STUDY THE ROLE OF APAMARGKSHARA IN ARSHA (HEAMORRHHOIDS)
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ABSTRACT
Arsha (Hemorrhoid) is engorgement of the heamorrhoidal venous plexus, characterized by bleeding P/R, constipation, pain, prolapsed and discharge. It is manifested due to improper diet, prolonged standing and faulty habit of defecation causing derangement of tridosha, mainly vatdosha, vitiated dosha localized in gudavali, pradhan dhamani and mansdharakala and vitiates twak, mansa, meda and rakta, resulting in the annawaha strotodushti. Modern management of arsh needs, mainly a surgical approach i.e. heamorrhoidectomy wherein the result was found to be less satisfactory. In this regard to determine a solution for satisfactory cure, the observation revealed that maximum advantage like minimum hospital stay, no bleeding during or after operation, no post-operative anal stenosis, a low cost, effective and more acceptable to different categories of people etc. were noticed in treatment. No adverse effects were recorded during the follow up period.

Keywords: Arsh, Hemorrhoid, Apamargkshara.

INTRODUCTION
Ayurveda has immense potential to solve many challenging and unresolved problem of the medical world. Shalya Chikitsais one of the most important branches of ayurveda, which has its own originality with authenticity, contributing to the modern surgical technology to today, Sushruta Samhita is the only available text in surgical practice, and it has been opined that there are many diseases that are difficult to manage by conservative treatment alone. Among them arshais one such grave disease, for which it has been included in Ashtamahagada bysushruta, showing the gravity of this disease. The present westernized lifestyle is adding to the prevalent rate of this disease. The incidence of this disease is showing augmentation with advancing age. At least 50% of the people over the age 50 years have some degree of symptom related to arsha. In Sushruta Samhita, the whole treatment is covered under four categories of treatment i.e. Bhesha chikitsa (palliative treatment), Ksharkarma (potential cauterization agent therapy), Agnikarma (direct cauterization agent therapy), Shastrakarma (operation). As far as modern modalities are concerned, the conservative treatment of piles consists of use of laxative and high residual diet. But not more than 80% of the heamorrhoidal symptom can usually be controlled by non-exclusion technique. Other methods of treatment like sclerotherapy, rubber band ligation, infrared photocoagulation, laser therapy, Lord’s anal dilatation, cryosurgery, heamorrhoidectomy, heamorrhoidal artery ligation under Doppler/USG and stapled heamorrhoidectomy etc. are in practice. Despite a range of treatment
modalities, the options are limited in concern with their effectiveness. There still exist controversies and lack of agreement on the treatment strategies. Keeping in view authenticity, Shalya Chikitsa i.e. Para surgery, has been selected. Under the heading of Para surgery the Ksharkarma procedure, interpreted as potential cauterization application therapy is the specific field taken in the present research work (7).

**AIM AND OBJECTIVE:** To study the efficacy of Apamarga Kahara in the management of Arsha.

**METHOD AND MATERIALS:**

Total 15 patients of I, II degree piles were selected from OPD and IPD of Kalpataru Ayurved hospital with informed consent of each and every patient. All general examinations and routine laboratory investigations were done of all patients. All the patients had completed the course of treatment with local application of Apamargakshara in piles for 15 days daily. All the symptoms like P/R bleeding, vedana (pain), constipation and mucus discharge were recorded daily. Specially prepared proforma was used to evaluate the patients during the study and follow up. S.O.P.: Apamargakshara was prepared as mentioned in Ayurveda text (8, 9). Position of the patient-Patient was lying in lithotomic position. Anal region was cleaned first with distilled water then cleaned with beta dine. All the dressing material used was autoclave. Apamargakshara was placed on piles properly for hundred word time count. Then washed with lime, same procedure was done daily for 15 days.

**Table: 1 Criteria of Assessment:** All the patients registered for the current study were assessed on following parameters during the course of treatment.

<table>
<thead>
<tr>
<th>Grade</th>
<th>Bleeding P/R</th>
<th>Pain P/R</th>
<th>Constipation</th>
<th>Discharge P/R</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No bleeding</td>
<td>Painless condition</td>
<td>Regular bowel evacuation</td>
<td>No discharge</td>
</tr>
<tr>
<td>1</td>
<td>Dropping</td>
<td>Dull pain and no requirement of medication</td>
<td>Hard stool once a day</td>
<td>Dropping</td>
</tr>
<tr>
<td>2</td>
<td>Syringing</td>
<td>Pain requires oral medication</td>
<td>Hard stool after two days</td>
<td>Staining</td>
</tr>
<tr>
<td>3</td>
<td>Streaming</td>
<td>Unbearable pain, requires injectable drug</td>
<td>Hard stool after more than two days</td>
<td>Scanty</td>
</tr>
</tbody>
</table>

**Patient’s selection:**

A) **Exclusion criteria:**
1. Bleeding piles
2. Prolapse of rectum
3. Fissure/Fistula in ano
4. Abscess
5. Malignancy
6. Crohn’s disease
7. Ulcerative colitis
8. Rectal polyp
9. Diverticulitis
10. Diabetes mellitus
11. Hypertension.

B) **Inclusion criteria:** Piles of I, II degree with any of the clinical symptom such as pain with constipation, prolapsed of pile mass, mucus discharge, itching.

