

A CLINICAL STUDY ON THE ROLE OF KASISADI TAIL PICHU DHARAN AND TRIPHALA GUGGULU IN THE MANAGEMENT OF ABHANTER ARSHA

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ABSTRACT

One of the prime important diseases from *Ashtamahagadais* “*Arsha*”. *Ayurveda*, the ancient science of medicine of India has detail information and description of *Arsha*. According to *Ayurvedic samprapti* “*Mithya*” *Aahar-vihar* is one of the important etiological factors of *Arsha*. It is necessary due to busy lifestyle, uncontrollable addictions etc. Hence while working in Shalya Tantra outpatient department; it was observed that the percentage of patient of *Arsha* is more than another ano rectal ailment, near about one third of population suffering from ano rectal diseases. Therefore, this problem was selected for scientific study. The progressive pathogenesis of disease produces various discomforting symptoms, number of modalities having their own importance. In present study was conducted using the ancient *Ayurvedic* literature *Kasisadi tail pichu dharan* with the oral administration of *Triphala guggulu* in *Abhantar Arsha*.

Keywords: *Arsha, astamahagada, kasisadi tail, Abhantar Arsha.*

INTRODUCTION

Haemorrhoids are dilated veins in the anal canal in the sub epithelial region formed by radicals of superior, middle and inferior rectal veins. In *ayurveda*, *Arshas* is considered as one among the eight *mahagada* and is difficult to cure. *Arsha* is a local manifestation of systemic derangement of *dosha*. Vitiating of *dosha* adversely affects the digestive fire resulting in *mandagni*. Which in turn leads to constipation, prolonged contact of accumulated *mala* vitiates *gudavarti*, thus resulting in *arsha*. *Ayurveda* describes various medical, surgical and para-surgical measures for the

management of *arsha*. *Acharya sushruta* described four principal therapeutic measures for the management of *arsha* viz. *Bheshaja, kshara, Agni* and *sastra* of these measures, *bheshaj chikitsa* is having more importance as it is easy, simple and safe. Present need in the management of *Arsha* in many folds. The therapeutic measures should be formulated in such a way that they have clear indications of their applicability and limitations, available indigenously from local resources, simple in technique, with minimum complication and easily manageable. It should also be ac-

ceptable for the patient and convenient for the surgeon. Hence in the present study, *Kasisadi tail pichu dharan* and *triphala guggulu* have been selected.

Aim and Objective: The aim of this study was to see the efficacy of the combination of *Kasisadi tail pichu dharan* and *Triphala guggulu* in patients of *Abhyanter arsha*.

Material and Method:

Population and Sample: Patients with haemorrhoid grade first and second registered in the OPD of *Shalyatantra* in Govt *Ayurved* College and Hospital, Nanded, where randomly selected.

The period of study was from December 2014 to January 2015. Patients were reviewed on weekly basis for total of three months. Written informed consent was taken from all patients prior to embarking on the examination and treatment. The research subject was examined and investigated as per the protocol. Finding in each case were recorded over a follow up of six weeks. A total of 30 cases (20-60 yr of age) of either sex were selected.

Inclusive Criteria: Haemorrhoids were of first and second grade with any of the clinical symptoms such as haemorrhage, pain with constipation, mucus discharge, itching and anaemia.

Exclusive Criteria: Patients were having non-bleeding piles, prolapsed of rectum, fissure or fistula in ano, abscess, malignancy, crohn's disease, ulcerative colitis, rectal polyp, diverticulitis, diabetes mellitus or hypertension.

Trial Drug and Duration:

- *Kasisadi tail pichu* kept in anal canal for 3 to 4 hrs for daily 7 days.

- *Triphala guggulu*, 500mg was given twice a day with normal water.

Dietary Regimen: The patients were directed to follow dietary restrictions according to the aetiology of haemorrhoids, apart from this, all the patients were restrained from taking medication internally or externally, strong and quantity of milk and milk products, condiments and other food items supposed to be possessing medicinal value during the study period and advised to take a regular and proper fibrous diet with adequate quantity of water.

Diagnostic Criteria: Clinical diagnosis was done by assessing the presenting signs and symptoms of seven international criteria for haemorrhoids. Such as bleeding pain, difficulty in passing stool, protrusion etc. Confirmatory tests like digital rectal examination and proctoscopy were also done in each case.

Laboratory Investigations:

The following investigations were carried out:

1. Haematological investigations: Hb%, TLC, DLC, ESR.
2. Coagulation profile: bleeding time, clotting time.
3. Biochemical investigations: Blood sugar and lipid profile.
4. Urine examination: routine and microscopy for albumin sugar and casts, crystals or microorganisms.

Follow Up-: Patients were asked to come for clinical assessment once in 7days for a period of 6 weeks.

Observation and Result -:

The month wise distribution of patient is shown in

Table 1:

Month & Year	Male	Female	Total	Percentage
December 2014	12	6	18	60%
January 2015	10	2	12	40%
Grand Total	22	8	30	100%

Sociodemographic characteristic of the study group.

