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## Research Article

### THE COMPARATIVE STUDY OF *ADRAKADI QUATH SIDHA DUGDHA* AND *ASHWAGANDHA CHURNA* IN THE MANAGEMENT OF *ARSHAS* (HEMORRHOIDS)

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#### ABSTRACT

*Arshas* (hemorrhoids) occurs mainly due to the vitiation of *Agni*, which leads to *Malavasthambha* (constipation) and *Vimarga gamana* of *Apana Vayu*. So obviously, the drug, which has capacity to streamline the *vitiating Agni* and regulate the *Anulomagati* of *Apana Vayu*, will be the drug of choice in treating *Arshas*. *Adrakadi quath sidha dugdha* possesses *Ushna, Tikshna Dipana, Pachana* and *Vatanulomana* property.

Envisaging these points an attempt has been put forth to evaluate the efficacy of "*Adrakadi quath sidha dugdha*" in patients suffering from *Arshas* and the subject entitled "The Comparative study of *Adrakadi quath sidha dugdha* and *Ashwagandha churna* in the management of *Arshas* w.s.r. to hemorrhoids" have been selected for study. Total 60 patients of *Arshas* were registered for the present study. The selected patients were distributed randomly into two groups.

**Group A :** 30 patients were treated with *Adrakadi quath sidha dugdha* 40 ml twice a day with water, after food for 15 days.

**Group B :** 30 patients were treated with *Ashwagandha churna* 2 gm twice a day with water for 15 days. The observations and results obtained from clinical study have been analysed statistically to evaluate the significance of the curative properties of therapies.

**KEY WORDS:** *Arshas*, Haemorrhoids, *Adrakadi quath sidha dugdha*, *Ashwagandha churna*.

#### INTRODUCTION

*Acharya Sushruta* describes various anorectal diseases which are more or less resemble with the diseases described in modern proctology. In with hectic schedule major changes in life style leads to anorectal diseases. The fast food culture has worsened the condition because these foods are devoid of fibre causing constipation. *Arshas* (haemorrhoids) is one of very common in society.<sup>[1]</sup>

According to WHO 40% of peoples worldwide are suffer from piles. In India approximately 80% of the sufferers are in age group of 21 to 50 yrs<sup>[2]</sup>. It is common in both men and women (pregnant women). Also commonly seen in the people who work many hours in sitting position such as drivers, tailors, shopkeeper, clerk etc. once these disorders get root in any person, the

vicious cycle of events is started because one condition may give rise to another.

Modern conservative therapies include non-surgical modalities like injection sclerotherapy, cryotherapy, manual dilatation of anus, electro coagulation, rubber band ligation, stapler etc., but these modalities requires many specialized equipments and assume associated risks.<sup>[3,4]</sup> Fortunately only 10% of patients have symptoms severe enough to require surgery, so in concern with all these condition a good Ayurvedic conservative therapy is required which include diet, life style and medicine.

In Ayurveda number of medicinal yoga for the management of *Arshas* are mentioned. It has been the subject of study of many research scholars in previous years and most of them had studied on

*Ksharkarma*, *Ksharsutra* (medicated thread), *Jalaukawacharan* (application of leech) [5], different medicinal yoga orally or as local application.

*Arshas* occurs mainly due to the vitiation of *Agni* which leads to *Malavasthambha* and *Vimarga gamana* of *Apana Vayu*. So obviously the drug which has capacity to streamline the vitiated *Agni* and regulate the *Anulomagati* of *Apana Vayu*, will be the drug of choice in *Arshas*. *Adrakadi quath sidha dugdha* possesses *Ushna*, *Tikshna Dipana*, *Pachana* and *Vatanulomana* property.[6]

Envisaging these points an attempt has been made to evaluate the efficacy of "*Adrakadi quath sidha dugdha*" in *Arshas*[7].

## MATERIALS AND METHODS

### Selection criteria

*Arshas* and having complete history of disease along with 1<sup>st</sup> to 4<sup>th</sup> degree between the age group of 20 to 60 years irrespective of sex, religion, occupation, marital status were included in this study.

### Exclusion Criteria<sup>[8,9]</sup>

The following patients were excluded from study.

- a). CA Anus and Rectum
- b). Perianal Abscess
- c). Piles with Fissure
- d). Piles with Fistula
- e). Prolapsed Rectum
- f). Crohn's disease
- g). Ulcerative colitis
- h). Proctitis
- i). Rectal polyp
- j). Condyloma
- k). Anal epithelioma
- l). HIV and Hepatitis

### Plan of study

The whole study carried out at Chaitanya Ayurved Mahavidyalaya, Sakegaon, Bhusaval, Jalgaon. The systemic and local examination was done by rectal inspection, palpation per rectal digital examination and after pain relief proctoscopic examination. The finding were recorded in research proforma and diagnosis was made<sup>[10]</sup>.