**Withdrawal criteria:** Development of severe drug reaction, profuse bleeding or occurrence of any other serious illness

**Dietary regimen:** The patients were directed to follow dietary restrictions according to the etiology of hemorrhoids. Apart from this, all the patients were restrained from taking other medications, internally or externally, strong and spicy
foods, coffee, tea, increased quantity of milk and milk products, condiments, advice to take regular and proper fibrous diet with adequate of water.

**Diagnostic criteria:** Clinical diagnosis was done by assessing the presenting signs and symptoms of seven international criteria for piles such as bleeding P/R, pain, difficulty in passing stool, protrusion, confirmatory test like digital examination and proctoscopy were also done in each case.

**Laboratory investigation:**
1. Hematological investigation- Hb%, TLC, DLC, ESR.
2. Coagulation profile-BT, CT
3. Biochemical investigation-BSL, Lipid profile

**Follow up:** 15 days for every day.

**Disease criteria used for assessment:**
1. Hemorrhage per rectum.
2. Pain with relation to defecation.
3. Constipation.

**RESULTS AND OBSERVATIONS:**
In the clinical study 15 patients were taken. The data collected observed, summarized and statistically presented as follows:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>N</th>
<th>Mean</th>
<th>Std. Deviation</th>
<th>Std. Error Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding</td>
<td>15</td>
<td>10.9</td>
<td>1.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Pain</td>
<td>15</td>
<td>9.3</td>
<td>1.3</td>
<td>0.3</td>
</tr>
<tr>
<td>Const</td>
<td>15</td>
<td>8.6</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>Discharge</td>
<td>15</td>
<td>7.9</td>
<td>1.3</td>
<td>0.3</td>
</tr>
</tbody>
</table>

1. Bleeding
H₀: Average days required to cure bleeding are 11 days, i.e. μ=11 days.
H₁: Average days required to cure bleeding is not 11 days, i.e. μ ≠ 11 days.

Using one sample t-test we got the following result,

<table>
<thead>
<tr>
<th>Mean Difference</th>
<th>95% C.I.</th>
<th>t</th>
<th>df</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td>-.13333</td>
<td>-.7908</td>
<td>.5241</td>
<td>-.435</td>
</tr>
</tbody>
</table>

**Conclusion**
From the above table since P-Value is more than 0.05, we cannot reject null.
hypothesis hence we conclude that average days required to cure bleeding are 11 days.

2. Pain:

\[ H_0: \text{Average days required to cure Pain are 9 days. i.e. } \mu = 9 \text{ days.} \]

\[ H_1: \text{Average days required to cure Pain is not 9 days. i.e. } \mu \neq 9 \text{ days.} \]

Using one sample t-test we got the following result,

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference</th>
<th>95% C.I.</th>
<th>( t )</th>
<th>df</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>.26667</td>
<td>-.4421</td>
<td>.9754</td>
<td>.807</td>
<td>14</td>
</tr>
</tbody>
</table>

**Conclusion:** From the above table since P-Value is more than 0.05, we cannot reject null hypothesis hence we conclude that average days required to cure Pain are 9 days.

3. Constipation:

\[ H_0: \text{Average days required to cure Constipation are 9 days. i.e. } \mu = 9 \text{ days.} \]

\[ H_1: \text{Average days required to cure Constipation is not 9 days. i.e. } \mu \neq 9 \text{ days.} \]

Using one sample t-test we got the following result,

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference</th>
<th>95% C.I.</th>
<th>( t )</th>
<th>df</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Const</td>
<td>-.40000</td>
<td>-.8586</td>
<td>.0586</td>
<td>-1.871</td>
<td>14</td>
</tr>
</tbody>
</table>

**Conclusion:** From the above table since P-Value is more than 0.05, we cannot reject null hypothesis hence we conclude that average days required to cure Constipation are 9 days.

4. Discharge:

\[ H_0: \text{Average days required to cure Discharge are 9 days. i.e. } \mu = 8 \text{ days.} \]

\[ H_1: \text{Average days required to cure Discharge is not 9 days. i.e. } \mu \neq 8 \text{ days.} \]

Using one sample t-test we got the following result,

<table>
<thead>
<tr>
<th></th>
<th>Mean Difference</th>
<th>95% C.I.</th>
<th>( t )</th>
<th>df</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge</td>
<td>-.06667</td>
<td>-.7754</td>
<td>.6421</td>
<td>-.202</td>
<td>14</td>
</tr>
</tbody>
</table>

**Conclusion:** From the above table since P-Value is more than 0.05, we cannot reject null hypothesis hence we conclude that average days required to cure Discharge are 8 days.

**DISCUSSION**

Based on the etiology of the *tridoshic* concepts, 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 *doshas* in him/her even at the time of conception. An herbal remedy is made from a medicinal plants 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, subsiding 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 *apamargkshar* which is an astringent by nature immediately helps in stopping bleeding due to its *rakststambhk karma*. *Apamargkshara* despite the *ushna* and *tikshna* in nature, acted due to its *kashay* nature.

**CONCLUSION**

*Apan kshara* because of its astringent property helps in stopping
bleeding and acts as highly effective in the management of hemorrhoids. Due to its kashaya nature it decreases the discharge. But time demands to work more and detail research on hemorrhoids

REFERENCES

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