

**Research Article****CLINICAL STUDY OF INDIGENOUS DRUGS - *PATHADI KWATHA* IN THE MANAGEMENT OF ARSHA (HEMORRHOIDS)****Devata M. Shiralkar¹, Mayur V. Shiralkar^{2*}, Shende Krushnadev³, Rupesh Wagh⁴, Vishal Tamhane⁴**¹Associate Professor, Dept. of Shalya Tantra, K.P.S.V.S. College of Ayurved, Manavi, Karnataka, India.²Associate Professor, Dept. of Shalakya Tantra, Dr. D.Y.Patil College of Ayurved, Pimpri, Pune. M.S., India.³Associate Professor, Dept. of Kayachikitsa Dr.D.Y. Patil Ayurved College, Pune, M.S., India.⁴Associate Professor, Dept. of Shalya Tantra, SMBT Ayurvedic Medical College, Nandi Hills, Nasik, M.S., India.⁴Associate Professor, Dept. of Shalya Tantra, Ashwin Rural Ayurved College, Manchi Hill, India.**KEYWORDS:** *Pathadi Kwatha, Arsha, Hemorrhoids.***ABSTRACT**

One of the fast developing branch of Surgery, gained momentum among the various branches of surgery because of manifold increase in incidence of ano-rectal diseases in population as compared to other diseases.

As per Ayurveda today's dietary habits are totally controversial, that is, it is totally against the '*Ahar - vidhi visheshayatane*'. The ultimate result of this is altered bowel habits which finally results in constipation which may lead to *Arsha* i.e. Hemorrhoids.

Acharya Charka recognizes "*Mandagni*" as causative factor and further elaborated and emphasized this point saying that *Arsha* (Haemorrhoids), *Atisara* (Diarrhoea) and *Grahani* (Spure) are sometimes causative to each other resulting from *Mandagni* i.e. weak digestive fire.

As per Sushruta the causes leading to variation of *Dosha* including excessive and erroneous dietetic indulgence, posture which create pressure on the anal region, sexual indulgence and suppression of normal urge of micturition, defecation etc. leads to developing "*Arsha*".

The results of this clinical study, itself are sufficient to comment that '*Pathadi Kwatha*' has definite effective role in the management of all types of *Arsha* in early stage. The Statistical Analysis reveals that In management of all types of *Arsha* in early stage the *Pathadi Kwatha* is effective. The conclusion of this clinical study '*Pathadi Kwatha*' has definite effective role in the management of all types of *Arsha* in early stage.

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INTRODUCTION

Proctology is one of the fast developing branch of Surgery, gained momentum among the various branches of surgery because of manifold increase in incidence of ano-rectal diseases in population as compared to other diseases.

In our daily routine practice, we come across a number of patients, who are complaining about per rectal bleeding, unsatisfied feeling after defecation, constipation, indigestion. The main cause for this high incidence is our changed life - style. We have entered into 21st century and enjoying the advances and facilities of the new millennium. One could surely state that there are dramatical changes in life - style as compared to traditional ancient one. Today, life has become so fast that everything is calculated in terms of time. Time is valuable for everybody but nobody has time to spare for his own physical fitness. Accordingly, dietary habits and living style has totally changed. Traditional freshly

prepared food is replaced by stored, preservatives added packed food, spicy, fast food is consumed by the people daily which was taken previously very occasionally. In terms of Ayurveda today's dietary habits are totally controversial, that is, it is totally against the '*Ahar - vidhi visheshayatane*'. The ultimate result of this is altered bowel habits which finally results in constipation which may lead to *Arsha* i.e. Hemorrhoids.

At present '*Arsha*' is the most burning problem, affecting human beings of working age. It is wide - spread, universal disease in human beings.

Demography based on the study conducted by C.C.R. & S., Delhi⁶, shows sample size is 1000 for the study and the incidence of ano-rectal diseases compared to other diseases in patients those attending O.P.D. during multi - centric trials is 40% (400 patients) and among the total ano-rectal diseases, the incidence of Hemorrhoids is 81% (324 patients). In which 60% of the

patients found in early stage of Hemorrhoids i.e. I⁰ II⁰ piles.

No any state escaped from this disease. In fact this is a disease if not treated in time may be life threatening. That is why Vaghatacharya rightly stated in his text.

