

International Journal of Research in Indian Medicine

Role of ‘ GUDHARITAKI’ in The Management Of Gudarsha w.r.t. Haemorrhoids.

P.B. Jondhale*¹, M.J. Qadri²

1. Ph. D. Scholar, Govt. Ayurved College, Nanded, Maharashtra, India
2. Prof. & HOD Shalyatantra, Govt. Ayurved College, Osmanabad, Maharashtra, India, drqadrimj@gmail.com

*Corresponding author: pbjondhale@gmail.com

Abstract :

Ayurveda has immense potential to solve many unresolved and challenging problems of the medical world. Among Ashtang Ayurveda Shalya Chikitsa is one of the most important branch, Sushrut Samhita is known for surgical principles and many of them are practiced till date. It has been opined that the management of some diseases is a great challenge with veracity to a doctor. Among them Gudarsha (Hemorrhoid) is one the grave disease for which it has been included in Ashto Mahagad (major diseases).

“अरिवत् प्राणान श्रुणाति हिनस्ति इति अर्थः। मधुकोश (मा.नि.)

In Sushrut Samhita the whole treatment is covered under four categories

- Bhaishajya Chikitsa (Medicinal / conservative treatment)
- Kshar Karma (Caustic therapy)
- Agni Karma (Heat therapy)
- Shashtra Karma (Surgical treatment)

In Ayurvedic text many drugs are described which herbo – mineral preparations, these helps to reduce & subside pain , swelling & bleeding of piles. An evolution of these remedies

may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern science and there is repeated reoccurrence of the disease even after surgery, so I am inspired to select the topic so that the lacuna of the surgery and the para-surgery treatments is fulfilled and side by side the entire system of the body is rejuvenated to sustain and gate rid of the reoccurrence .

Introduction:

In our study, the **fear** of the **surgical** procedure (11.8%) is somewhat more than the **fear** of anesthesia (10.8%). A substantial number of patients state that they were **afraid** of neither the **surgery** nor anesthesia (46.4%), but after we had calculated their overall **fear**, it results that they were **afraid (ncbi)** he most common complication after 1 week was recurrence of hemorrhoids in 2.3% of patients, severe pain (1.7%), stenosis (0.8%), fissure (0.6%), **bleeding** (0.5%), skin tag (0.5%), thrombosis (0.4%), papillary hypertrophy (0.3%) fecal urgency (0.2%), staples problems (0.2%), gas flatus and fecal incontinence (0.2%),

Stapled hemorrhoidectomy (SH), a new approach to the treatment of hemorrhoids, removes a circumferential strip of mucosa about four centimeters above the dentate line. A review of 1,107 patients treated with SH from twelve Italian coloproctological centers has revealed a 15% (164/1,107) complication rate. Immediate complications (first week) were: severe pain in 5.0% of all patients, bleeding (4.2%), thrombosis (2.3%), urinary retention (1.5%), anastomotic dehiscence (0.5%), fissure (0.2%), perineal intramural hematoma (0.1%), and submucosal abscess (0.1%). Bleeding was treated surgically in 24%, with Foley insertion 15%; and by epinephrine infiltration in 2%; 53% of patients with bleeding received no treatment and 6% needed transfusion.(PMID) In Ayurvedic text many drugs are described which are herbo -mineral preparations which have tremendous results, an evolution of these remedies may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern medicine , so I am inspired to select the topic i.e. **Role of ‘ GUDHARITAKI’ in The Management Of Gudarsha w.r.t. Haemorrhoids.**

- 1) Amongst all symptoms or complaints pain,constipation is most irritating factor in Gudarsha so great deal of emphasis has been applied for management of pain.
- 2) Many drugs are advised in modern medicine with little success like NSAIDS & opioids but they do also have their limitations and adverse effects like gastritis , constipation etc.

PREVALENCE

In 20th Century World-wide

prevalence rate estimated to be 4.4% in general population (according to emedicinemedscape.com).

