

EFFICACY OF PALASHA KSHARA IN THE MANAGEMENT OF ARSHA AND PANDU - A PILOT STUDY

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ABSTRACT

Background: *Arsha* has been the subject of study in the previous decades and the studies done so far about *Abhyantar Chikitsa of Arsha* have shown encouraging results in the management. Among several cases of *Arsha*, bleeding per rectum is found in about 80% of active patients. Due to loss of blood some patients do get anaemic if bleeding is not managed properly. Patients have symptoms of getting fatigue and mobility difficulties (self reported difficulty in walking one-quarter of a mile or climbing 10 steps). For the present study a remedial options which turns effective in management of both *Arsha* and *Pandu* (can be co related with anemia) is been selected.

Haemorrhoids are dilated veins within the anal canal in the sub-epithelial region formed by radicals of the superior, middle and inferior rectal veins.^[1] **Method:** 10 patients having haemorrhoids with complaints of painless bleeding per rectal of different grade (1st and 2nd), irrespective of age, sex, religion and occupational status. *Chathurta Kshara (Palasha Kshara+kutaj, atasi, patha, yavasa, hingu, chitrak)* is given to the patients with warm water for one week in the dose of nearly 6gm (0.5 *karsha*) in divided dose of 3gm two times a day after meals. **Result:** After 7 days, bleeding per rectum was reduced and other symptoms related to anaemia also have shown significant improvement after two weeks. **Conclusion:** The result manifests that internal haemorrhoids can be treated with *Palasha Kshara* having promising effect in treating Anaemia also.

KEYWORDS: *Palasha Kshara*, bleeding, haemorrhoid, Anaemia.

1. INTRODUCTION

Present time is era of fast foods. Irregularity in food timing, changing food habit and sedentary life and mental stress, all these factors disturb the (*Agni*) digestive system resulting into many diseases,^[2] which mainly includes anorectal disorders. Among these haemorrhoids is quite common in the society. Ayurveda, the science of life, has studied this disease with all its regards. A wide spectrum of description is available its definite etio-pathogenesis and a number of treatment methods. In *Charak chikitsasthan* “*Arsha adhyay*” the principal for treating piles is conservative method including oleation, sitz bath, external application, blood-letting and also using drugs which could increase digestive fire.^[3] *Acharya Sushruta* has mentioned four types of management in *Arsha as Bhesja, Kshara, Agni and Shastrakarma*^[4] and in 1st and 2nd degrees of *Arsha* the first line of treatment is *Bhesaja chikitsa*. *Acharya charaka* have well described *Abhyantar chikitsa* for this disease. Among several drug remedies *Chaturta Kshar* which mainly includes *Palash Kshar* as main ingredient with *kutaj, atasi, patha, yavasa, hingu and chittrak* is been used.

Need for the study: bleeding piles for long period time can lead to anaemia, there is wide scope of any remedy which shows significant results in both treating *Arsha* and Anaemia.

2. MATERIALS AND METHODS

2.1 *Palash Kshara*: (Alkali of butea monosperma with Strong Potency) The *chaturtha kshara* was prepared according to classical protocol.^[5] It contains *Palasha Kshara* (*butea monosperma* Linn.), *Kutaja* (*Wrightia antidysentrica* Linn), *Atasi beej* (*Linum usittatissimum* Linn), *Patha* (*Cissampelos pariera* Linn), *Yavasa*(*Alhagi camelorum* Linn), *Hingu* (*Ferula asafoetida* Linn) and *Citarak* (*Plumbago zeylanica* Linn.).

2.2 Selection of Patients 10 patients fulfilling the clinical criteria made for the diagnosis of Haemorrhoids (*Arsha*) were selected irrespective of their sex, religion, occupation, etc from the outpatient department (OPD) of M A Podar medical (Ayu) college worli, Mumbai.

2.3 Criteria of Diagnosis Diagnosis was made on the basis of physical, P/R examination i.e. Inspection, palpation and Proctoscopic examination.

2.4 Investigation All Routine examination of blood, urine, stool and X-Ray were carried out.

2.5 Inclusion Criteria Patients with age of (20-50 years) having internal piles of 1st and 2nd degree with also has symptoms of anaemia were included in this study.

2.6 Exclusion Criteria The patients of carcinoma rectum, hepatitis, heart diseases, 3rd and 4th degree piles, external piles, inflamed prolapsed, thrombosed piles. Patients of tuberculosis and pregnant women were also excluded from study.

3. METHODOLOGY

In this study, 10 patients were given *Chaturtha Kshara* for the treatment of piles for first time in first week of January 2020. Clinical features of all patients were assessed after one week. Every month after treatment the inquiry was done by telephone about recurrence.

3.1 Method of preparation – *Kutaja churna, Atasi churna, Patha churna, yavasa churna, Hingu churna and chitrak mool churna*, the *churnas* (powders) of all *dravyas* in equal composition are taken and mixed with *Palash Kshar* (derived from gomutra instead of water) in iron vessel. After the mixture condense and turns a homogenous mixture is kept in a container.