According to Ayurveda, the ano-rectal diseases are culmination of '*Dosha - Prakopa*' (vitiation of body humours) and not a mere local process. So the Ayurvedic treatment is also systemic treatment, not only local treatment aimed at correcting imbalance of *Doshas*. This is the basic difference in the concept of treatment in Ayurved and Allopathy.

Acharya Charka recognizes "*Mandagni*" as causative factor and further elaborated and emphasized this point saying that *Arsha* (Haemorrhoids), *Atisara* (Diarrhoea) and *Grahani* (Sprue) are sometimes causative to each other resulting from *Mandagni* i.e. weak digestive fire.

Sushrutacharya has made a passing reference about the causes leading to variation of *Dosha* including excessive and erroneous dietetic indulgence, posture which create pressure on the anal region, sexual indulgence and suppression of normal urge of micturition, defecation etc. leads to developing "*Arsha*". Another rich aspect of Sushruta Samhita is its four fold treatment described for ano- rectal diseases and multiple options in each category.

In this sutra, the sequence of treatment is -

- i) *Bheshaja chikitsa* - Medicinal Treatment
- ii) *Ksharkarma* - Chemical Cauterization
- iii) *Agni karma* - Thermal cauterization
- iv) *Shastra karma* - Surgical Intervention

It is obvious that first preference always should be given to the "*Bheshaja Chikitsa*" only. If above stated *Vyadhi- Samprapti* i.e. *Mandagni* is treated in the very first stage, it gives good response to medicinal treatment. *Shastrakarma* always should be last option of treatment.

In Modern Medicine, it is mentioned that more attention is always paid to the conservative line of treatment and surgical treatment is the last choice.

In our ancient Samhita, following *Chikitsa* - sutra is given for the treatment of *Arsha* -

Hence, treating '*Arsha*' with conservative line of treatment by *Bheshaja chikitsa*, one must think of a *Dravya* which is-

- 1) *Agnideepaka*
- 2) *Rakta stambhaka*
- 3) *Aaampachaka*
- 4) *Anulomaka*
- 5) *Tikta-rasatmaka*

The *kwatha* made up of these five drugs namely - *Dusparsha*, *Bilwa*, *Yawani*, *Nagar* and *Patha*^{3,4} is having

all the above desired qualities. So the present study could be a good solution in the conservative management of all types of "*Arsha*". It is the need of time, that we should put forward our science of medicine in front of the modern world and let them know about the effectiveness of Ayurvedic Medicine. To interpret our science from a new point of view is to bring a current of fresh air in the present state.

AIMS AND OBJECTS

1. To assess the clinical parameters in the management of *Arsha* with indigenous drugs - *Pathadi Kwatha*.
2. To make effective, long-lasting, low cost, alternative and easily available conservative Management of *Arsha*.
3. To propose the possible mechanism of action of herbal drugs in *Pathadi kwatha* viz.

Patha (*Cissampelos pareira*)

Shunthi (*Zingiber officinale*)

Dusparsha (*Fagonia cretica*)

Yawani (*Trachyspermum ammi*)

Bilwa (*Aegle Marmelos*)

4. To review the complete literature.

MATERIALS AND METHODS

Any study which you perform remains incomplete unless it is confirmed by clinical trials that we come across the subjective aspect of patient. The clinical study which essentials some certain signs and symptoms like the sense of well being can be assessed in human being only. Case record proforma was prepared in which detail examination of the patients have been recorded. Patients were selected on random basis attending O.P.D. and I.P.D. of Shalyatantra Dept. of M.A.Podar Hospital, Worli, for this study i.e. "Clinical study of Indigenous Drugs - *Pathadi kwatha* In the Management of *Arsha*".

Patients were selected according to inclusion and exclusion criteria as given below -

CRITERIA FOR INCLUSION

1. Patients having I, II degree internal piles with at least 2 symptoms.
 - i) *Guda - Shula*
 - ii) *Gudagata - Raktastrava* (Bleeding per anus)
 - iii) *Malavastambha*
 - iv) *Asamadhangarak Malpravrutti*
 - v) *Agnimandya*
2. Age group - 15-60 yrs.
3. Irrespective of sex / occupation / Marital status.
4. Primary piles (Not as a complication or association with other systemic diseases) e.g. Ascites, Liver cirrhosis, pregnancy induced, portal hypertension, DM, TB, HIV, CA etc.).