HYPOTHESIS

RESEARCH QUESTION:-

Does “GUDHARITAKI” effective in management of Gudarsha w.r.t. haemorrhoids ?

Null hypothesis (H_0) - Gudharitaki is not effective in Management of Gudarsha w.r.t. haemorrhoids.

Alternative hypothesis (H_1) - Gudharitaki is effective in Management of Gudarsha w.r.t. haemorrhoids.

AIM & OBJECTIVES

AIM :- To study role of ‘ GUDHARITAKI’ in the management Of Gudarsha w.r.t. Haemorrhoids.

OBJECTIVE:-

Primary objective

- 1) Evaluation of efficacy of “Gudharitaki” in Gudarsha w.r.t. Haemorrhoids.

Secondary objective

- 1) To review the literature of Gudarsha
- 2) To study the etiopathogenesis and management of haemorrhoids according to modern literature as well as according to classical text/literature.
- 3) To compare the above effect with Koshnaja group.

Inclusion Criteria:

- ☐ Age- 16 years to 65 years.
- ☐ Diagnosed cases of internal piles of I & II degree.
- ☐ Patients fit of any sex, caste

religion & occupation.

Exclusion Criteria: Patients who were suffering from I & II degree of piles but they were excluded if having following problems-

- Age less than 16 years and more than 65 years.
- *Hrida Roga*.
- Pregnancy.
- Malignancy.
- Rectal prolapse.
- Haemorrhoids of 3rd & 4th degree.
- Haemorrhoids associated with Fissure and fistula-in-Ano.
- Hepatitis B, Tuberculoses, HIV positive cases.
- Acute / Chronic anal fissure.
- Uncontrolled HTN & DM.
- Complicated internal haemorrhoids.

Diagnostic Criteria:

- A) All the patients were diagnosed & assessed on the basis of following *Ayurvedic* as well as modern symptomatology/ examinations as follows:-
 - History of *Gudagat Raktasrava* (bleeding per rectum).
 - *Vedana Yukt Malatyag* (Discomfort/Painful defecation).
 - *Sashleshma Malatyag* (Discharge per rectum).
 - Prolapse of Pile mass per rectum.
- B) A special proforma was designed to record all details of the patients.
- C) The routine Haematological, Urine, Stool, Biochemical & Radiological investigations were carried out to assess the patient for physical fitness and exclude any other pathology which was not suitable for

management point of view.

PLAN OF STUDY:

The following plan was followed:

- 1) First the patients were registered.
- 2) A complete history of the disease along with the presenting complaints was recorded.
- 3) Complete general, systemic and local examinations were carried out as per proforma.
- 4) Pathological evaluation of each patient was conducted.
- 5) Diagnosis was made on *Ayurvedic* as well as Modern point of views.
- 6) Treatment was given as per respective groups.
- 7) Result assessment was done as per criteria fixed for.
- 8) Statistical analysis was done by applying suitable tests.

PROCESS OF DIAGNOSIS:

Inspection:

Without touching the part, condition of anus and surrounding peri anal skin were examined for any pathology like inflammation, injury and any disease which was not desirable from treatment point of view.

Palpation: (Digital Examination)

The per rectal digital examination conducted to elicit tenderness, swelling, induration, tone of sphincter i.e. normal, spasmodic or relaxed etc.

Proctoscopic Examination:

Following findings of pile masses were noted as mentioned below:

- 1) Site – Internal/ External/ Interno-external
- 2) Size -- < 1/2 Inch, 1/2 Inch ,1 Inch
- 3) Surface – Uneven / Even / Smooth
- 4) Position – Primary– 3 / 7 / 11 O'clock or Secondary.

After taking the complete history and performing local examination, the patients were clinically diagnosed and classified according to *Doshika* involvement e.g. *Vataja Gudarsha*, *Pittaja Gudarsha* etc. as well as degree and position of piles.

GROUPING:

In this present study total 202 patients of *Abhyantara Gudarsha* were registered and randomly divided into two groups:-

Group A – *Gudharitaki with Koshna Jala*

The patients selected in this group were subjected to *Gudharitaki with Koshna Jala*.

