8	0.7 8	2.2	73.8 255	0.6060 92	0.0857 14	25.666 67	0.00 01	HS
2.	Size of pedicle (on proctoscopy)	1.5 6	0.5 2	1.04	66.6 6667	0.8071 11	0.1141 43	9.1113 96	0.00 01	HS
3.	Colour of Pedicle	2.9	0.9 4	1.96	67.5 8621	0.8070 91	0.1141 4	17.171 92	0.00 01	HS
4.	Stages of Piles	1.5 2	0.3 6	1.16	76.3 1579	0.8154 33	0.1153 2	10.059	0.00 01	HS

Graph 1: Overall efficacy of Treatment



STATISTICAL ANALYSIS

Statistical analysis was found to be highly significant for the symptoms by paired t test (p<0.001) value, and hence we reject Ho therefore, we can say that the treatment i.e. Suranpindi and Kasisadi Malahara is significantly effective.

RESULT

In case of P/R bleeding, the mean before treatment was 3 and was reduced to 0.78, Size of pedicle, the mean before treatment was 1.56 and was reduced to 0.52, Colour of pile pedicle the mean before

treatment was 2.26 and was reduced to 0.52, Stage of pile the mean before treatment was 1.52 and was reduced to 0.36 after 30 days.

$H_0$  - No significant difference due to the effect of *Suranpindi* and *Kasisadi Malahara*.

$H_1$  - Significant difference due to the effect of *Suranpindi* and *Kasisadi Malahara* on Decision criterion.

Reject  $H_0$  if p value is less than 0.05.

## DISCUSSION

*Arsha* is a common Ano-rectal disorder problem irrespective of sex, in this clinical trial most of the patient were 30-40 years of age. *Arsha* is the most afflicting disease man is facing present days. Urbanisation, change going life style, dietary and bowel habits are contributing factors in increasing prevalence of bleeding piles.

Bleeding is the principle and earliest symptoms of haemorrhoids for which patients seeks medical advice. *Bhaishjya Chikitsa* (medicinal therapy) is more effective in early stage of *Raktarsha* (haemorrhoids) and has greatest advantage of wider acceptability by patients.

### Probable mode of action of therapy

*Suranakanda* has special effect as *Arshoghna*.<sup>[16]</sup> So, it is the drug of choice in *Arsha*. As it is *Ushana Ttikshnaguna* helps *Raktadhatu* to flow in regular manner without any congestion at veins and hence *Shotha* (inflammation) decrease and size of pile mass seems to be decreased as *Ushnaguna* dilates the channel of *Raktavahasrotas*.

All ingredients (*Surana*, *Chitrak*, *Maricha*, *Shunthi*) in this formulation are *Katuraspradhan* <sup>[17]</sup> and *Ushna Virya*, so they help in reducing the blood accumulation as they are said to be having action as "*Shonita Sanghat Bhinnati*". It is stated that *Arsha* is congestion of veins and *Katurasa* dissolve the congestion.

The root cause of *Arsha* is *Mandagni* and *Vibandha*. So *Chitraka*, *Marich*, *Shunthi* are having *Deepana*

*Pachana* and *Vatanulomaka Guna* due to its *Katu Vipaka* and *Ushna Virya*. Thus, the *Chikitsa* with *Suranpindi* correct the pathological disturbance of *Arsha* and ultimately patients get relief from signs and symptoms of *Arsha*.

Similarly, *Kasisadi Malahara* is mentioned in *Bhaiyshyja Ratnavali* for the management of *Arsha* as *Arshashtan Yoga*, and wrote that it destroys the *Arsha* as *Kshara* but not affect the normal structure of *Guda*.

Probably, there may be reduction in size of haemorrhoids by the local application of *Kasisadi Malahara* due to its corrosive effect on the wall of affected veins by acidic nature (ph-3.7)<sup>[18]</sup> as well as *Lekhana* property of content *Kasisadi Malahara*. Bleeding may be reduced due to decreased pressure of stool on veins sphincters by soothing effect of *Kasisadi Malahara*. *Ushna Tikshna* and *Snigdha Guna* of *Kasisadi Malahara* may correct the *Vatadushti* and regulate the function of *Apanana Vayu* which breaks *Samprapti* and cure the disease *Arsha*.

Thus, the combination of both drugs gave better results in treatment of *Gudarsha*. The combination of both drug i.e. *Suranpindi* and *Kasisadi Malahara* acted at the level of *Samprapti Vighatan* by pacification of vitiated *Doshas* as well as *Raktastambhaka* which help in relief in symptoms of patients observed in the clinical trial.

## CONCLUSION

The main principle of the management of *Arsha* is *Pitta Kapha Shamana*, *Vatanulomana*, *Deepana*, *Pachana Raktashodhana* and *Raktastmbhana*. *Deepaniya* and *Pachaniya* drugs are essential in the treatment of *Arsha* for improvement of *Agni Bala* and gave better results in stop the bleeding. The trial medicine of present study *Suranpindi* (internally) along with *Kasisadi Malahara* (locally) proved efficacious in reducing size, colour of pedicle, regressed the stage and arrested bleeding of haemorrhoids. Also, the prescribed treatment was found simple, safe and effective in the management

of Gudarsha w.s.r. to Grade 1 and 2 Internal Haemorrhoids.

