

CLINICAL EFFICACY OF ARSHOGHANI VATI & KASISADI TAILA IN MANAGEMENT OF ARSHA

¹*Dr. Poonam Yadav, ²Dr. Ashok Kumar and ³Dr. Ravi Kumar

¹P.G. Department of *Swasthavritta* and *Yoga*, National Institute of Ayurveda, Jaipur.

²Professor, P.G. Department of *Shalya Tantra*, National Institute of Ayurveda, Jaipur.

³Assistant Professor P.G. Department of *Swasthavritta* and *Yoga*, National Institute of Ayurveda, Jaipur.

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*Corresponding Author

Dr. Poonam Yadav

P.G. Department of
Swasthavritta And *Yoga*,
National Institute of
Ayurveda, Jaipur.

ABSTRACT

Introduction: The main aim of *Ayurveda* is to maintain the health of a healthy person and to treat the disease of a diseased one. This ancient science of medicine and positive health is still relevant and beneficial to modern life. Hemorrhoid is a disease, which is very specific to human race only, due to its erect posture. It has been dealt rationally under concept of *Arsha*, however it includes some other fleshy masses like polyp, warts, etc. The prime etiopathogenesis factor of *Arsha* is *Mandagni* i.e. hypos functioning of metabolism which leads to constipation that causes development of *Arsha*. **Material and Methods:** Open Randomized parallel controlled clinical trial was

conducted in 30 patients having classical symptoms of *arsha* administered with *arshoghani vati* 2tablets BD and *kasisadi taila* 10ml BD for local application The results were statistically analyzed using the Mann-Whitney test. **Results:** In Group A, symptoms like *mucoïd discharge*, *no. of pile mass* has shown very significant ($p < 0.001$) results and symptoms like *pain*, constipation, size of pile mass has shown significant ($p < 0.01$) results. **Conclusion:** *Apana Vayu* and *mandagni* are mainly responsible for the disease manifestation. And these both drugs have significant effect on symptoms of *arsha*.

KEYWORDS: Hemorrhoid, *Arsha*, *Mandagni*, *Arshoghni vati*.

INTRODUCTION

Ayurveda, the age old science of life. The main aim of *Ayurveda* is to maintain the health of a healthy person and to treat the disease of a diseased one. This ancient science of medicine and positive health is still relevant and beneficial to modern life. Hemorrhoid is a disease, which is very specific to human race only, due to its erect posture. It has been dealt rationally under concept of *Arsha*, however it includes some other fleshy masses like polyp, warts, etc. The prime etiopathogenesis factor of *Arsha* is *Mandagni* i.e. hypos functioning of metabolism which leads to constipation that causes development of *Arsha*.

Definition

Arsha is a disease occurring in *Guda* and it is torturing to the patients. It may create obstruction of the anorectal passage. Abnormal fleshy growths or sprouts in anorectal region like haemorrhoids, polyp, warts, sentinel tags and neoplasia either benign or malignant or other fleshy growth of different regions are under nomenclature of *Arsha*. It signifies that all the haemorrhoids are *Arsha*, while all *Arsha* are not haemorrhoids.^[1]

Adhithana

According to *Acharya charak meda*, *mansa* and *twak* are the *adhithan* of all type of *Arsha*.^[2] *Acharya Sushruta* has also described about the *Arsha* that it can be occurred in various site and organ like *Medhra*, *Karna*, *Akshi*, *Ghrana*, *Vadana*, *Charma* etc.^[3]

According to *Madhukosh* *Arsha* is defined as a disease which torture the life like enemy and kill. So *Arsha* is a disease just like an enemy to mean as it produces pile mass in the anal canal, which obstructs the passage of anal canal and makes the patient suffer a lot.

Concept of *guda vallis* Situation & Modern Terminology

S.NO.	GUDA VALIS	SITUATION	MODERN TERMINOLOGY	FUNCTION
1.	<i>Pravahini</i>	Proximal	Middle Houston's Valve	which propels of stool
2.	<i>Visarjaini</i>	Middle	InferiorHouston's Valve	Eliminates of stool
3.	<i>Samvarani</i>	Distal	Dentate line	Closes sphincter

Pravahani- that which propels; *Visarjaini*- that which eliminates; *Samvarani*- that which closes (sphincter).