## 1. Inspection

- i) Perianal skin - Colour/healthy/unhealthy/ Abnormal opening
- ii) Anal verge - Fissure/Sentinal tag/ Redundant fold
- iii) Number of external piles, if present.
- iv) On straining pile masses comes out of orifice : Yes / No.

## 2. Palpation

1. Tenderness
2. Swelling.
3. Indurations

## 3. Rectal examination

1. Anal Spasm
2. Feeling of mass /polyp / growth
3. Sphincter tone.

## 4. Proctoscopic Examination

The proctoscopic examination includes :

1. Site - Internal / External / Internoexternal
2. Size - a. <1/2cm b. ½-1 cm c. 1-1 ½ cm d. 1 ½-2 cm
3. Shape - 1. *Karpasphala* 2. *Jalaukamukh* 3. *Gostana* 4. *Nyagrodha praroha*
4. Position - Primary – 3' 0 / 7' 0 / 11' o clock
5. Base - Broad based/Narrow based
6. Colour - 1) Reddish, 2) Bluish, 3) Whitish, 4) Mixed.

## Laboratory investigations

1. Blood investigations – Hb% , TLC , DLC , ESR , BSL , BT , CT
2. Urine pathological examination - Microscopic and Routine.
3. Stool pathological examination - Microscopic and Routine (As per requirement)

## Treatment schedule

A total of 60 patients of *Arshas* were registered for the present study. The selected patients were distributed randomly into two groups

**Group A:** 30 patients were treated with *Adrakadi quath sidha dugdha* 40 ml twice a day with plane water after food for 15 days.

**Group B:** 30 patients were treated with *Ashwagandha churna* 2 gm twice a day with plane water for 15 days.

### Supportive treatment (In both groups)

**Do's-**Regular strict diet and yoga, warm water sit'z bath etc.

**Don'ts-** Liquor, spicy food, sleepless nights etc.

### Follow up study

The patients were treated on OPD basis and follow up every seven days up to 30 days.

### Criteria of Assessment

The treatment effect has assessed on the basis of the relief of major symptoms of the disease. This has done at a period of every five days scoring pattern was adopted to determine the relief in the cardinal symptoms.

#### 1) Gudgat Raktastrava (Bleeding)

##### Grade Symptoms

- |   |   |
|---|---|
| 0 | Absent  |
| 1 | Bleeding along with defecation as streak on stool |
| 2 | 2-10 drops after defecation.                      |
| 3 | Profuse bleeding.                                 |

#### 2) Gudgat kandu (Itching)

##### Grade Symptoms

- |   |   |
|---|---|
| 0 | Absent  |
| 1 | Itching remains for 1 hour after defecation.    |
| 2 | Itching remains for 1-5 hours after defecation. |
| 3 | Itching remains for whole day.                  |

#### 3. Gudpida (Pain)

##### Grade Symptoms

- |   |  |
|---|--|
| 0 | Absent                                       |
| 1 | Pain remains for 1 hour after defecation     |
| 2 | Pain remains for 1-5 hours after defecation. |
| 3 | Pain remains for whole day.                  |

#### 4) Shotha (swelling)

##### Grade Symptoms

- |   |  |
|---|--|
| 0 | No swelling  |
| 1 | Minimal swelling with venous prominence                  |
| 2 | Venous prominence with mucosal thickening                |
| 3 | Venous prominence with mucosal thickening and prolapsed. |

#### 5) Agnimandya (Loss of Appetite)

##### Grade Symptoms

- |   |   |
|---|---|
| 0 | Normal feeling of hunger with uncoated tongue                             |
| 1 | Indigestion of heavy food   |
| 2 | Indigestion of normal food with heaviness in abdomen.                     |
| 3 | Indigestion of all kinds of food and heaviness and flatulence constantly. |

#### 6) Malavstambha (Constipation)

##### Grade Symptoms

- |   |  |
|---|--|
| 4 | No Malavstambha                                      |
| 5 | Evacuation of bowel after 2 days.                    |
| 6 | Evacuation of bowel after 3-4 days.                  |
| 7 | Evacuation of bowel after taking drastic purgatives. |

