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# A Comparative Study between *Apamarga Pratisaraniya Kshara* and *Shireesha Beejadi Lepa* in the management of *Arsha*

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## ABSTRACT

**Background:** Arsha is fleshy projection that pains like an enemy and creates obstruction in *Guda Marga* which can be compared with haemorrhoids and one among the *Astamahagada*. *Arsha* presents with clinical features as bleeding per rectum, prolapse, feeling of mass, pain, anaemia. Peak age is 4<sup>th</sup> to 6<sup>th</sup> decade while majority of patients report regarding onset of disease in 5<sup>th</sup> decade of life and increased prevalence in women compared with men. **Objectives of the Study:** To compare the efficacy of *Shireesha Beejadi Lepa* over *Apamarga Pratisaraniya Kshara* in the management of *Arsha* with special reference to Internal Haemorrhoids. **Methods:** 30 patients were selected on the basis of inclusion criteria and divided into 2 groups with 15 patients in each group by computerized random technique. Group A was treated with *Apamarga Pratisaraniya Kshara*, while Group B was treated with *Shireesha Beejadi Lepa*. **Results:** It was found that the main clinical features like Pain were reduced 84.09% in Group A and 90.90% in Group B, Bleeding per Rectum were 68.18% in Group A and 86.36% in Group B. Colour of Pile mass changes of 75% in Group A and 81.81% in Group B. Size of Pilemass reduced 70.45% in Group A and 68.18% in group B after 7<sup>th</sup> day of treatment. **Conclusion:** *Apamarga Pratisaraniya Kshara* had significant result over *Shireesha Beejadi Lepa Yoga* in both subjective and objective parameters with P value <0.0001.

**Key words:** *Arsha, Haemorrhoids, Apamarga Pratisaraniya Kshara, Shireesha Beejadi Lepa.*

## INTRODUCTION

Ayurveda is natural healing system of medicine to maintain health of healthy person and cure the ailments ailing person. Among the *Ashtanga Ayurveda*, *Shalya Tantra* is the one of most important branch based on six major principle management such

as *Bhaishaja Karma, Kshara Karma, Yantra Karma, Agnikarma, Raktamokshana, Shastra Karma*. In present era fast foods, irregularity in food timing, changing food style, sedentary life style, mental stress all these factors does the impairment of digestive process resulting in to many diseases. Among them one of important disorder in anorectal disorders is Haemorrhoids.

Haemorrhoids are one of the most common Anorectal disorder encountered in the general population as well as in the clinical practice. The term Haemorrhoid is derived from the Greek adjective 'Haemorrhoides' meaning bleeding (Haima = blood, rhoos = flowing), symptom in most of the cases.<sup>[1]</sup> It can be defined as symptomatic and distal displacement of the normal anal cushions. The true prevalence of the Haemorrhoids are difficult to ascertain as patients are reluctant to seek proper medical attention. Due to various reasons people

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visit quacks for the treatment and also have a tendency to self medicate.<sup>[2]</sup>

Development of Haemorrhoids before the age of 20 years is unusual but the peak age is 45-65 years, while about 50% of people have it by the time they reach 50 years. Although it has been stated that 50% of the population will experience symptomatic Haemorrhoids disease at some point in their lives.<sup>[3]</sup> Risk factors for the disease are chronic constipation, prolonged sitting or standing, obesity, prolonged sitting in squatting position, heavy weight lifting, pelvic or abdominal tumors, using western toilet etc. The peoples who are working in sitting for longer duration such as drivers, bank managers, tailors, shopkeepers etc.<sup>[2]</sup> Pregnancy is associated with an increased risk for Haemorrhoids and increased prevalence in women compared with men.<sup>[3]</sup>

In modern science, treatment for Haemorrhoids are dietary alteration, elastic band ligation, cryosurgery, haemorrhoidectomy etc. have their own complications and their own limitations. such as bleeding, fissure in ano, fistula in ano, abscess, stricture, urinary retention, soiling etc.<sup>[4]</sup>

*Acharya Vagbhata* narrates that a fleshy projection that pains a person like an enemy and creates obstruction in '*Guda Marga*' is called as *Arsha*. Based on the features of *Arsha* it can be co-related with Haemorrhoids.<sup>[1]</sup> According to Ayurveda the disease *Arsha* comes under the heading of *Ashta Mahagada* because it is *Dirghakalanubandhi*, *Duschikitsya* and involve the *Marma*. *Arsha* occurs in *Gudabhaga*, which is absolutely a *Marma* and it is well known for its chronicity and difficulty to treat.