Nidana**Samanya Nidana (Viharaja) of Arshas according to Different Acharyas**

Viharaja Nidana	Su.	Ch.	A.S.	A.H.
<i>Vyayama, Diwaswapna, Sukhashayana, Asana, Sthana</i>	-	+	-	-
<i>Vyavaya</i>	+	+	+	+
<i>Utkatavishamakatinasana, Vibrantayana, Ushtrayana</i>	+	+	+	+
<i>Atinirvahana, Abhiksna, SheetambuspArsha</i>	-	+	+	+
<i>Vata mutra purishavegadharana, Samudirna, Vega vinigraha</i>	+	+	+	+

Samanya Nidana (Aharaja) of Arshas

Aharaja Nidana	Su.	Ch.	A.S.	A.H.
<i>Guru, Madhura, Sheeta, Abhishyandhi, Vidahihara</i>	-	+	-	-
<i>Viruddhasana</i>	+	+	-	-
<i>Ajeerna, Pramitasana, Asatmyabhojana</i>	-	+	-	-
<i>Intake of Mamsa of Aja, Matsya, Varaha, Go, Mahisha</i>	-	+	-	-
<i>Dadhi, Manda, Tila, Yusa, Ikshurasa, Pinyakaetc</i>	-	+	-	-
<i>Shushkashaka, Sukta, Lashuna, Kilata, Takrapindhaka</i>	-	+	-	-
<i>Navashukashamidhanya, Vasa, Atikrantamadyapana</i>	-	+	-	-
<i>Vyapanna guru salilapana, Atisnehapana, Adhyashana</i>	-	+	-	-

Samanya Nidana (Upadravaja) of Arshas

Upadravaja Nidana	S.	C.	AS.	AH.
<i>Krishna, Asamashodhana, Bastivibhrama, Agnimandya</i>	-	+	-	-
<i>Malopachaya, Amagarbha, Bhramsha, Garbhotpidana</i>	-	+	+	+
<i>Vishamaprasuti, Bastinetaasamyakpranidhana</i>	-	+	+	+
<i>Jwara, Gulma, Ama, Grahani, Atisara, Pandushopha</i>	-	-	-	+
<i>Bastikarmavibhrama, Atiyoga of niruha</i>	-	+	-	-

Thus in the present work *arsha* was taken as the subject of intervention. The present clinical study is designed to evaluate the effect of two classical *yoga arshoghani vati* (intake) and *kasisadi taila* (local application) for the management of *arsha*.

DRUG - Arshoghani Vati (*Siddha Yoga Sangraha, Arshodhikara*).^[4]

INGREDIENTS OF VATI**Sr.No. Contains Ratio**

1 *Nimbaphala* 1 Part 46 mg

2 *Mahanimba* 1 Part 46 mg

3 *Raktaniryas* 1 Part 46 mg

4 *Trinkantamani pisti (Kaharuba)* 2 Part 92 mg

5 *Suddha Rasauta* (Solid Ext.) 6 Part 276 mg

METHOD OF PREPARATION OF ARSHOGHANI VATI

All the ingredients of the Arshoghani Vati were collected. Shodhana of Kaharuba was done and well triturated in Gulab Arka to get the form of Pisti. After that rest of all fine powdered ingredients like Nimbaphala, Mahanimba, Raktaniryas and Suddha Rasauta were uniformly mixed. Gum Arabic was used as binding agent for the preparation Vati. Approx. 500 mg tablets were prepared and stored in air tight container.

KASISADI TAILA^[5]

Ingredients of *Kasisadi taila*

- *Kasis* (FeSO₄ 7H₂O)
- *Haratala* (AS₂ S₃)
- *Vidanga* (Embelia ribes)
- *Karavira* (Nerium indicum)
- *Karanja* (Pongamia pinnata)
- *Saindhava* (Rock salt)
- *Jambu* (Syzygium cumini)
- *Kritvedhana* (Luffa acutangula)
- *Citrakmula* (Plumbago Zeylanica)
- *Dantimula* (Baliospermum montanum)
- *Arka ksira* (Calotropis Procera)
- *Snuhi ksira* (Euphorbia nerifolia)
- *Tila taila* (Sesamum indicum)
- *Kanji* (Acetic acid)

PREPARATION OF *KASISA TAILA*

METHOD OF *SNEHAPAKA*: *Snehapaka*, in general is carried out by subjecting the specific amount of *Sneha*, *Kalka* and *Drava Dravya*, till *Sneha Siddhi Laksana* appears.