Methods of administration :-

1. Form – Gud 2gm + Haritki 2gm with Kosnajaal (Leukworm water) 50 ml
2. Dose – 2gm TDS
3. Kala – Morning ,evening & night before meal.
4. Duration – For 21 days .
5. Follow up – 3rd , 5th , 7th , 14th & 21th day.

Group B - *Koshna Jala*

Patients selected in this

group were subjected to

Koshna Jala.

1. Form – *Koshna Jala* (Leukworm water)
2. Dose – 50 ml TDS
3. Kala – Morning , evening & night before meal.
4. Duration – For 21 days .
5. Follow up – 3rd , 5th , 7th , 14th & 21th day.

Observation Study: 3 weeks

Follow-up: 5 weeks

Drug review :

“ भेषजसाध्येष्वदृश्येः सुयोगानयापनार्थ ।

प्रातःप्रातर्गुडहरितकीमासेवेतसु ॥“ सु.चि.

६/१३

1)गुड *Guda*

इक्षोस्तु सारं विपचेत् यथावद् ,
यावद्घनीभूतमथाप्सु मज्जेत् ।
एषो गुडाख्यः कटुतीक्ष्ण उष्ण :
सस्वादुरुच्यो गुरुबृहणीय : ॥

कैयदेव निघंटु १६५

2)हरितकी *Haritaki*

हरीतकीं पञ्चरसामुष्णामलवणां शिवाम् ।

दोषानुलोमनीं लघ्वीं विद्यद्दीपन
पाचनीम् ॥

आयुष्यां पौष्टिकीं धन्यां वयसः स्थापनीं
पराम् ।

सर्वरोग प्रशमनीं बुद्धीन्द्रिय बलप्रदाम्
॥

कुष्ठं गुल्ममुदावर्तं शोषं पाण्डुवामयं
मदम् ।

अर्शांसि ग्रहणीदोषं पुराणं विषमज्वरम्
॥

हृद्रिगं सशिरोगमतीसार मरोचकम् ।

कासं प्रनेहमानाहं प्लीहानमुदरं नवम् ॥
च.चि.१-१/२९-३२

3. Koshnajala :

उष्णोदक

उष्णोदकं, तत्पजलम्।

क्वाथमानपादावशेषार्धवशेषपादहीनं जलम् ।
तद्विधिर्यथा।

अवृमेनांशशेषेण चतुर्थेनार्धकेन वा ।

अथवा कथनेनैव सिद्धमुष्णोदकं वदेत् ॥

अस्य गुणाः। सदा पथ्यत्वम्।

कासज्वरविबन्धकफवाताममेदोनाशित्वम्।

दीपनत्वम्। बस्ति शोधनत्वञ्च ।

भा.प्र. प्रथम खंड

क्वाथमानन्तु निर्वेगं निष्फेनं निर्मलन्तथा ।

अर्धवशिष्टं यतोत्तं तदुष्णोदकमुच्यते ॥

Guda Haritaki Churna :

Table 1. Organoleptic Characters

Parameters	Guda Haritaki Churna
Colour	Whitish Brown
Odour	Pleasant
Texture	Smooth
Taste	Sweet & Slightly Astringent

Table 2. Phytochemical Evaluation :

Chemical Constituents	Guda Haritaki Churna
Tanins	+
Phenols	+
Glycosides	+
Triterpenoids	+
Vitamin C	+
Gallic Acid	+
Carbohydrates	+
Reducing sugar	+

Table 3. Physicochemical Parameters :

Parameters	Guda Haritaki Churna
Ph	6.10
Total Ash Value	5.54%
Acid Insoluble ash	1.245%
Water Soluble ash	2.26%
Water Soluble Extractive	64.61%
Alcohol Soluble Extractive	56.37%
Loss on Drying at 105°C	3.99%
Foreign Matter	0.19%
Moisture	7%
Reducing sugars	10%

Role of ‘ GUDHARITAKI’ in The Management Of Gudarsha(Haemorrhoids) was aimed to evaluate the therapeutic efficacy of *Gudaharitaki with Koshnajala* in piles and to compare its efficacy with comparator i.e. *Koshnajala*. The study comprises of five sections viz. Conceptual study, Drug Review, Clinical study, Discussion, Summary and Conclusion.

