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Evaluation of therapeutic efficacy of *Surana Modaka* in *Arshas*

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ABSTRACT

Arshas (haemorrhoids) is the commonest condition among the ano-rectal diseases in our day-to-day practice in terms of incidence. It is a very disagreeable condition for the patient and often creates restlessness. This disease has no particular sectorial affinity and is equally distributed throughout the world. Modern Science has very little to offer in terms of medicinal treatments of haemorrhoids. Prevalent modern para-surgical measures have been enumerated. Surgical techniques of performing haemorrhoidectomy are many and their complications such as pain, anal incontinence, stricture etc. are well known. Management of *Arshas* only on Ayurvedic lines seems to be more appropriate. Sushruta, basically a surgeon described four principal therapeutic measures in the management of *Arshas*, viz. medicinal, chemical cauterization, thermal cauterization and surgical excision. It may be pointed out here that enumeration of these measures in a definite order is suggestive of similar methods to be preferred first. By keeping all these principles in mind, a herbal formulation by name *Surana Modaka* is prepared to see its efficacy in *Arshas*.

Key words: *Arsha*, *Surana Modaka*, haemorrhoids.

INTRODUCTION

The word *Arshas* is self-explanatory by itself indicating that the disease haunts a person like an enemy.^[1]

Arshas is the commonest condition among the ano-rectal diseases in our day-to-day practice in terms of incidence. It is a very disagreeable condition for the patient and often creates restlessness.

Arshas – one among the *Mahagadas* mentioned by Susruta,^[2] the father of Ancient Indian Surgery, which

is not amenable for treatment.^[3] All the Brihatrayi and Laghutrayi have given the detailed description regarding the disease *Arshas*.

Modern Science has very little to offer in terms of medicinal treatments of haemorrhoids. Surgical techniques of performing haemorrhoidectomy are many and their complications such as pain, anal incontinence, stricture etc. are well known. The major drawbacks of modern management are lack of clear and unanimous indications of therapy and its limitations. They are adoptable mostly in fully equipped big hospitals. Rubber band ligation and injection therapy are the only procedures that can be adopted in comparatively smaller clinics but their use in the management is limited as it needs special training and skill, the results are not very satisfactory and complications are many.

The therapeutic measures should be such which have clear indications of their applicability and limitations, could be arranged indigenously from local resources, the technique should be simple, the complications must be minimum and easily manageable, it should be

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acceptable to the patient and convenient for the surgeon, could be introduced in a small clinic and also with minimum interference in patients day to day activity.

Management of *Arshas* only on Ayurvedic lines seems to satisfy these criteria. Sushruta, basically a surgeon described four principal therapeutic measures in the management of *Arshas*, viz. medicinal, chemical cauterization, thermal cauterization and surgical excision.^[4] It may be pointed out here that enumeration of these measures in a definite order is suggestive of similar methods to be preferred first.

By keeping all these principles in mind a herbal formulation by name *Surana Modaka* is prepared to see its efficacy in *Arshas*.

Therapeutic action of *Surana Modaka*

Charaka has described the general properties of the medicines indicated for internal administration in the condition of *Arshas*, which are as follows;

1. *Dipana*
2. *Pachana*
3. *Anulomana*
4. *Samshamana*
5. *Rakta Sangrahi*

To check out the above properties an attempt is made to list the actions of ingredients of *Surana Modaka* which are as follows;

SN	Drug	Properties
1.	<i>Chitaraka</i> ^[5]	<i>Deepana, Truptigna, Shoola Prashamana, Bhedana, Arshoghna, Lekhana, Vatakapha Shamaka, Pitta Vardhaka.</i>
2.	<i>Ardraka</i> ^[6]	<i>Truptighna, Arshoghna, Deepana, Shoolaprashamana, Trushnanigrahana, Kaphavataghna.</i>

