

"To study effect of Kovidar Yukta Takrapana in the management of Arsha w.s.r. to Internal Haemorrhoids."

Vishal C Dhende*¹, Dilip Farande²,

1. P. G. Scholar (Samanya shalya)
2. Guide,

MS Ayurved college, Gondia, Maharashtra, India

*Corresponding author: dhendevishal02@gmail.com

Abstract:

Arsha is a commonest clinically condition, an ayurvedic practitioner comes across in day to day life Arsha has been originated in the times of yore and since then it is affecting the mankind. the term Arsha mentions that the condition gives maximum trouble to the patients like an enemy which shows the gravity of the condition .

In the present study patients suffering from 1st degree and 2nd degree piles are subjected to bsheshajakarma. So an effort was made in this study to find a simple safe and cost effective procedure in the management of Arsha in the form of kovidar yukta takrapana

The patients suffering from the 1st and 2 nd degree piles were selected for the present study the patient were subjected for detail clinical examination and investigation as per the specially designed proforma. The present clinical study comprises of 30 patients . They were divided into Two group as group A and group B .The group A patients were

subjected to kovidar yukta takrapana and group B patients were treated by Abhayarishtapana. kovidar yukta takrapana properties causes edematous changes reduce at anal mucosa and at the same time chemical cauterization effect of takra might be stabilizes vascular fibrosis of haemorrhoidal plexus and this causes reduction in P/R bleeding and size of the pile masses were observed kovidar yukta takrapana due to its properties like ushanavirya tikshana guna its found to be helpful in the correction of vata dushti and regulation the function of apana vayu and ultimately breaking in the samprapti of disease Arsha.

So finally it is concluded that kovidar yukta takrapana is more effective in case of Arsha (1st and 2 nd degree piles) kovidar yukta takrapana is a low cast effective treatment and it may be recommended for practice in anorectal field.

Keywords: Arsha, Piles, bsheshajakarma, takrapana

INTRODUCTION

As the time progressed there was gradual decline in the surgical practice due to various prevailing factors to bring back the past glory of Ayurvedic surgery one has to concentrate on those area which poses challenges event to the modern surgery the field of proctology is one such area which still has scope for research through ayurvedic approach.

The Description of the disease Arsha in the Ayurvedic literature has similarity with the disease Haemorrhoids. In Recent past lot of research work on arsha has been under taken with different approach, depending upon different stages and variety of disease.

Arsha had been originated in times of yore and since then it is affecting the mankind. The term Arsha mentions that the conditions gives maximum trouble to the patient like an enemy which shows gravity of the condition. The disease is characterized by formation of mamsankuras in guda pradesha. Patient complaints with clinical features like pain in anal region, bleeding per anus and discomfort. Hence this condition has been attracting attention of Surgeons for an ideal and suitable curative procedure. No single therapy is said to be self sufficient in the management of all types of Arsha, because each procedure has its own limitations. Probably, for this reason only Sushruta has mentioned fourfold therapeutic procedure in the management of Arsha, namely Bheshajakarama, Ksharakarma, Agnikarma and Shastrakarma. He has mentioned Bheshaja in special type of Arsha which is newly occurred, less in symptoms and less complication.

in the present study patient suffering from 1st & 2nd degree piles are subjected to Bheshajakarma. So an effort was made in this study to find a simple, safe and cost effective procedure in the management of Arsha in the form of KOVIDAR YUKTA TAKRAPANA.

Detail Description Of Arsha Is Mentioned In Charak Samhita : Agnivesha Revised By Acharya Charaka And Drudhabala With Commentary By Chakrapani.

Arsha, Bheshajakarama, Ksharakarma, Agnikarma, Shastrakarma.

AIM AND OBJECTIVE

AIM: To study the effect of Kovidar Yukta Takrapana in the management of the Arsha W.S.R to internal Haemorrhoids .

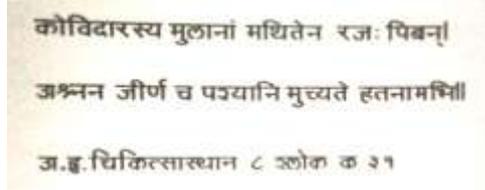
OBJECTIVE:

1. To review and analyze available literature of Kovidar Yukta Takrapana in Ayurvedic texts.
2. To review and analyse available literature of ABHAYARISHTA in Ayurvedic texts.
3. To review and analyse available literature of Arsha and Haemorrhoids along with its treatment.
4. To try to derive standard and easily accessible cost effective

conservative treatment of the Arsha.

