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Research Article

A CLINICAL COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF *CHITRAKADI TAILA MATRA BASTI* AND *KASISADI TAILA MATRA BASTI* IN THE MANAGEMENT OF *ARSHA* W.S.R. TO 1ST AND 2ND DEGREE HAEMORRHOIDS

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ABSTRACT

Arsha (haemorrhoids) is a common anorectal disorder described among the *Ashta Mahagada* in Ayurveda. Sedentary lifestyle, improper dietary habits, and constipation are important contributing factors in its development. *Matra Basti* is considered beneficial in regulating *Apana Vata* and improving bowel habits. Hence, the present study was undertaken to evaluate and compare the efficacy of *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* in the management of *Arsha* with special reference to 1st and 2nd degree haemorrhoids. **Aims and Objectives:** 1. To study the concept of *Arsha* in detail as described in Ayurvedic classics. 2. To study the clinical features, pathology, and management of 1st and 2nd degree haemorrhoids from the modern medical perspective. 3. To evaluate the efficacy of *Chitrakadi Taila Matra Basti* in the management of *Arsha* w.s.r. to 1st and 2nd degree internal haemorrhoids. 4. To evaluate the efficacy of *Kasisadi Taila Matra Basti* in the management of *Arsha* w.s.r. to 1st and 2nd degree internal haemorrhoids. **Methods:** This is a comparative clinical study with pre-test & post-test design where in 60 patients diagnosed with *Arsha* of either gender, age and place were randomly assigned into two groups viz Group A & Group B. **Intervention: Group A:** Patients were treated with *Matra Basti* using *Chitrakadi Taila* once daily for 15 days. **Group B:** Patients were treated with *Matra Basti* using *Kasisadi Taila* once daily for 15 days. **Results:** The effect of the treatment in both the groups were assessed by applying statistical paired t- test within the groups and between the groups, it showed that Group B showed better results than Group A. **Conclusion:** It can be concluded from the study that in the management of *Arsha, Matra Basti* using *Chitrakadi Taila* and *Kasisadi Taila*, drugs and Procedure of both the groups are highly effective in treating *Arsha*.

INTRODUCTION

Arsha is one of the most common anorectal disorders described in Ayurveda and has been recognized since the Vedic period, where it is referred to as *Durnama*. Owing to its chronic nature, difficult management, and tendency for recurrence, Acharya Sushruta included *Arsha* among the *Ashta Mahagada* (eight major diseases).

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Classical texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* have described its etiology, classification, pathogenesis, clinical features, and management in detail. According to Ayurveda, *Mandagni*, vitiation of *Apana Vata*, constipation, and *Mithya Ahara–Vihara* plays a pivotal role in the development of *Arsha*.[1-4]

Arsha can be correlated with internal haemorrhoids described in modern surgery. Haemorrhoids are enlarged and displaced vascular cushions of the anal canal resulting from vascular congestion and degeneration of the supporting connective tissue. They affect a substantial proportion of the adult population and are commonly associated with sedentary lifestyle, chronic constipation, prolonged straining during defecation, obesity,

pregnancy, and low-fibre diet. Although conservative measures, rubber band ligation, sclerotherapy, infrared coagulation, laser procedures, and haemorrhoidectomy are available, recurrence, postoperative pain, bleeding, delayed wound healing, and treatment cost remain major concerns.[5,6]

Among the various treatment modalities described in Ayurveda, *Basti Karma* is regarded as the prime therapy for disorders caused by aggravated *Vata Dosha* and is considered the most effective treatment by all classical *Acharyas*. *Matra Basti*, a type of *Sneha Basti*, involves administration of a small quantity of medicated oil per rectum and can be administered safely for prolonged periods without significant complications. It regulates *Apana Vata*, relieves constipation, facilitates smooth bowel evacuation, and corrects the basic pathology involved in *Arsha*. Therefore, *Matra Basti* offers a rational and physiological approach for the conservative management of early-stage haemorrhoids.[7,8]

Among the formulations indicated for *Arsha*, *Kasisadi Taila* is described in *Bhaishajya Ratnavali* as an *Arshoghna* formulation possessing *Lekhana*, *Shothahara*, and *Vranaropana* properties, whereas *Chitrakadi Taila* exhibits *Deepana*, *Pachana*, *Shoolahara*, *Shothahara*, and *Arshoghna* actions. Both formulations are expected to alleviate the symptoms of *Arsha* by correcting impaired digestion, reducing inflammation, improving bowel habits, and promoting healing. However, comparative clinical evidence regarding the efficacy of *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* is limited. Hence, the present randomized comparative clinical study was undertaken to evaluate and compare the efficacy of these two formulations in the management of *Arsha* with special reference to 1st and 2nd degree internal haemorrhoids.[9,10]