3.	<i>Maricha</i> ^[7]	<i>Deepana, Krumighna, Shoolaprashamana, Vatakapha Shamaka, Pitta Vardhaka.</i>
4.	<i>Haritaki</i> ^[8]	<i>Prajastapana, Jwaraghna, Kustaghna, Kasaghna, Arshoghna, Vata-pitta and Kaphaghna.</i>
5.	<i>Bibhitaki</i> ^[9]	<i>Jwaraghna, Virechanopaga, Tridoshanashaka.</i>
6.	<i>Amalaki</i> ^[10]	<i>Vayasthapana, Virechanopaga, Tridosahara.</i>
7.	<i>Pippali</i> ^[11] and <i>Pippali Moola</i>	<i>Deepana, Shoolaprashamana, Tridosahara.</i>
8.	<i>Talisa patra</i> ^[12]	<i>Shirovirechana, Kaphavata Shamaka.</i>
9.	<i>Talamooli</i> ^[13]	<i>Vrushya, Rasayana, Tridosahara.</i>
10.	<i>Bhallataka</i> ^[14]	<i>Deepana, Kushtaghna, Kaphavata Shamaka, Pitta Samshodhaka.</i>
11.	<i>Vidanga</i> ^[15]	<i>Vata Kapha Nashaka, Krumighna, Truptighna, Shirovirechana.</i>
12.	<i>Vruddhadaru</i> ^[16]	<i>Adhobhagahara, Deepaka and Kaphavata Shamaka</i>
13.	<i>Twak</i> ^[17]	<i>Deepaka, Pachaka, Vatakaphanashaka and Pittavardhaka.</i>
14.	<i>Ela</i> ^[18]	<i>Swasahara, Shirovirechana, Tridosahara.</i>
15.	<i>Surana</i> ^[19]	<i>Ruchya, Deepaka, Pachaka, Arshoghna, Vatakapha</i>

		<i>Shamaka.</i>
16.	<i>Guda</i> ^[20]	<i>Laghu, Patya, Anabhishtandi, Agnivrudhikara, Pittahara, Madhura, Vrushya, Vatahara, Raktadhoshahara.</i>

The ingredients are arranged so scientifically that definitely they help in breaking the *Samprapti* of *Arshas*. The drugs included in the *Yoga* are either *Vatakapha Shamaka* or *Tridosha Shamaka* in nature. *Arsha* which is of *Tridoshaja* in nature may be better benefited by using this *Yoga*. Some of the ingredients are having *Vrushya* or *Rasayana* properties. *Rasayana* drugs helps to avoid the recurrence of any disease. So after analyzing the ingredients we can say *Surana Modaka* is a better *Bheshaja* group of medicine explained by Cakradatta.^[21]

MATERIALS AND METHODS

In this clinical study 10 patients suffering from *Arshas* were selected at random. A detailed history was obtained and recorded in a proforma designed specifically for this study. The selected 10 patients were accessed as per the criteria listed in the specific proforma and all findings were recorded. After 30 days of medication they were examined for findings and accessed according to the assessment criteria mentioned in the proforma. Incidence observations were made and the before treatment and after treatment assessment criteria were recorded and analysed for statistical significance. Follow up was done fortnightly for 3 months. During which all assessment criteria were recorded.

Source of data

Patients diagnosed as *Arshas* were taken for the study from O.P.D section of S.D.M Ayurveda Hospital, Udupi.

Method of collection of data

Study design

Single blind within group comparative study with pre-test and post-test design. Ten patients with complaints of *Arsha* attending the O.P.D. of S.D.M.

Ayurveda Hospital, Udupi were randomly selected as a single group. Data regarding history, duration of illness, findings on clinical examinations and other relevant information were recorded in a BT/AT proforma, designed specifically for this study. The proforma was designed based on clinical features of the condition, *Arshas* vis a vis Haemorrhoids.

Inclusion criteria

- Patients between the age group of 20-45 years
- 1st and 2nd degree internal Haemorrhoids.