MATERIAL

A) Material



B) Abhayaristam

Abhayaristam Ingridients

Sr. No	Sanskrit Name	English Name
1.	KOVIDAR	BAUHINIA VARIEGATA
2.	TAKRA	BUTTERMILK

Sr. No	Sanskrit Name	BOTANICAL NAME
1 .	Abhaya	Terminalia Chebula
2.	Draksha	Vitis Vinifera
3.	Vidanga	Embelia Ribes
4.	Madhuka	Madhuca Indica
5.	Jaggery	Saccharum Officinarum
6.	Gokshura	Tribulus Terrestris
7.	Trivrit	Operculina Turpethum
8.	Dhanyaka	Coriander
9.	Dhataki	Woodfordia Fruticosa
10.	Indravaruni	Citrullus Colocynthis
11.	Chavya	Piper Retrofractum
12.	Mishreya	Foeniculum Vulgare
13.	Shunti	Rhizome
14.	Danti	Balisopermum Montanum
15.	Mocharasa	Salmalia Malabarica

2) METHOD

CLINICAL METHOD- Randomly 60 patients suffering from 1st & 2nd degree internal piles were selected from opd and ipd.

GROUP A (TRIAL GROUP) 30 patients were treated with KOVIDAR YUKTA TAKRAPANA.

GROUP B (CONTROL GROUP) 30 patients were treated with ABHAYARISHTA PAN.

SELECTION CRITERIA

A) INCLUSIVE CRITERIA

1. Patients (18 to 60 years age group) having abhayantar arsha (1st & 2nd degree) have

been randomly allotted to the two treatment groups.

2. Selection have been irrespective of age, sex, religion and socio economical class.

B) EXCLUSIVE CRITERIA

1. Patients Having Diabetes, Hypertention, Ihd, Ca Rectum, Etc.
2. Pregnancy
3. Hiv, Hbsagpositive Patients.
4. Externo-Interno Haemorrhoids
5. Piles Associated With Complication.

Investigation

1. HB%
2. BSL-R
3. BT-CT
4. HIV
5. HBSAG

CRITERIA FOR ASSESMENT OF RESULT:-

Following subjective and objective parameters will be considered for the study.

ASSESMENT CRITERIA:

Criteria of assessment have been based on improvement in subjective and objective parameters, the result have been categorized as:

1. COMPLETE RELIEF- 100% (no bleeding, easy evacuation, no pain , complete disappearance of pile mass.

2.MODERATE RELIEF- Above 50% improvement (0-10 drops pr bleeding occassionally, hard stool after more than 2 days, mild pain)

3.MILD RELIEF-25 to 50% improvement (11-20 drops pr bleeding, hard stool after 2 days, moderate pain)

4.NO RELIEF-Below 25% improvement.(profuse bleeding, hard stool once a day.)

A) SUBJECTIVE CRITERIA

1} RAKTASRAVA (PR BLEEDING)

Sr.No	Grade	Features
A)	0	No Bleeding
B)	1	0-10 Drops Occassionally
C)	2	11-20 Drops
D)	3	Profuse Bleeding

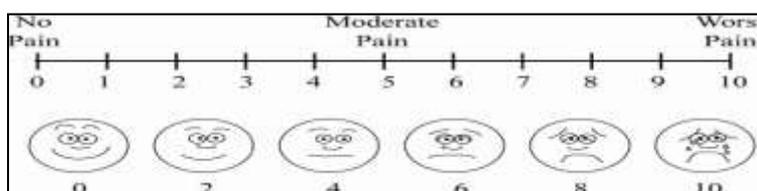
2} MALABADDHATA (CONSTIPATION)

Sr. No	Garde	Features
A)	0	Easy Evacuation
B)	1	Hard Stool Once A Day
C)	2	Hard Stool After 2 Day

D)	3	Hard Stool After More Than 2 Days.
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3} PAIN (SHULA) VISUAL ANALOGUE SCALE (VAS)

Sr. No	Grade	Features
A)	0	No Pain
B)	1	Mild Pain (1-3)
C)	2	Moderate Pain (4-6)
D)	3	Severe Pain (7-10)



B) OBEJCTIVE CRITERIA

1} SIZE OF PILE MASS: ARSHA ANKURA

Sr. No	Grade	Features
A)	0	Complete Disappearance
B)	1	First Degree Piles
C)	2	Second Degree Piles

C) WITHDRAWAL CRITERIA.

1. If patients developed any adverse effect.
2. If patients is not responding to treatment and aggravation of symptoms.
3. If patient refuses to continue with the treatment.