CONCLUSION

After the evocative discussion on the basis of observation following conclusions are drawn. Gudarsha is mentioned in Ayurveda classics has similarity with description of haemorrhoids in modern medical science. Gudarsha is a common problem of middle age groups irrespective of the gender. In the study majority of patients were from age group of 30 - 40 years of age. The

knowledge of etiological factors is very essential

because they are said to be half of the treatment and asked to patients to be strictly avoided.

The fourfold treatment protocol given in the textbooks of Ayurveda gives more emphasis to start with conservative management in Gudarsha. It is observed that different modalities of treatment in treating Piles with their own limitations.

Present western lifestyle, bad food habits, and day to day regimen gives rise to mandagni and finally leads to Gudarsha. The disease can be diagnosed on the basis of chief complaints like Guda gata shool , Mala baddhata , Raktasrava & presence of Gudarsha ankura.

In present study maximum patients have addictions like tea, smoking and tobacco chewing & Low fibre food consumption .These are also to be considered for causative and aggravating factors the disease.

Apart from the above factors socio-economic condition, mental stress and malabaddhata (Constipation) play an important role in causing and aggravating the disease.

The present study **Role of Gudharitaki in Management of Gudarsha W.R.T Haemorrhoids** was carried out. After a detailed observation and discussion on the observed data, the following conclusion has been drawn:

1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum) :

The success rate of Gudharitaki with Koshnajala was 93% while for the Koshnajala was only 81% .Hence we can conclude that Gudharitaki with

Koshnajala is prevelantly dominating on the Koshnajala .

2. VEDANA YUKT MALATYAGA (Painful Defecation) :

The success rate of Gudharitaki with Koshnajala was 92% while for the Koshnajala was only 74% .Hence we can conclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala .

3. PROLAPSE OF PILE MASS PER RECTUM :

The success rate of Gudharitaki with Koshnajala was 74% while for the Koshnajala was only 56% .Hence we can conclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala . The accuracy has been reduced to 90% from 95% level of significance to accommodate the efficacy of the treatment in the management of the Gudarsha. Since it is prolonged process and the sample size or the treatment follow period may be short to show the required results as per the standard rate of accuracy.

4.SASHLESHMA MALATYAGA (Discharge per rectum)

The success rate of Gudharitaki with Koshnajala was 96% while for the Koshnajala was only 84% .Hence we can conclude that Gudharitaki with Koshnajala is prevelantly dominating on the Koshnajala .

The four parameters which are of paramount importance and prominently finger out out as the symptoms of Gudarsha and animate the sufferings of the patients which makes the life of patients miserable and handicap in their day today life . The three out of four have heigher degree of accuracy which emphatically proves beyond doubt that the study usefull and panegyricly

perceived by the exponents of Ayurveda professionals in the management and treatment Gudarsha w.r.t. Hemorrhoids at the earlier stages of the diseases without severe complications .

No adverse effects were reported by any of the patients during the course of treatment. For statistical analysis Z test was applied .

1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum)	Z = 2.4
	p<.05 Significant At 95% Level Of Significance
2. VEDANA YUKT MALATYAGA (Painful Defecation)	Z = 2.5
	p<.05 Singnificant Significant At 95% Level Of Significance
3. PROLAPSE OF PILE MASS PER RECTUM	Z=1.8
	p<0.1Significant At 90% Level Of Significance
4. SASHLESHMA MALATYAGA (Discharge per rectum)	Z = 2.1
	p<.05 Significant At 95% Level Of Significance

Hence The Guda Haritki with Koshna Jal may be effective in Management of Gudarsha w.r.t. Haemorrhoids in comparison to Only Koshan Jal at 95% level of significance .