3.2 Dosage: 6gm (*0.5 karsha*) in two divided doses each of 3 gms with luke-warm water.

a) Pathya: Milk, Buttermilk, Ghee, Rice, Rich fiber diet like green leafy vegetables, citrous fruits, salads, cereals and Plenty of water intake.

b) Apathya: Non vegetarian food, spicy food, Alcohol, Tobbaco, irregular meal, awake at night, unwholesome preserved canned food and *Utkatasana*.

3.3 Duration of treatment: two week.

3.4 Criteria of Assessment: All the signs and symptoms were assigned a score depending as their severity to assess the effect of the procedure objectively.

CRITERIA FOR ASSESSMENT

The following pattern was adopted for scoring.

PR bleeding

0- No bleeding

1- Mild bleeding with defaecation (upto10drop)

2- Moderate bleeding (10 to 20drops)

3- Profuse bleeding (more than 20 drops)

Prolapse

- 0- No change in size
- 1- Reduction by 25%
- 2- Reduction by 50%
- 3- Complete reduction

Low Haemoglobin and its associated symptom

(*Mobility Difficulty – self reported difficulty in walking one- quarter of a mile or climbing 10 stpes)

- 0 - In normal range (with no fatigue and mobility difficulty)
- 1- Less than 12.0 g/dl (with mildly low fatigue and mobility difficulty)
- 2- Less than 11.0 g/dl (with low fatigue and mobility difficulty)
- 3- Less than 10.0 g/dl (with moderate fatigue and mobility difficulty)

4. OBSERVATIONS AND RESULTS

Table no. 4.1: showing percentage relief in symptoms in 10 patients taken for pilot study.

| Sr. no | Symptoms | BT | AT | Diff | % |
|--------|--|----|----|------|-------|
| 1 | PR bleeding | 26 | 10 | 16 | 66.66 |
| 2 | prolapse | 22 | 08 | 14 | 63.63 |
| 3 | Low haemoglobin and its associated symptom | 18 | 7 | 11 | 61.11 |
| 4 | Total | 66 | 25 | 41 | 62.12 |

Table no. 4.2: showing effect of therapy on symptom score by Wilcoxon signed rank test.

| Sr. No. | | Mean | S.D. | S.E. | n | W | P | Significance |
|---|------|------|--------|--------|----|-------|---------|--------------------|
| Bleeding Per Rectum | | | | | | | | |
| 1 | BT | 2.6 | 0.69 | 0.309 | 10 | 2.182 | <0.0001 | Highly Significant |
| | AT | 1 | 0.66 | 0.295 | | | | |
| | Diff | 1.6 | 0.03 | 0.001 | | | | |
| Prolapse | | | | | | | | |
| 2 | BT | 2.2 | 0.421 | 0.188 | 10 | 2.182 | <0.0001 | Highly Significant |
| | AT | 0.8 | 0.421 | 0.188 | | | | |
| | Diff | 1.2 | 0.00 | 0.00 | | | | |
| Low haemoglobin with associated symptoms | | | | | | | | |
| 3 | BT | 1.8 | 0.788 | 0.3532 | | 2.182 | <0.0001 | Highly Significant |
| | AT | 0.7 | 0.4840 | 0.217 | | | | |
| | Diff | 1.1 | 0.567 | 0.254 | | | | |

Analysis of Per Rectal bleeding

For PR bleeding before treatment mean is 2.6, Std. deviation is 0.691 and std error is 0.309. After treatment mean is 1, std deviation is 0.66 and std.error is 0.2953. The no. of patients in calculations are 10, Z value is 2.182 & P value is <0.0001, which is statistically extremely significant hence the drug is effective in stopping PR bleeding.

The analysis for prolapse and low haemoglobin associated symptoms have also been stated showing highly significant results.

5. DISCUSSION

Presence of haemorrhoidal mass itself is not an indication for treatment, unless and until they show the symptoms of bleeding for which the patient is highly concerned. Once the patient complains bleeding treatment should be started as soon as possible. 10 patients were selected for pilot study. They were given *Chathurta Kshar* for two weeks in dose of 3gm twice a day with lukewarm water and were called for follow up for two weeks. Signs and symptoms on the day of commencement of treatment were recorded as 0th day i. e. before treatment. Observation on 2nd week was considered as after treatment results. The synergistic action of the drugs *and Palasha Kshar* helped to decrease the symptoms of per rectal bleeding, prolapse of haemorrhoidal mass and general symptoms related to anemia.

6. CONCLUSION

This study manifests that *Chathurta kshara* mentioned in *Charaka Chikitsathan* was found effective in obliterating the 1st and 2nd degree haemorrhoids (Arsha) mass. This study finally concluded that a combination of *Palasha Kshara* and herbal drugs as conservative treatment, diet restriction and life style modification administered over a period of minimum of 2 weeks is effective in obliterating the 1st and 2nd degree pile mass with per rectal bleeding as well as preventing co-morbidities associated with anemia.

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