CRITERIA FOR EXCLUSION

1. Congenital piles
2. Complicated piles viz., - prolapsed, Thrombosed etc.
3. Secondary piles (piles associated with systemic diseases).
4. Patient having blood dyscrasias.
5. Severe anaemic patients (Hb % < 7g%).

All selected patients were carefully examined including inspection, palpation & Proctoscopy.

INVESTIGATIONS : CBC with ESR, BSL HIV, HBsAg, BT, CT, Pt & LFT (SOS), VDRL, Urine, Stool, X - Ray chest - PA view.

MATERIAL AND METHODS

1. **Consent:** A written consent of all patients, included in the study will be taken before starting the treatment.
2. **Place of study:** Shalyatantra OPD & IPD of M.A.Podar Hospital, Mumbai - 18.
3. **Sample size:** 30
4. **Drug:** Pathadi kwatha
5. **Method of preparation of Drug :** Pathadi Kwatha⁷ will be prepared by using standard method of Kwatha kalpana as described in the Sharangdhar samhita.
6. **Route of Administration :** Oral
7. **Dose :** 40 ml - twice a day - Lukewarm
8. **Sevan kala :** Apan kala (Just before Meals)
9. **Duration of Treatment :** 2 weeks
10. **Follow-up :** weekly (0-3-7-14 day)

CRITERIA FOR ASSESSMENT

The main criteria for assessment is symptomatic relief including clinical observations.

- i) *Guda - Shula*
- ii) *Gudagata - Raktastrava* (Bleeding per anus)
- iii) *Malavastambha*
- iv) *Asamadhangarak Malpravrutti*
- v) *Agnimandyā*

Parameters/Criteria for Assessment: The main criteria for assessment, therapeutic trials were based on the symptomatic relief including some measurements criteria.

I) Guda - Shula

- | | | |
|--|---|---|
| Absent | : | 0 |
| Shula only at the time of defecation | : | 1 |
| Shula persistent for about 2 hrs. after defecation | : | 2 |
| Persistent Shula | : | 3 |

II) Gudagata - Raktastrava

Absent	:	0
2 - 5 drops of blood	:	1
6 - 10 drops of blood	:	2
More than 10 drops of blood	:	3

III) Malavastambha

Normal Motion	:	0
Sticky Motion	:	1
Hard Stool	:	2
Very hard stool	:	3

IV) Asamadhangarak Malpravrutti

Patient feeling well after the defecation.	:	0
Patient not satisfied want again to defecate after the morning defecation	:	1
Patient wants to defecate 2 - 3 times more after morning motion.	:	2
Patient wants to defecate 4 - 6 times more after morning motion.	:	3

V) Agnimandyā

Normal feeling of hunger	:	0
Uncoated tongue	:	0
Feeling of hunger 8 - 10 hrs. after first meal	:	1
Mild coated tongue	:	2
Feeling of hunger 10- 12 hrs. after first meal	:	3
Moderately coated tongue	:	2
Feeling of hunger 12 - 14 hrs. after first meal	:	3
Severe coated tongue	:	3

OBSERVATIONS**1) Guda - Shula**

Treatment on Days	3rd	7th	14th
% of Relief	48.71%	82.05%	97.43%

Out of 30 Patients, 26 patients i.e., 86.66% patients were having *Guda-shula*. According to gradation & statistical view, the score of gradation of *Guda-shula* before treatment is 39. On 3rd day of treatment it is 20. The difference between them is 19, so the percentage of relief is 48.71% on 3rd day of treatment. Similarly, as shown in the chart, the percentage of relief on 7th day is 82.05%. The percentage of complete relief on 14th day i.e. at the end of treatment is 97.43%.

2) Guda - gata Raktastrava

Treatment on Days	3 rd	7 th	14 th
% of Relief	71.42%	100%	100%

Out of 30% patients, 26 patients were complaining about *Gudagata raktastrava* i.e. per-anus bleeding. According to gradation system & statistical view, the score of gradation of *Guda gata raktastrava* before treatment is 63. On 3rd day of treatment it is 18. The difference score between before and after treatment

is 45. So the percentage of relief is 71.42% on 3rd day. On 7th day, all the patients of *Gudagata raktastrava* shows complete relief i.e. 100% relief and the same relief is on 14th day i.e. upto the end of whole treatment.