It was found that the prevalence of haemorrhoid was more among non-vegetarians n= 60%.

Table 2:

Dietary habits	Male	Female	Total	Percentage
Vegetarian	8	4	12	40%
Non-Vegetarian	12	6	18	60%
Grand Total	20	10	30	100%

Disease criteria used for assessment:

The following criteria were used –

1. Haemorrhage per rectum.
2. Pain with relation to defecation.
3. Constipation.
4. Protrusion of pile mass.

5. Mucus discharge.

6. Itching of anus.

7. Anaemia.

- Four scores were given according to the intensity and frequency of symptoms of the above criteria.

Table -3 Distribution of patients according to clinical presentation.

Parameters	No of Cases
Classical, 7 criteria	8
Confirmative, 6 criteria	2
Clinical, 5 criteria	12
Diagnostic, 4 criteria	3
Suggestive, <4 criteria	5

According to the international criteria for the haemorrhoids, five groups were named based on the presence of number of clinical features. Among the group covering the five criteria possessed the highest number of cases (12) in this study.

- The observed difference between mean Hb% before treatment (11.7g %) and after treatment (12.7g %) is statistically significant (P<0.05).

Table 4-: Result of the analysis of Hb% before and after treatment.

Variable	Mean			Paired- t test	P- value
	Before treatment	After treatment	Difference		
Hb %	11.7g%	12.7g%	1.0g%	10.10	<0.05

DISCUSSION

Based on the aetiology of the *tri-doshic* concept, the mode of treatment in *ayurveda* is to rectify the pathology through the diet and drugs. Constitutional peculiarities of a person are also attributed to the preponderance of the different *dosha* in him / her event at the time of conception. An herbal remedy is made from a medicinal plant and used to prevent as well as to treat diseases and ailments or to promote healing and health. Therapeutic objectives in piles are shrinkage of pile mass, sub-siding inflammation and infection in

the anal region, preventing bleeding from the rectum, curing itching in the anal region and relieving constipation as well. The use of *kasisadi tail* has the alkaline quality *lekhanam*; *ksharanam* and *kshapanam* are three characteristics of this oil when this oil is come in contact with piles abrasion can be observed in the swelling of piles. Later fibrous tissue is formed as scars. Then the swelling piles contract and gradually they dissolve. Pressure makes the anus expansion and there by causes of piles, reasons for expansion of anal are constipation, liver diseases and pregnancy. Speci-

ality of *kasisadi tailam* is, it contracts the expanded anus. The present treatment regimen associated with the detoxifying and rejuvenating actions of oral *triphala guggulu* along with the anti-inflammatory and anti-infective action was found to have a marked effect in treatment of haemorrhoids. *Triphala* also heals the tissue along with increasing the digestion of the patient at the same time acting as a mild laxative. It is one of the ancient Ayurvedic formulations as per *sharangdhar samhita* ingredients of *triphala guggulu* tablets were *Emblica Officinalis* (Amla), *Terminalia chebula* (Hereetaki), *Terminalia bellerica* (vibheetaki), *Piper longum* (long paper) and *Commiphora mukul*

(guggulu). *Triphala* is well known for its wound healing quality. It also soothes as the inflamed mucous layer and helps in checking the further infection. *Guggulu* is one the best-known anti-inflammatory herbs of Ayurveda. *Triphala* helps in easy bowel movement and relieves the constipation, a problem often troubling the people suffering from haemorrhoids. *Piper longum* helps in the digestion and assimilation of food nutrients. *Triphala guggulu* is one of the best remedies for haemorrhoids. This is what the compounded trial drug has done, totally healing haemorrhoids of first and second degree in a markedly improved form in the final result.

Table -5

Drug	Complete relief	Marked relief	Moderate relief	Mild relief	No relief	Total
<i>Kasisadi tail pichu dharan</i> for 7 days with <i>triphala guggulu</i>	10	12	5	2	1	30

CONCLUSION

The modern lifestyle which includes taking junk, spicy and non fibrous food with sedentary habits gives more incidences of piles. In the present trial the local use of *kasisadi tail pichu dharan* for 4-5 hrs daily 7days, with the oral use of *triphala guggulu*, 500mg twice a day for 6 weeks, has been tried in 30 cases of haemorrhoid under strict criteria of inclusion at govt ayurved college and hospital, Nanded during a period from December 2014 to January 2015. The maximum prevalence was seen in 73.3% in male as they are engaged in strenuous works, followed by 60% of non vegetarians, probably they were consuming less fiber and ruksha kshar. The 1.09g% rise in haemoglobin was noticed during the trial, which may be due to stopping of bleeding with *kasisadi tail pichu* for 7days of trial. A marked relief in out of 30 patients encourages this trial further with larger samples and with comparison with other standard groups.

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