### Criteria for overall assessment of therapy

- |              |   |                |
|--------------|---|----------------|
| 1) Cured     | - | More than 75 % |
| 2) Marked    | - | 50 % to 75 %   |
| 3) Improved  | - | 25 % to 50 %   |
| 4) Incurable | - | Below 25 %     |

**Table 1 : Cardinal symptoms of Arshas**

S. No.	Symptoms	No. of patients		Total	Percentage
		Group A	Group B		
1.	<i>Gudgat Raktastrava</i>	27 (90%)	25 (83.33%)	52	86.66%
2.	<i>Gudgat Kandu</i>	26 (86.66%)	26 (86.66%)	52	86.66%
3.	<i>Gudapida</i>	23 (76.66%)	25 (83.33%)	48	80%
4.	<i>Shotha</i>	30 (100%)	30 (100%)	60	100%
5.	<i>Agnimandya</i>	30 (100%)	25 (86.66%)	56	93.33%
6.	<i>Malavstambha</i>	30 (100%)	30 (100%)	60	100%

Table no.1 shows that maximum number of patients have suffered from *Shotha* (swelling) and *Malavastambha* i.e. 60 (100%) followed by *Agnimandya* 56(93.33%). Then next major symptom found to be *Gudgat Kandu* and *Gudgat Raktastrava* in 52-52 patients i.e. in 86.66%. *Gudpida* were found in 48 (80%) and *Gudgat Daha* were found in 42 (70%) patients.

### Effect of Therapies

The effect of Therapies has been presented as follow.

### Paired 't' Test

Paired 't' test is used to work out mean reduction between two groups before and after treatment<sup>6</sup>.

**Table 2: Effect on symptoms in Group A and Group B**

S. No.	Symptom	Group A			Group B		
		MR	SE	T-cal	MR	S.E	t-cal
1.	<i>Gudgata Raktastrava</i>	1.533	0.058	26.28***	0.066	0.014	4.46***
2.	<i>Gudgata kandu</i>	0.866	0.034	25.44***	0.066	0.0121	5.47**
3.	<i>Gudgata pida</i>	1.033	0.0421	24.49***	0.033	0.0136	2.446*
4.	<i>Shotha</i>	0.866	0.034	25.44***	0.133	0.0172	7.74***
5.	<i>Agnimandya</i>	1.166	0.042	27.73***	0.1	0.0136	7.34***
6.	<i>Malavastambha</i>	1.666	0.0582	28.63***	0.433	0.0234	18.47***

\*p<0.05, \*\*P<0.01, \*\*\*P<0.001

In patients of group-A treated with trial drug *Adrakadi quatha sidha dugdha* shown highly significant results in all symptoms while in group-B highly significant relief was found in *Gudgat raktastrava*, *Shotha*, *Agnimandya* and *Malava-sthambha*. In group-B significant relief was seen in *Gudagat pida* and *Kandu* table no.2

**Table 3: Percentile relief in both groups**

S. No.	Symptoms	Percentage relief in Group A	Percentage relief in Group B
1.	<i>Gudgata Raktastrava</i>	85.18	3.92
2.	<i>Gudpida</i>	79.48	2.56
3.	<i>Shotha</i>	41.93	6.77
4.	<i>Agnimandya</i>	81.39	6.12
5.	<i>Malavastambha</i>	78.12	21.66

### 'Z' Test

It is large sample test as the total sample size is greater than 30. The symptom wise comparison between group A and group B, before and after treatment of study was made using 'z' test. The mean level along with their SD, combined SE and Z values with significance are presented in Table no.4

**Table 4: Comparison between symptoms of two groups**

S. No.	Symptoms	Group A		Group B		Combined SE	Z-cal
		AM1	SD1	AM2	SD2		
1	<i>Gudgata Raktastrava</i>	0.266	0.520	1.633	0.927	0.132	10.32**
2.	<i>Gudgata Kandu</i>	0.4	0.563	1.33	0.802	0.124	7.47**
3.	<i>Gudpida</i>	0.266	0.449	1.266	0.784	0.1128	8.860
4.	<i>Shotha</i>	1.2	0.664	1.833	0.647	0.119	5.280**
5.	<i>Agnimandya</i>	0.266	0.449	1.533	0.860	0.119	10.57**
6.	<i>Malavastambha</i>	0.466	0.5074	1.566	0.6789	0.1084	10.14**

\*p<0.05, \*\*P<0.01 .

While comparing both the groups the results were found different in two groups i.e. in experimental group the results were more significant than the control group.