In Ayurveda, there are four modalities of treatment to manage *Arsha* - *Bheshaja Karma* (drugs), *Kshara Karma* (application of alkali), *Agnikarma* (cautery) and *Shastrakarma* (surgery).<sup>[5]</sup> *Arsha* caused by *Vata* and *Kapha* should be treated with *Agnikarma* or application of the *Teekshna Kshara* (strong alkali). Those caused by *Pitta* and *Rakta* are treated with *Mrudu Kshara* (mild alkali).<sup>[6]</sup>

*Acharya Sushruta*, the pioneer in the field of surgery, while describing the *Chikitsa* of *Arsha* emphasized

much on the procedure of *Kshara Karma*. The effect of *Kshara* is praised so much that it can replace *Shashtra Karma* since it does the function of *Chedana*, *Bhedana*, *Lekhana Karmas* without *Sastra*. One big advantage of *Pratisaraniya Kshara* is that it can be safely and effectively administered to aged patients and those unfit for surgery. Hence *Kshara Karma* is not just alternative but a better alternative.

In Ayurvedic literatures *Acharyas* have mentioned to use *Shireesha Beejadi Lepa* in the management of *Arsha*.<sup>[8-11]</sup> This *Lepa* has qualities of *Vedana* *Shthapana*, *Vrana Ropana*, *Lekhaniya* etc. which are helpful in the management of *Arsha*. These *Lepa's* destroys *Arsha* without hampering normal structures of *Guda*. Hence this study is undertaken to evaluate the effect of *Shireesha Beejadi Lepa* in comparison over *Apamarga Pratisaraniya Kshara* in *Arsha* with special reference to Internal Haemorrhoids.

## OBJECTIVES

To Evaluate the efficacy of *Shireesha Beejadi Lepa* over *Apamarga Pratisaraniya Kshara* in the management of *Arsha* w.s.r. to Internal Haemorrhoids.

## MATERIALS AND METHODS

The following are the materials used for the study

- *Apamarga Pratisaraniya Kshara* (standard group)
- *Shireesha Beejadi Lepa* (study group)

Equipment required for the study are listed as follows;

- Dressing trolley
- Operation table
- Torch
- Normal proctoscope
- Slit proctoscope
- Stainless steel spoons or spatula (scratched handle)
- Cotton balls
- Gouze piece

- Alley's forceps
- Artery forceps - Straight
- Artery forcep - curved
- Sponge holding forceps
- Whole towel
- Lemon

#### Diagnostic Criteria

- Per rectal bleeding
- Mass per anum
- H/O constipation
- Per rectal examination - Digital Examination
- Proctoscopy - site and size of pile mass

#### Sample Design

All diagnosed cases of Internal Haemorrhoids were the samples of present clinical trial. Sampling unit source list were selected from out-patient and in-patient Departments of BVVS Ayurved Hospital, Bagalkot and also through various camps conducted by BVVS Ayurved Hospital in and around Bagalkot city. The nature of selected sample was homogenous. So a group of 30 patients were selected from prepared list those fulfilled the inclusion criteria.

#### Methodology

The trial was done with a unit of 30 patients selected on the basis of inclusion criteria. Patients were clinically examined thoroughly. After proper case history taking, examinations and investigations, datas are recorded in specially designed clinical case performa.

Raw drugs for the preparation of *Apamarga Panchanga* and *Shireesha Beejadi Lepa Yoga* were collected from local available sources and was authenticated by the experts of Dravya Guna Department of BVVS Ayurved Medical College and Hospital, Bagalkot.

#### Design of study

The present study is comparative, open label, clinical trial to find out the effect of *Shireesha Beejadi Lepa*

over *Apamarga Pratisaraniya Kshara* in Internal Haemorrhoids. 30 patients diagnosed with Internal Haemorrhoids were selected and registered in study. All patients were informed about the type of treatment and informed written consent was taken.

#### Grouping

Patients were divided into 2 groups with 15 patients in each group by computerized random technique ([www.randomnumbers.com](http://www.randomnumbers.com)).

#### Group A: Standard group - *Apamarga Pratisaraniya Kshara*

Application : External

Setting : One time

#### Group B: Study group - *Shireesha Beejadi Lepa*

Application : External

Setting : One time

#### Procedure for *Apamarga Pratisaraniya Khara* or *Shireesha Beejadi Lepa*

#### Pre operative

- OT Informed and written consent were taken.
- Injection TT 0.5cc intra muscular were given.
- Injection Xylocaine test dose 0.2 cc intra dermal were given.
- Part preparation were done.
- Soap water enema was given previous night of surgery.
- Nil By Mouth from previous night.