Exclusion criteria

- Pregnancy
- Age group below 20 years and above 45 years.
- 3rd degree haemorrhoids.
- Thrombosed haemorrhoids.
- Patients with systemic illness.

Intervention

The patients were advised to take *Surana Modaka* 12g 1 teaspoon with warm water half an hour before food twice daily i.e. in the morning and evening for 30 days. After which the patients were examined for findings. Subsequent follow up was done fortnightly for 3 months.

Parameters of assessment

The assessment criteria were listed according to the details of clinical features found in Ayurvedic texts and contemporary medical books. The criteria were grouped as subjective. All the features were recorded before treatment and after treatment in the proforma.

Subjective features

Vibhanda: This feature was graded based on how often the patient passed motions. The grading was as follows.

Symptom	Grading
Every day	0
3 rd day	1

4 th day	2
5 th day or more	3

Kandu: The grading was done according to the description given by the patient.

Symptom	Grading	Features
Absent	0	No itching
Mild	1	Occasional itching sensation before and after the defecation.
Moderate	2	Frequent itching sensation with the gap of half to one hour.
Severe	3	Continuous itching sensation all through the day in the complete peri anal region.

Raktasrava: Bleeding was seen in some cases. Attempts were also made to have a gross quantitative analysis of bleeding in terms of profuse, moderate or mild.

Symptom	Grading	Features
Absent	0	No bleeding
Mild	1	Bleeding in drops occurring once or twice a week
Moderate	2	Bleeding in drops continuous for 7 to 10 days
Profuse	3	Bleeding in streams or drops and continuous for more than 10 days

OBSERVATIONS

All the subjective criteria were observed before treatment (BT) and after treatment (AT). They were

tabulated and analysed for statistical significance as follows;

Vibhanda: The severity of constipation was tabulated before and after treatment. Among the 10 patients of the study 1 patient (10%) has severe constipation (grading 3) BT. Among these all the patients who had the symptoms BT except one, became symptom free AT. In 1 patient in whom the symptom was severe (Grading 3) BT, it reduced to mild (Grading 1) AT.

Group	Mean	Standard deviation	Standard Error mean
Constipation BT	1.900	0.568	0.180
Constipation AT	0.100	0.316	0.100
Difference	1.800	0.422	0.133
t = 13.500 with 9 degree of freedom (p<0.001)			

The change that occurred with the treatment is greater than would be expected by chance. There is statistically significant change (p<0.001).

Kandu: As per the grading in the proforma the BT and AT values of the symptom of *Kandu* (Pruritus) were recorded. Among the 10 patients of the study 6 patients (60%) had moderate pruritus (Grading 2) and 4 patients (40%) had mild pruritus (grading 1) BT. Among these all the patients who had the symptom BT, except 2 became symptom free AT. In the 2 patients in those the symptom were moderate (Grading 2) BT it reduced to mild (Grading 1) AT.

Group	Mean	Standard deviation	Standard Error mean
Pruritus BT	1.600	0.516	0.163
Pruritus AT	0.200	0.422	0.133
Difference	1.400	0.516	0.163

$t = 8.573$ with 9 degree of freedom ($p < 0.001$).

The change that occurred with the treatment is greater than would be expected by chance. There is statistically significant change ($p < 0.001$).

Raktasrava: The BT and AT values of bleeding were recorded. Among the 10 patients of *Arshas*, 6 patients were having moderate bleeding (Grading 2) BT. This moderate bleeding was reduced to mild bleeding (Grading 1) AT. Among the 10 patients 4 patients (40%) had mild bleeding (Grading 1) BT. After treatment there was no bleeding (Grading 0) in these 4 patients.

Group	Mean	Standard deviation	Standard Error mean
Bleeding BT	1.600	0.516	0.163
Bleeding AT	0.600	0.516	0.163
Difference	1.000	0.000	0.000

$t < 1.20$ with 9 degree of freedom ($p < 0.001$).

The change that occurred with the treatment is greater than would be expected by chance. There is statistically significant change ($p < 0.001$).