	GROUP	N	MEAN RANK	SUM OF RANK	MANN WHITNEY (U)	P-VALUE
GUDAGATA RAKTASRAVA	TRIAL	30	27.42	822.50	357.500	0.134
	CONTROL	30	33.58	1007.50		
	TOTAL	60				
MALBADDHATA	TRIAL	30	26.12	782.50	318.500	0.022
	CONTROL	30	34.88	1046.50		

	TOTAL	60				
GUDAGATA SHULA	TRIAL	30	26.00	780.00	315.000	0.019
	CONTROL	30	35.00	1050.00		
	TOTAL	60				
SIZE OF PILE MASS	TRIAL	30	35.50	1065.00	300.000	0.007
	CONTROL	30	25.50	765.00		
	TOTAL	60				

RESULT:

For comparison between trial group we have use MAN WHITNEY U TEST. From above table we can observe that p-value for GUDAGATA RAKTASRAVA is greater than 0.05 hence we conclude that there is no significant difference between trial group and control group.

For MALABADDHATA common GUDAGATA SHULA p-value is less than 0.05 an mean rank for control group is greater than trial group hence control group is more effective than trial group.

For size of the pile mass, p-value is less than 0.05 and mean rank for trial group is greater than control group hence trial group is more effective than control group.

DISCUSSION:

After completion of clinical study the observation and the results have to be interepted and critically discussed to arrive at logical conclusion. Discussion of the present study has been systematically presented under the following heading as:

1.DISCUSSION ON CONCEPTUAL STUDIES:

Since the time of **SUSHRUTA** till date the development of modern medical science has arrived in new era proctology can be one of the branch which has a potent area of scope for research for many scholars of every medical disciplines.

Treatment modalities of haemorrhoids either medical, surgical or parasurgical comes under four treatment principles told by **SUSHRUTA** that is **BHESHAJAKARMA, KSHARKARMA, AGNIKARMA, SHASHTRAKARMA** shows that the disease was approached depending on its various stages.but in modern science there is still some limitation to cure the disease.

DISCUSSION ON DEMOGRAPHIC AND CLINICAL DATA OF THE PATIENTS.

AGE : In the study out of 60 patients, maximum number of patients i.e 40 % were observed between the age group of 31-40 years.

GENDER: Majority of the patients were male i.e 65.00% and 35% patients were from female category.less numbers of female patients in the study might be due

to shy nature of female and ignorance of disease.

DIET: Maximum numbers of patients i.e 81% were taking non vegetarian diet.

OCCUPATION: Maximum number of patients were workers i.e 38.33%. because of busy schedule, irregular food habits and continue sitting are prone to develop habitual constipation and digestive problems leads to developments of piles.

MALABADDHATA: In this study of 30 patients it was found in all patients.

RAKTASRAVA: In this study Raktasrava was found in all patient as the chief complaint.

VEDANA: It was found in very less patient. it is not main symptom of Arsha it is developed after in flamation of anal mucosa due to infection ;so it is considered under the associated symptoms of Arsha.

DISCUSSION ON EFFECT OF THERAPY :

a. EFFECT OF THERAPY IN GROUP – A(KOVIDAR YUKTA TAKRAPAN GROUP)

In this group ,the patient were treated with oral intake of Kovidar Yukta Takrapana for 15 days and assessment of the result was made . Along with that as adjuvant systemic drugs i.e . Triphala Guggula were given .Avagaha Swedan (sitz bath) was advised thrice a day with Karanjadi Kwatha . After every week the

result of the therapy was assessed as mentioned here.

EFFECT OF KOVIDAR YUKTA TAKRAPANA AFTER 1 ST WEEK:

Every patient was treated with oral intake of Kovidar Yukta Takrapana under direct

Supervision . After 1st week of treatment result was assessed on the 7th day and it was found that reduced upto 50 % . Perianal avagaha swedan acted as sudation and giving soothing effect by virtue of increasing blood supply of that area .

In this week Raktasrava [p/r bleeding] was stopped in [30%] of patients. It might due to the takra effect as it reduced the mucosal congestion of piles mass . 50 % reduction in size of pile mass was found . Though the result was statistically significant on completion of 1st week, yet only suggested that takra has little effect over the reduction of pile masses.

After the completion of 2nd week patients got 83.33% relief in the raktasrava and 90% reduction in the pile mass . The result was calculated and statistically found highly significant on completion of 2nd week .

b. EFFECT OF THERPY IN GROUP B [ABHAYARISHTHA PANA GROUP]

In this group the patients were treated with oral in take of 20 ml Abhayarishtha twice daily for 2 weeweeks and assessment of result were made. Along with locall instillation , the adjuvant systemic drug for oral like Triphala Guggulu was

given. Avagha Swedan [sixth bath] was advised twice a day with Karanjadi Kwatha. After every week the result of the therapy was assessed and found as follows.