3) *Malavastambha*

Treatment on Days	3 rd	7 th	14 th
% of Relief	44.18%	79%	90.69%

Out of 30 patients, 26 patients were having complaint of *Malavastambha* in various grades. So according to gradation and statistical method, the total score of gradations of *Malavastambha* before treatment is 43, and on 3rd day of treatment, the score is 24. It means the difference between above two is 19. The percentage of relief in *Malavastambha* on 3rd is 44.18%, on 7th day, is 79% and on end of treatment i.e. on 14th day it is 90.69%.

4) *Asamadhankarak Malpravrutti*

Treatment on Days	3 rd	7 th	14 th
% of Relief	55.88%	79.41%	85.29%

Out of 30 patients, 20 patients were having *Asamadhankarak Malpravrutti* symptom. According to gradation and statistics, the total score of gradations of *Asamadhankarak Malpravrutti* before treatment is 34. On 3rd day of treatment, this score decreases up to 15. So the difference is 19. The percentage of relief on 3rd day is 55.88, on 7th day - 79.41% and on 14the day it is 85.29%.

5) *Agnimandya*

Treatment on Days	3 rd	7 th	14 th
% of Relief	70%	80%	100%

Out of 30 patients, 9 patients were suffering from *Agnimandya*. According to gradation & statistics, before treatment, the total score of gradations is 10. On 3rd day of treatment, the score decreased up to 3. So the difference between two is 7. The percentage of relief on

5) Distribution of Patients According to type of Signs & Symptoms

Signs & Symptoms	Guda Shula	Gudagata Raktastrava	Malavastambha	Asamadhankarak Malpravrutti	Agnimandya
No. of Patients	26	26	26	20	9
%	86.66%	86.66%	86.66%	66.66%	30%

Out of 30 Patients, 26 patients i.e. 86.66 % patients were having *Guda-shula*, *Guagata Raktastrava* & *Malavastambha*. 20 patients i.e. 66.66% patients were having *Asamadhankarak Malpravrutti*. 30% patients were of *Agnimandya*.

RESULTS

- 1) ***Guda-shula:*** At the end of treatment, out of 26 patients, 25 patients got complete relief. 1 patient showed improvement.

3rd day of treatment is 70, on 7th day it is 80% relief. The complete relief i.e. 100% relief got on 14th day of treatment.

1) Distribution of Patients According to Diet

Diet	Vegetarian	Mixed
No. of Patients	3	27
%	10%	90%

Out of 30 Patients, 27 Patients i.e. 90 % patients were taking mixed diet & only 10% patients were Vegetarian.

2) Distribution of Patients According to Sex

Sex	Male	Female
No. of Patients	21	9
%	70%	30%

Out of 30 Patients, 21 Patients i.e. 70 % patients were male & remaining 30% patients were female.

3) Distribution of Patients According to type of Work

Type of Work	Mental	Physical
No. of Patients	9	21
%	30%	70%

Out of 30 Patients, 21 patients i.e. 70% patients were doing heavy or light Physical work. 9 patients i.e.30% were doing mental work.

4) Distribution of Patients According to Degree of Hemorrhoids

Degree of piles	I ⁰ piles	I ⁰ - II ⁰ piles	II ⁰ piles
No. of patients	13	10	7
Percentage	43.33%	33.33%	23.33%

Out of 30 Patients, maximum patients were of I⁰ piles i.e. 43.33%. 10 patients i.e. 33.33% patients were of I⁰- II⁰ piles. 7 Patients i.e. 23.33 % patients were of II⁰ piles.

- 2) ***Gudagata Raktastrava:*** At the end of treatment, out of 26 patients, all patients got complete 100% relief.

- 3) ***Malavastambha:*** At the end of treatment, out of 26 patients, 22 patients got complete relief and 4 patients showed improvement.

- 4) ***Asamadhankarak Malpravruti:*** At the end of treatment, out of 20 patient 15 patients got complete relief. Out of remaining 5 patients, 3 patients showed improvement and 2 patients showed no change.