SUGGESTION FOR FUTURE STUDY:

- Study on large sample size

should be performed to generate more authentic data regarding the efficacy of *Gudharitaki*.

References:

1. A Handbook of History of Ayurveda by Dr. R. Vidyanatha & Dr. K. Nishteshwar, Chowkhambaa Sanskrita Series, Varanasi, Revised 2nd Edition, 2009
2. A Sanskrita-English Dictionary- Sir Monnier Williams- Oxford Press, 1951
3. API - Ayurvedic Pharmacopeia of India, Government of India, Ministry of health and family welfare, Department of AYUSH, Volume-1 to 5
4. Ashtaanga Hridayam, Sastu-Saahitya Prakaashan, Akhandaanand Press, Reprint 2005
5. Ashtaanga Samgraha by Kaviraja Artideva Gupta, Chaukhambaa Krishnadas Academy, Reprint, 2005
6. Ashtanga Hridayam with the Sarvaanga Sundara of Arunadatta and Aayurveda Rasaayana of Hemadri commentaries; edited by pt. H.S. Shastri published by Chaukhambhaa Surabhaarati prakaashana, Varanasi, reprint edition 1996
7. Ashtanga Hridayam, Sarvaanga Sundara commentary by Aruna Dutta; edited by Anna Moreshwar Kunte, Chaukhambaa Sanskrita Pratishthaan, Varanasi, Reprint 2009
8. Atharva Veda (Samhita-

- Shaunakiya) ,Moola Mantra & Shayana Bhashya, Translation in Hindi by Ramachandra Sharma, 1st Edition, 1986
9. Ayurvediya Kriyaashaareera by Vd. Ranjeeta Ray Desai, Shri Baidyanath Bhavan Pvt. Ltd., Allahabad, Reprint 2003
 10. Bhaava prakaasha, Vidyotini Teeka by Shree Harihara Prasad Pandey, Chaukhambaa Sanskrita Bhavan, Eleventh edition 2009
 11. Bhaavaprakaasha, Pandit Shri B S Mishra, Chaukhambaa Sanskrita Sansthana, Varanasi, 9th Edition 2005
 12. A Concise Text Book of Surgery by Somen Das, S. Das Publication, Kolkata, 3rd Edition 2002.
 13. A Manual on Clinical Surgery by S. Das, S. Das Publications, Kolkata, 6th edition 2004
 14. Bailey & Loves' Short Practice of Surgery, Hodder & Arnold Publications, 25th Edition, 2008
 15. Basic Pathology by Robbins, Saunders, An Imprint of Elsevier, 7th Edition, 2004
 16. Essentials of Anorectal surgery, Lippincot company, Philadelphia, First edition 1980
 17. Gray's Anatomy: Edited by Williams P.L. ELBS, 38th edition, 1995.
 18. Bailey & Loves' Short Practice of Surgery, 25th Edition, © 2008 Edward Arnold (Publishers) Ltd : PDF Book Format
 19. Farquharson's Textbook of Operative General Surgery, 9th edition, © 2005 Edward Arnold (Publishers) Ltd : PDF Book Format
 20. Gordon's Principles and Practice of Surgery for the Colon Rectum and Anus, Third edition © 2007 by Informa health care USA, Inc : PDF Book Format
 21. Sabiston's Textbook of Surgery, 18th ed. Copyright © 2007 Saunders, an Imprint of Elsevier: CHM Book format
 22. [http:// www.proctocure.com](http://www.proctocure.com)
 23. <http://www.ayujournal.org>
 24. <http://www.haemorrhoid.net>
 25. <http://www.haemorrhoidshemorrhoids.com>
 26. <http://www.wikipedia.org>

Cite this article:

Role of 'GUDHARITAKI' in The Management Of Gudarsha w.r.t. Haemorrhoids.

P.B. Jondhale, M.J. Qadri

Ayurline: International Journal of Research In Indian Medicine 2020; 4 (2) :01-08