Various opinions found regarding the sequence of addition of drug material as follows:-

- 1) Heat is applied after mixing of *Sneha*, *Kalka* and *Drava Dravya*.

2) After *Sneha Murchana Kwath*, *Kalka*, *Dugdha* and *Gandha dravya* were added in sequence in *Snehapaka*.

3) *Yoga Taragini* follows above procedure except *Dugdha* is added for *Kalka*.

SNEHA SIDDHI LAKSANA:- Completion tests indirectly reflect the quality of *Sneha*, which produce different therapeutic effects. These completion tests are different in different *Paka* condition. *Snehapaka* appears in three different stages i.e. *Mridu*, *Madhyam* and *Khara*. *Acarya Sarangdhara* added two more stages i.e. *Amapaka*, *Dagdhapaka*.

Plan of study

- **Clinical study:** Management of *Shushaka Arsha* (non-bleeding Hemorrhoids) was evaluated in 30 patients.
- **Study design**

Source of Data (Population of interest): Patients who were suffering from non-bleeding Hemorrhoids fulfilling the inclusion criteria have been selected from O.P.D., I.P.D., of N.I.A. and Bombaywala hospital, Jaipur.

Study design: Open Randomized parallel controlled clinical trial.

Sample size: 30 patients were registered and they were named group A.

Treatment Period: 3 months

Follow-Up Period: 4 weeks

Inclusion criteria

1. Patients with age group of 20-70 years of either sex were included.
2. Patients with 2nd, 3rd degree of non-bleeding hemorrhoids.

Exclusion criteria

- Piles with complications.
- Piles in pregnancy.
- Patients with fourth degree piles.
- Diagnosed patients suffering with any other systemic diseases e.g. cardiac problems, diabetes mellitus, hypertension, tuberculosis. Etc.

Diagnostic criteria

1. Visually; - Only for prolapsed Hemorrhoids.
2. Digitally; -Assisted with instrumental examination.

3. Instrumental; - Proctoscopy.

Details of intervention

1. Group A was given standard Ayurveda medical regimen.

- *Kasisadi tail* – 10 ml BD for L.A.
- *Arshoghanivati* – 2 vati TDS after meal.

Methods of administration of therapy: Group A received standard Ayurveda medical regimen by concern consultant.

Any illness during trial: Patients under trial did not face this type of issue.

Assessment Criteria

Subjective: Mucoïd discharge per anum, pain, loss of appetite, constipation.

Objective: Colour of pile mass, number of piles, degree of dominant pile mass.

Subjective criteria

Mucoïd discharge per anum

Grade 3: Severe discharge.

Grade 2: Moderate.

Grade 1: Mild.

Grade 0: No discharge.

Pain

Grade 3: Severe.

Grade 2: Moderate.

Grade 1: Mild.

Grade 0: No pain.

Loss of Appetite

Grade 3: No desire of food at all.

Grade 2: Desire of food after long interval.

Grade 1: Eating timely without much desire.

Grade 0: Normal desire.

Constipation

Grade 3: Defecation after 2 days with hard stool.

Grade 2: Once in 2 days with hard stool.

Grade 1: Once a day but not feeling lightness.

Grade 0: Normal bowel clearance.

Objective criteria**Colour of pile mass**

Grade 3: Bluish.

Grade 2: Black red.

Grade 1: Bright red.

Grade 0: Pale colour.

Number of pile mass

Grade 3: More than two pile mass seen.

Grade 2: Two pile mass seen.

Grade 1: one pile mass seen.

Grade 0: No pile mass seen.

Degree of pile mass

Grade 3: Third degree pile mass seen.

Grade 2: Second degree pile mass seen.

Grade 1: First degree pile mass seen.

Grade 0: No pile mass seen.

CRITERIA FOR ASSESSMENT OF OVERALL EFFECT OF THERAPY

Data obtained from the parameters of assessment, before & after the therapy was utilized to evaluate the overall effect of therapy.

1. Complete remission:

100% relief in the signs and symptoms with no recurrence.

2. Markedly improved:

More than 50% relief in signs and symptoms with no recurrence.