#### Operative

- Painting and drapping were done with patient in lithotomy position.
- Local anaesthesia (Lidocaine) were given and Manual Anal Dilatation (MAD) was done.
- Lubricated proctoscope was introduced and position of pile mass was visualized.
- Later Slit proctoscope was introduced and healthy anal mucosa was covered with wet gauze to prevent spillage of drug.

- Apply Apamarga Pratisaraniya Kshara or Shireesha Beejadi Lepa over the pile mass and wait for 100 Matra Kala and then pile mass is cleaned with lemon juice.
- Anal canal is cleaned by sterile water and dressing was done.

**Anaesthesia:** Local or Spinal Anaesthesia is selected according to the patients condition.

**Post Operative Management**

- Sitz bath with lukewarm water twice a day for 7 days.
- Laxative Triphala Churna 5gm at night for 7 days was given in post operative period in both the groups.
- Analgesics were given if necessary and documented in the case proforma.
- If any untoward effects found were managed accordingly.

**Observation:** Changes with the treatment were observed daily till 7days and proctoscopic examination was done on 5<sup>th</sup> and 7<sup>th</sup> day.

**Follow up:** Patient were asked to report for follow-up on 15<sup>th</sup> day and 30<sup>th</sup> day.

**Inclusion Criteria**

- Patients with age group between 20-60 years of either sex
- Patients with features of 1<sup>st</sup> and 2<sup>nd</sup> degree Haemorrhoids

**Exclusion Criteria**

- Patients with known case of systemic diseases like Hypertension, Diabetic Mellitus, Ischemic Heart Disease, HIV I & II, HBsAg etc
- Associated cases of carcinoma of rectum, fistula in ano, fissure in ano, ulcerative colitis, crohn’s disease, portal hypertension, bleeding disorders and anaemia
- Pregnant women.

**Assessment Criteria**

Assessment were done as per grading given to subjective and objective parameters.

**Subjective Parameters**

- Pain
- Bleeding per rectum

**Objective Parameters**

- Size of Pile mass.
- Colour of Pile mass.

**Statistical Analysis:** Data were collected, recorded and statistically analysed by applying unpaired ‘t’ test.

**Overall clinical assessment of the trial**

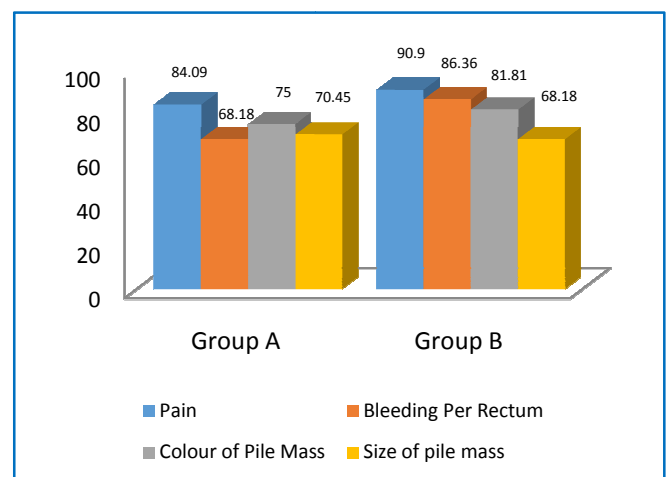
Improvement	Percentage
Cured	100 %
Maximum improvement	76 - 99 %
Moderate improvement	51 - 75 %
Mild improvement	26 - 50 %
Not cured	0 - 25 %

**RESULTS**

**Table 1: Overall result after 7<sup>th</sup> day of treatment**

Result	Group A	Group B
Pain	84.09%	90.90%
Bleeding per Rectum	68.18%	86.36%
Colour of Pile Mass	75.00%	81.81%
Size of Pile Mass	70.45%	68.18%

**Graph 2: Overall results after 7<sup>th</sup> day of treatment**





The study was conducted by applying *Apamarga Pratisaraniya Kshara* and *Shireesha Beejadi Lepa* for one sitting, it was found that the main clinical features like Pain was reduced 84.09% in Group A and 90.90% in Group B, Bleeding per Rectum were 68.18% in Group A and 86.36% in Group B. Colour of pile mass changes of 75% in Group A and 81.81% in Group B. Size of pile mass reduced 70.45% in Group A and 68.18% in Group B after 7<sup>th</sup> day of treatment.