## REFERENCES

1. John Goligher, Author (fifth edition) Surgery of Anus Rectum and colon, vol. 1 chapter 4, A.I.T.B.S.Publishers,Delhi-India:2004;P99-106.
2. <https://www.glowm.com/sectionview/heading/common%20Anorectal%20problem/item/71>(last accessed on 23/4/2019).
3. A concise textbook of surgery by somen Das, fourth edition-2006, published by S.das. Calcutta, chapter 54, page no 1078-1082.
4. Baily and love's short practice of surgery, Edited by RCG Russel, Norman Willim. 24<sup>th</sup> edition 2004 , published by Hodder Arnold publication, USA, chapter 73,page no 1256-1262.
5. Priyavat sharma, Editor (Reprint edition), English translation of text and dalhan commentary (vol.2) on Sushrut Samhita of Sushrut, Nidansthan, chapter 2 verse 4, Varanasi, Chaukhambha Vishwabharti:2010,p19
6. Dwivedi Amarprakash P: To Evaluate Efficacy Of 'Arshohar Malhar' (Locally) In The Management of 'Abhyantar Gudarsh' w.s.r. to Grade 1 and Grade 2 Internal Haemorrhoids. International Ayurvedic medical Journal {online} 2016 {cited 2016 May} Available from: [http://www.iamj.in/posts/images/upload/933\\_942.pdf](http://www.iamj.in/posts/images/upload/933_942.pdf)
7. Sushrata's Sushrut Samhita, Hindi commentary Sushrut Vimarshini'-Part 1, by Dr. Anantaram Sharma, First Edition-2001, Chaukhamba Surabharti Prakashana, Varanasi, Nidansthan,chapter 2/4,page no 474-75.
8. Sushrata's Sushrut Samhita, English translation of text and Dalhan commentary, edited and translated by Vd. Priyavrat sharma, vol 2 Reprint edition-2010, published by Chaukhamba Vishwabharti, Varanasi, Nidanasthan, chapter 2/4,page no 19.
9. Vagbhata's Astanga Sangraha, English translation by Prof.K.R.Srikantha Murthy, Fifth Edition-2005, Published by Chaukhamba Orientalia, Varanasi, Nidansthan, chapter 7/6,page no.188
10. Sushrata's Sushrut Samhita, English translation of text and Dalhan commentary, edited and translated by Vd. Priyavrat Sharma, Vol.2 Reprint edition-2010, published by Chaukhamba Vishwabharati, Varanasi, Chikitsasthan, Chapter 6/4-6,Page no 328-329
11. Sushrata's Sushrut Samhita, Hindi commentary Sushrut Vimarshini'- Part 2, by Dr. Anantaram Sharma, First Edition-2001, Chukhamba Surbharti Prakashana, Varanasi, Chikitsasthan, chapter 6/4,page no. 225
12. Yogratnakara with Vidyotini Hindi Commentary by Vaidya laksmipatishastri, Edited by Bhisagratna Shastri, chaukhamba Prakashan, Varanasi, Reprinted 2013, purvardhagat, Arshorog Chikitsa, page no.299
13. Sushrata's Sushrut Samhita, Ayurveda Tattva Sandipika, Hindi commentary by kaviraja Ambika Dutta Shastri, Chaukhamba Sanskrit Sansthan Prakashan, Varanasi, Reprint 2013, volume-1, Chikitsasthan, chapter No 6, page no. 46
14. Sharangadhar Samhita "Jeevanparda" Savimarsh Hindi Vyakhya Samhita by Dr. Shrimati Shailaja Shrivastava, Chaukhamba Orientalia Publication Varanasi, Sharangdhar Samhita Madhyamkhand, 7<sup>th</sup> chapter "Vatakkalpana" ,198
15. Charak Samhita of Agnivesh revised by Charak with Ayurved Dipika' Commentary of Chakrapanidatta, Hindi commentary by Panditkashinath Shastri, edited by Dr. Ganasahay Pandey, Reprint Edition-2012, Published by Chaukhamba Sanskrit Sansthan, Varanasi, Chikitsa Sthan,14/6-8 Page no 244-346 and 14/52-57,Page no 353.
16. Bhavaprakasha Nighantu Savimarsha Hindi Vyakhya, reprint vimarshkar-Padamshri prof. Krishchandra Chunekar, Sampadak-Late Dr. Gangasahay Pandey by Chaukhamba bharti Academy, Varanasi.2010.
17. Bhavaprakash Nighantu Savimarsha Hindi Vyakhya, reprint vimarshkar-Padamshri prof. Krishchandra Chunekar, Sampadak-Late Dr. Gangasahay Pandey by Chaukhamba bharti Academy, Varanasi. Athharikaydi Varg Adhyay,2010.
18. Patel V., Rajgopalan M, Parmar D., A Comparative Analytical Study of Kasisadi Taila. International Ayurvedic Medical Journal. 2017;5(60:2042

**How to cite this article:** Dwivedi Amarprakash, Patil Aishwarya B. To evaluate efficacy of Suranpindi (internally) along with Kasisadi Malahara (locally) in the management of Gudarsha w.s.r. to Grade 1 and 2 internal haemorrhoid. J Ayurveda Integr Med Sci 2020;3:14-19.  
<http://dx.doi.org/10.21760/jaims.5.3.3>

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