3. Improved:

26% to 50% relief in signs and symptoms with mild recurrence.

4. Unchanged:

Less than 25% relief in signs and symptoms with severe recurrence.

- **Complete relief** **100% relief**
- **Marked improvement** **50 to 75% relief**
- **improvement** **26 to 50 % relief**
- **No improvement** **< 25% relief**

OBSERVATIONS AND RESULTS

In the present study 30 patients were registered and the results obtained during clinical study in the symptoms of the 30 patients were assessed statically before and after treatment. There was no dropout. Observations made during the course of study are presented as follows.

Age

Maximum cases i.e. 51.66 % were in the age group of 20-35 years.

Sex wise

Maximum no. of patients i.e. 76.66% were male and 23.33% female.

Marital Status

Maximum i.e. 83.33% were married and 16.66% were unmarried.

Religion wise

Maximum patients registered i.e. 83.33% were Hindu and 16.66% were Muslim patients.

Educational Status

Maximum no. of patients i.e. 55% were illiterate and 45% literate.

Occupational

Occupational Incidence shows that maximum no of patients i.e. 23.33% were service and labourer and housewife i.e. 21.66% agriculture, 16.66% agriculture and students.

Socio eco. Status

Maximum patients i.e. 56.67% were from middle class followed by 43.33% in lower class.

Table NO. 1 Effect of therapy on Group-A subjective & objectives parameters.

Variable	Mean		Mean diff.	% Relief	SD±	SE±	P Value	Result
	BT	AT						
<i>Mucoid discharge</i>	1.067	0.7667	0.300	28.11	0.4661	0.08510	0.0039	VS
<i>Pain</i>	1.833	1.600	0.2333	12.72	0.4302	0.07854	0.0156	S
<i>Loss of Appetite</i>	1.267	1.100	0.1667	13.16	0.3790	0.06920	0.0625	NS
<i>Constipation</i>	1.367	1.133	0.2333	17.06	0.4302	0.07854	0.0156	S
<i>Colour of pile mass</i>	1.533	1.333	0.2000	13.04	0.4068	0.07428	0.0313	S
<i>No. pile mass</i>	2.433	2.167	0.2667	10.96	0.4498	0.08212	0.0078	VS
<i>Size of pile mass</i>	2.367	2.067	0.3000	12.67	0.5960	0.1088	0.0156	S

The above table shows that in Group A, symptoms like *Mucoid discharge*, *No. of pile mass* has shown very significant ($p < 0.001$) results and symptoms like *pain*, constipation, size of pile mass has shown significant ($p < 0.01$) results while symptoms like loss of Appetite is statistically non-significant ($p > 0.05$).

Total Effect of Group A

- In Group A, 23% patients showed marked improvement by more than 50% relief. 50% patients showed improved effect where there was 26% to 50% relief in symptoms. 00% patients showed complete relief (100%) while 26% patient remained unchanged by less than 25% relief in symptoms.

DISCUSSION ON EFFECT OF THERAPY

Since a clear cut description about pharmaco-dynamic action of *kasisadi taila* is not available but an attempt is made for the same on the basis of symptomatically relief obtained from clinical trials. probably there may be reduction in size of hemorrhoids by the local application of *kasisadi taila* due to its corrosive effect on wall of affected veins by acidic nature (ph.3.7), as well as *lekhana* property of contents of *kasisadi taila* pain may be reduced due to decreased pressure of stool on veins and sphincter by soothing effect of *kasisadi taila*. *Ushna*, *tikshna*, and *snigdha guna* of *kasisadi taila* may correct the *vata dusthi* and regulate the function of *apana vayu* which breaks *samprapti* and cure the disease.

The contents of *arshoghan vati* have *tikta kashya rasa* and *sita virya*. These overall effect on *tridosha*. and improve *agni* and subside vitiated *pitta kapha*. This *vati* also have *sothahar* properties. This *vati* also act on appetite and gave good results.

CONCLUSION

In Group A, 23% patients showed marked improvement by more than 50% relief. 50% patients showed improved effect where there was 26% to 50% relief in symptoms while 26% patient remained unchanged by less than 25% relief in symptoms. Thus it can be concluded combined *arshoghani vati* and *kasisadi taila* can be used as safe, effective, and economically affordable 'Therapeutic Agent' in the management of *arsha*.

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