- 5) **Agnimandya:** At the end of treatment, all 9 patients got the complete relief.

DISCUSSION

Hemorrhoids is the most burning problem among various ano-rectal diseases, because of our changed life style, sedentary work, spicy food, stress, and lack of exercises^{1,2}. Hemorrhoids i.e., *Arsha* has not only a mere local pathology: but also a systemic pathogenesis.

The Medicinal treatment and preventive aspects in Modern science are still not elaborated which are more important in day to day surgical practice. These aspects are described in detail in Ayurvedic Samhitas.

So to propose a easy, conservative medicinal treatment in all types of *Arsha* in early stage, this study title as "Clinical Study of Indigenous Drugs - *Pathadi Kwatha* In The Management of *Arsha*" is undertaken for research work.

For treating *Arsha*, the drug should have the properties opposite of aetiology. *Arsha* develops from long standing constipation & *Agnimandya*. So there is straining while defecation which results in *Guda - shula* & *Gudagata raktastrava* and incomplete evacuation of rectum. So the drug of choice for treatment is *Agnivardhak*, *Anulomak*, *Aampachak*, *Raktastambhak* and *Vedana - Nashak*.

'*Pathadi Kwatha*' is made up of 5 drugs - *Patha*, *Bilwa*, *Yawani*, *Shunthi* and *Dusparsha*. This ultimate combination include all the desired properties stated above.

Pharmacological Action of '*Pathadi Kwatha*' on *Arsha* according to signs & symptoms

- Effect on Guda - Shula:** *Guda-shula* is the symptom caused by frequent straining during defecation, so *Vata prakopa* occurs. *Patha* is the best drug in *Vata shamak* drugs. Due to its *Ushna veerya* & *Shulaghna* property *Vatashaman* occurs and *Guda-shula* decreases.
- Effect on Guda-gata Raktastrava:** Dilated, elongated and tortuous veins of anal region when bleed, there is per - rectal bleeding. Here, in this condition, *Pitta dosha* is increased, so '*Dusparsha*' in *Pathadi Kwatha* is the answer for haemostatic action. *Dusparsha* is *Sheeta gunatamak* and *Kashaya rasatamak*; both these properties are useful in *Rakta-stambhan*.
- Effect on Malavastambha:** Due to vitiation of *Vata dosha* i.e. *Vata prakopa*, there is hard, dried stool. During defecation, the hard or sticky fecal matter does not pass smoothly through anal canal, so

Malavastambha occurs. To relieve this symptom, *Anulomak* and *Mridu rechak* action is required. This requirement is fulfilled by *Yawani* and ripe fruit pulp of *Bilwa*.

- Effect on Asamadhangarak Malprutti & Agnimandya:** To relieve these sign & symptoms, *Pathadi Kwatha* could be the drug of choice, as it contains drugs like *Yawani*, *Shunthi*, and *Bilwa*. Because all these drugs are *Ushna*, *Teekshna*, *Aam - pachak*, *Agnivardhak - Deepak* in nature.

So the '*Pathadi Kwatha*' could be a good solution in treatment of '*Arsha*' in early stage.

CONCLUSION

- Arsha* is developed from long standing *Agnimandya* and *Malavastambha*.
- The presenting symptoms of *Arsha* are *Guda - Shula*, *Guda - gata raktastrava*.
- Physically and mentally strain & stress are predisposing factors of *Arsha*.
- Non - Vegetarian diet is more responsible for constipation because of lack of cellulose and roughage.
- Vedana - Sthapak*, *Rakta - Stambhak*, *Anulomak*, *Deepak* & *Aampachak* effects of '*Pathadi Kwatha*' are quite encouraging.
- The results of this clinical study, itself are sufficient to comment that '*Pathadi Kwatha*' has definite effective role in the management of all types of *Arsha* in early stage.

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Cite this article as:

Devata M. Shiralkar, Mayur V. Shiralkar, Shende Krushnadev, Rupesh Wagh, Vishal Tamhane. Clinical Study of Indigenous Drugs - *Pathadi Kwatha* in the Management of *Arsha*. AYUSHDHARA, 2015;2(5):333-337.

Source of support: Nil, Conflict of interest: None Declared