EFFECT OF ABHAYARISHTHA PANA AFTER 1ST WEEK:

In the first week of treatment the patient were advised to use oral in take of 20 ml Abhayaristha twice a day after completion of 1st week 40 % patients were got complete relief in Malabaddhata. That relief might be due laxative effect of Haritaki .

Avagha Swedan acted along withn that soothing agent bu easily providing increased circulation of that area 30% patient got relief in Raktasrava were observed. Theb reduction of piles masses was found only 8.70% of patients. So overall statistically which found insignificant after completion of 1st week treatment.

EFFECT OF ABHAYARISHTHA PANA AFTER 2ND WEEK :

After completion of 2nd week, patient were got 57.14% relief in raktasrava feature and same finding i.e 93.33 % relief in vedana. The reduction in size of pile masses was 13.04% and on the calculation result was found insignificant statistically

OVERALL EFFECT OF THE BOTH GROUPS :

IN GROUP- A, treated by Kovidar Yukta Takrapana , out of 15 patients total 13 patients were cuerd completely and showed statistically highly

significant results without much reduction

[only 44%] in size of pile masses. In this group rest of 2 patients showed marked improvement after completion of treatment.

IN THE GROUP- B treated by Abhayarishtha pana out of 15 patients total 9 patients were cured completely and showed statistically highly siginificant result without complete reuction [only 26%] of the piles mass. In this group rest of the 5 patients showed marked improvement while 1 patient got moderate improvement of the completion of treatment.

PROBABALE MODE OF ACTION :

This is trial formulation used in this study to see the efficacy over the management of arsha. Here an attempt has been made to find out relief in cases of Arsha . By using this Kovidar Yukta Takrapana clinically and a clinical trial was designed for that.

The main ingredient of the Kovidar Yukta Takrapana is Kovidar which has got proven Kashaya Rasa, Tridosh-har, Dipan properties. Due this properties, edematous changes reduces at anal mucosa and at the same time chemical cauterization effect of Takra might be be stabilizes vascular fibrosis of Haemorrhoidal plexus and this redction in p/r bleeding and size of pile mass were observed . Due to this properties, it was found helpful in correction of the Vata Dushti and regulation the function of Apana Vayu and ultimately breaking in the Samprati of disease of Arsha.

ABHAYARISHTHA : Piles [Haemorrhoids] are a main indication for using Abhayarishta. Abhayarishtam reduces pressures in the lower section of the large intestine, which helps reducing swelling of veins [Haemorrhoids]. Secondly the most common cause of piles is constipation. It also works on peristalsis movement, improves bowel movement and removes constipation .

MODE OF ACTION OF ADJUVANT DRUGS:

TRIPHALA GUGGULU:

Triphala Guggulu is used for Dahashamana, Vedanahara, Vrana Sodhana and Ropana properties. The main ingredient, is again Triphala which is Tridoshagna and Guggulu is the drug of choice in Vatadushti, so Vatashamak effect of this drug reduced the symptoms of Arsha, particularly of shoth & pain.

KARANJADI KWATHA:

This preparation was used for Avagaha Swedan(sitz bath) in which all the ingredients are having Kashaya Rasa, Stambhana, Vedanahara properties. These properties are helpful in local sudation with soothing effect and might be helpful in reducing pain as well as improving local hygiene. So the Gudakandu which was found only in 3 patients was relieved within one week in both groups.

As all these drugs used in both groups so the improvement in the symptoms like Vedana, Gudakandu were found due to these drugs. The noticeable difference in Raktasrava and reduction in pile masses and Malabaddhata is the main contribution of this study of trial

formulation in the form of Kovidar Yukta Takrapana.

CONCLUSION

After vivid discussion on the basis of observation following conclusions are drawn. Arsha is mentioned in ayurveda classics has similarity with description of Haemorrhoids in modern medical science.

Arsha is common problem of middle age groups irrespective of the gender. In the study majority of patients were from age group 31-40 years of age. The knowledge of etiological factors is very essential because they are set to be half of the treatment and asked to patient to be strictly avoided.

The fourfold treatment protocol given in the textbooks of ayurveda gives more emphasis to start with conservative management in arsha. 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 Arsha.

The disease can be diagnosed on the basis of chief complaints like Raktasrava & presence of Arsha Ankura.

In present study maximum patients have addiction like tea, smoking and tobacco chewing. These are also to be considered for causative and aggravating factors of the disease. Apart from the above factors Socio-economic condition , Mental stress and Malabaddhata play an important role in causing and aggravating the disease.

Finally it can be concluded that the Kovidar Yukta Takrapana group-a showed better result over Abhayarishtha.

RESULT:

Finally it is concluded that Kovidar Yukta Takrapana is more effective in case of Arsha (1st and 2nd degree piles) and it is low cost effective and it may be recommended fo practice in anorectal field.

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