## DISCUSSION

### Discussion on Pain

Pain assessment was done after application of drug on 1<sup>st</sup> day pain was present in both groups but by 7<sup>th</sup> day 84.44% in standard group and 90.90% in study group pain reduction was observed. Decrease in the pain mainly due to reduction in the oedema and size of pile mass.

### Discussion on Bleeding per Rectum

The effect of *Apamarga Pratisaraniya Kshara* on Bleeding per Rectum showed less result of 9.09% on 1<sup>st</sup> day of treatment, while on 5<sup>th</sup> day 34.09% reduction, on 7<sup>th</sup> day onwards 68.18% to 15<sup>th</sup> day 95.45 % of bleeding was reduced. By 30<sup>th</sup> day no bleed was noted in any of the patients, with 100% reduction in bleeding with p value <0.0001.

The effect of *Shireesha Beejadi Lepa* on Bleeding per Rectum showed decrease of 31.81% in bleeding on 1<sup>st</sup> day of treatment, while on 5<sup>th</sup> day 59.09% reduction, on 7<sup>th</sup> day onwards 86.36% to 15<sup>th</sup> day 88.63 % of bleeding was reduced. By 30<sup>th</sup> day no bleed was noted in any of the patients, with 100% reduction in bleeding with p value <0.0001.

### Discussion on colour of Pile Mass

The effect of *Apamarga Pratisaraniya Kshara* on colour of pile mass showed 56.81% change in colour on 5<sup>th</sup> day of treatment, while on 7<sup>th</sup> day 75%. On 15<sup>th</sup> day 88.63 % of discoloration reduced, by 30<sup>th</sup> day normal mucosal pink colour was noted with 100% result.

The effect of *Shireesha Beejadi Lepa* on colour of pile mass showed 65.90% change in colour on 5<sup>th</sup> day of

treatment, while on 7<sup>th</sup> day 81.81%. On 15<sup>th</sup> day 88.63 % of discoloration reduced, by 30<sup>th</sup> day normal mucosal pink colour was noted with 100% result.

*Shireesh Beejadi Lepa* on pile mass shows there was no much colour change. But after the application of *Apamarga Pratisaraniya Kshara* on pile mass it becomes *Jambuphalavat* in *Varna* and gradually by the period of 15 to 30 days disloughing takes place and normal mucosal pink colour is observed.

### Discussion on Size of Pile Mass

The effect of *Apamarga Pratisaraniya Kshara* on size pile mass showed changes of 54.44% on 5<sup>th</sup> day of treatment, while on 7<sup>th</sup> day 70.45% size reduction was noted. On 15<sup>th</sup> day 93.18 % reduced. Maximum improvement noted on 30<sup>th</sup> day with 100% reduction in size of pile mass with p value <0.0001.

The effect of *Shireesha Beejadi Lepa* on size pile mass showed changes of 54.44% on 5<sup>th</sup> day of treatment, while on 7<sup>th</sup> day 68.18% size was noted. On 15<sup>th</sup> day 84.09 % size reduced. Maximum improvement noted on 30<sup>th</sup> day with 100% reduction in size of pile mass with p value <0.0001.

After the application of *Kshara / Lepa* there is chemical cauterization effect, which help to regress the size of pile mass. In this way *Apamarga Pratisaraniya Kshara* having good result in reduction of pile mass compared to *Shireesha Beejadi Lepa* because of *Teekshna Guna*.

## CONCLUSION

Effect of *Apamarga Pratisaraniya Kshara* on *Arsha* by on pain 7<sup>th</sup> day pain was 84.09% reduction on 7<sup>th</sup> day, bleeding per rectum by 68.18% in 7<sup>th</sup> day, colour of pile mass 75% change on 7<sup>th</sup> day, size of pile mass was reduced to 70.45%, as *Apamarga* is having property of *Shotahara*. *Shireesha Beejadi Lepa Vati* prepared for the study showed effect on pain as 90.90% reduction on 7<sup>th</sup> day, because *Shireesha* is having *Vedanahara* property. Bleeding per rectum was reduced to 86.36% day, colour of pile mass was changed by 81.81% and size of pile mass reduced by 68.18%, as it is having *Shotahara* property. This assessment showed *Shireesha Beejadi Lepa* had significant result

over *Apamarga Pratisaraniya Kshara* on Pain and colour of pile mass with P value <0.0001. Colour of pile mass (*Pakwa Jambuphala Varna*) and Size of pile mass is more changed by *Apamarga Pratisaraniya Kshara* as compared to *Shireesha Beejadi Lepa*. No adverse effects of both group drugs were noted during the course of treatment. Thus the study was found to be simple, cost effective and safe.

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