**Table 5: Overall effect of therapy**

S. No.	Relief effect	No. of patients	
		Group A	Group B
1.	Cured	0 (0%)	0 (0%)
2.	Markedly Improved	7 (23.33)	0 (0%)
3.	Moderately Improved	23 (76.66)	0 (0%)
4.	Not improved	0 (0%)	30 (100%)

The collective results in all symptoms were interpreted in the term of percentage and results were shown as follows.

In group A, 23.33% patients had marked improvement, 76.66% patients had moderate improvement. There were no patients observed in cured and No improvement group.

### DISCUSSION

Table no.1, 2, 3, 4 shows that experimental group results were more significant than the control group.

#### Trial drugs has following properties

##### 1. Adrak (*Zingiber officinalis* Roxb.)

Uses-Agnideepan, Aampachan, Vatanuloman, Shoolprashaman

##### 2. Punarnava (*Boerhavia diffusa* L.)

Uses-Deepan, Mutral, Shothghna, Vayasthapan, Rasayana

##### 3. Chitrak (*Plumbago zeylanica* L.)

Uses-Deepan, Pachan, Truptighna, Lekhana, Bhedan, Arshoghna.

Anti-implantation, radio sensitizing effect on oral CA.

##### 4. Milk (cow) is good Anupan.

All above drugs are *Agnideepak* (appetizer), *Malavastambhak nashak* (relives constipation), *Arshogna* (anti -piles), *Shothagna* (anti-inflammatory), *Amapachak* (digestive) so it breaks pathology and improve digestive enzymes and regulates G.I. disturbances [11,12].

#### Discussion on Probable mode of action of Adrakadi quath sidha dugdha.

*Agnimandya* is the main cause of *Arshas*. *Agnimandya* affects *Sar kitta vivechan* resulting into

*Sthira sarbhag* (undigested food) instead of *Sar sarbhag* due to which production of *Ama* increases and such continuous production of *Ama* leads to *Malasanchaya*. This is *Apakva maladhikya* due to improper *Sarkitta Vivechan*, which is in large quantity, is loaded in colon for long duration. As it is more in quantity, decreases Propulsion of faeces. Absorption of fluids from faeces occurs in large quantity resulting in *Shushka mala* (hard stool). To pass such *Shushka mala*, patients undergoes *Pravahana* (straining), during defecation. There is vitiation of *Apana vayu* due to straining during defecation gives rise to *Kha-vaigunya* at *Purishavaha strotas*, finally resulting in dilated rectal plexus and *Mamsankur (Arshas)* occur.

On the other hand due to improper *Sar kitta vivechan* and formation of *Asarbhag* it hampers process of *Dhatu* formation, which results into *Dhatu daurabalya*. *Dhatu Dourbalya*, in presence of *Dosha sanchaya* and *Maladhikya* associated with straining gives rise to *Arshas*[13].

So from above pathological process most of the Ayurvedic texts gives more concentration for *Deepana* and digestion of *Ama* i.e. *Pachana chikitsa* respectively effects on *Mandagni* and *Ama*. Thus both *Chikitsa* brakes the pathological process of *Arshas* and ultimately patients get relief from signs and symptoms of *Arshas*.

From above discussion we can sum up to that *Adrakadi quath sidha dugdha* formulation relief symptoms of piles i.e. regulates bowel habit, improving digestion, control of pain, Itching and shrinkage of pile mass. In this way, *Adrakadi quath sidha dugdha* formulation in management of piles acts as a multi dimensional approach by providing relief from symptoms in the patients suffering from piles.

## CONCLUSION

In *Adrakadi quath sidha dugdha*, maximum ingredients are having *Ushna, Tikshana, Dipana, Pachana, Vedanasthapan* and *Shothahara* properties. By virtue of these properties, it has *Vedanahar* (painkiller), *Agnidipak, Shothahar, Kandughna*, and *Anulomak*.

Treatment of *Arshas* with *Adrakadi quath sidha dugdha* breaks *Samprapti* of *Arshas* as it increases *Agni* with *Ushna, Tikshana, Deepana, Pachana* properties and relieves *Malavsthambha* with its *Anulomana* property. *Adrakadi quath sidha dugdha* formulation acts as a multidimensional approach i.e. effective in reducing *Gudgat daha*, effective to reduce *Gudpida*, relief from *Malavsthambha*, effective in *Shotha, Agnimandya*.

*Adrakadi quath sidha dugdha* is very useful to treat the *Arshas* in earlier stage. Finally, the study can be concluded that *Adrakadi quath sidha dugdha* is effective in treatment of 1<sup>st</sup> and 2<sup>nd</sup> degree of *Arshas* (Haemorrhoids).

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