DISCUSSION

Observations were made in the 10 patients before treatment and after treatment. The three subjective criteria were;

1. *Vibhandha*
2. *Kandu*
3. *Rakta Srava*

All the criteria were recorded BT and AT according to the gradings devised in the assessment criteria of proforma. At the end of the study, they were assessed by questioning the patients and by clinical examination. The BT/AT readings were also analysed for statistical significance.

Vibhandha: 7 among the 10 patients had moderate constipation BT. Other 2 had mild constipation and 1 patient had severe *Vibhandha*. At the end of the treatment, among the 7 patients who had moderate level of constipation, all 7 reported complete relief from *Vibhandha*. The 2 patients who had mild constipation BT reported complete relief from constipation at the end of the treatment. One patient, who had severe *Vibhandha* BT, said that his constipation has reduced to 'mild'. The BT/AT recordings of the *Vibhandha*, when analysed were statistically significant.

Kandu: When questioned, it was found that all the 10 patients had *Kandu*. Among the 10 patients, 6 had moderate pruritus and 4 of mild pruritus BT. After the treatment; it was found that 5 among the 6 patients who had moderate degree of *Kandu* had reported that they did not have the symptom any longer. One patient who had moderate *Kandu* BT, reported that the *Kandu* had reduced to mild AT. The other 4 patients who had mild pruritus are completely symptom free AT. The BT/AT recordings showed statistical significance.

Rakta Srava: Among the 10 patients, all patients complained *Raktasrava* before treatment. 6 patients had moderate bleeding BT. Among these 6 patients, bleeding had reduced to mild AT. The remaining 4 patients had mild bleeding BT. But there was no bleeding in these 4 patients AT. All the 4 patients had become symptom free AT. The BT/AT readings showed statistical significance on analysis.

Follow-up

Among the 10 patients, 1 patient was symptom free during the 3 month follow-up period. In 9 patients, there was a reappearance of symptoms.

In 1 patient moderate bleeding has reduced to mild bleeding AT.

But during first 2 follow-up, the bleeding remained same and then stopped, in the next 2 follow-up. But the mild bleeding again started in the next 2 follow-up. In 9 patients constipation was completely relieved after treatment, and there was no constipation during

first 4 follow-up. But reappeared in 8 cases during 5th follow-up and remained same i.e, mild constipation in 9 cases during 6th follow-up. In 1 patient severe constipation has converted into mild form after treatment and remained in mild form during first follow-up and in the next 2 follow-ups there was no constipation but reappeared in the next 2 visits in mild form.

There was no pruritus in 8 patients after treatment. But reappeared in mild form during 4th follow-up in 2 patients. During 5th follow-up it was found in mild form in 7 cases. During 6th follow-up pruritus was found in mild form in 9 cases. In 4 patients there was no bleeding after treatment and in 6 patients moderate form of bleeding has reduced to mild form after treatment. In 7 patients bleeding reappeared in mild form during the first follow up itself. In second follow-up bleeding was present in mild form in 5 patients. During 3rd follow-up bleeding was present in mild form in only one case.

During 4th follow-up bleeding was present in 3 patients. During 5th & 6th follow-up bleeding was present in mild form in 9 patients. After analyzing symptoms during the follow up visits revealed that there was a reappearance of symptoms in 9 cases. Only 1 patient had complete relief even after follow up for 3 months.

CONCLUSION

Nature of work and irregular dietary habit contribute to the manifestation of Arshas was observed during the study. All the patients were the victims of *Madagni* was observed. The medicine significantly helped in increasing the *Agni*, and helped a lot in relieving the constipation, pruritis and to some extent in reducing the bleeding. But during the follow up, reappearance of the symptoms was observed. So no single therapy can be set to be self sufficient in the management of all types of *Arshas* because of their limitations and different objectives. So medicinal treatment is a therapy that can be advised in haemorrhoidal patients having milder or vague complaints with satisfactory results.

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