METHODOLOGY

In the present study, *Matra Basti Karma* has been selected as a simple, minimally invasive, localized, and effective therapeutic procedure in the management of *Arsha*. Both *Chitrakadi Taila* and *Kasisadi Taila* are classical *Ayurvedic* formulations possessing *Arshoghna*, *Shothahara*, *Shoolahara*, *Lekhana*, and *Vata-Kaphahara* properties according to their *Rasa*, *Guna*, *Veerya*, *Vipaka*, and *Prabhava*.

Hypothesis

Null Hypothesis

H_0- There is no statistically significant difference in the efficacy of *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* in the management of *Arsha* w.s.r. to 1st and 2nd degree internal haemorrhoids.

Alternate Hypothesis

H_1– *Chitrakadi Taila Matra Basti* is effective in the management of *Arsha* w.s.r. to 1st and 2nd degree internal haemorrhoids.

H_2– The difference in the therapeutic efficacy of *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* in the management of *Arsha* w.s.r. to 1st and 2nd degree internal haemorrhoids is statistically significant.

Source of Data

1. **Literary source:** Relevant information regarding the disease, therapeutic procedures, and study drugs was collected from classical Ayurvedic texts, contemporary textbooks, scientific journals, e-books, and other available library resources and was reviewed for the present clinical study.
2. **Sample source:** A total of 60 patients presenting with the *Lakshanas* of *Arsha* corresponding to 1st and 2nd degree haemorrhoids and fulfilling the specified inclusion criteria were recruited from the Outpatient and Inpatient Departments of Shalya Tantra, Shri Shivayogeeshwar Rural Ayurvedic Medical College & Hospital, Inchal.
3. **Drug source:** The authenticated raw materials, including the required dry and fresh drugs for the preparation of *Chitrakadi Taila* and *Kasisadi Taila*, were procured from approved vendors. The study formulations were subsequently prepared in the Rasa Shala–Pharmacy of Shri Shivayogeeshwar Rural Ayurvedic Medical College & Hospital, Inchal.
4. **Institutional Ethics Committee (IEC):** The clinical study was undertaken after obtaining approval from the Institutional Ethics Committee (IEC) of the institution (IEC Ref. No.: SSRAMC/IECC /181/ 2026).
5. **Clinical Trial Registry of India (CTRI):** The study was prospectively registered with the Clinical Trials Registry–India before the commencement of the clinical trial (CTRI Registration No.: CTRI/2026 /04/109146).

Study design

- Study type: Interventional
- Allocation: Randomized
- Endpoint classification: Efficacy study
- Intervention model: Double group assignment
- Primary purpose: Treatment
- Masking: Open label
- Treatment duration: 15 days
- Follow-up period: 20 days - day 22nd, day 29th and day 35th
- Total duration of study: 35 days

Diagnostic Criteria

- The patients presenting with *Lakshanas* of *Abhyantara Arsha* described in Ayurvedic classics.
- Clinical examination of *Arsha* will be carried out using *Arsho Yantra* (Proctoscopy).

Inclusion criteria

- Clinically diagnosed cases of *Arsha* corresponding to 1st and 2nd degree internal haemorrhoids will be selected for the study.
- Patients between 18 and 60 years of age, irrespective of sex, religion, occupation, and socioeconomic status.
- Patients with controlled diabetes mellitus.
- Patients with controlled hypertension.

Exclusion criteria

1. Patients diagnosed with 3rd and 4th degree haemorrhoids.
2. Patients below 18 years and above 60 years of age.
3. Patients associated with conditions such as HIV positive, HBsAg positive, ulcerative colitis, anal polyp, Crohn's disease, severe anaemia, tuberculosis, and malignancy of the rectum.
4. Patients associated with uncontrolled systemic or metabolic disorders such as diabetes mellitus, hypertension, and ischemic heart disease (IHD).

Withdrawal Criteria

- Patients developing any serious complication, adverse event, or worsening of clinical symptoms during the treatment period that necessitates urgent or alternative medical intervention will be withdrawn from the study and provided with appropriate management.
- Participants who voluntarily express their willingness to discontinue participation at any stage of the study will be permitted to withdraw without any prejudice or compromise in their further medical ca

Investigations

The following routine and specific investigations were carried out to assess the baseline condition of the patients and to rule out any systemic disorders before initiating treatment:

- Complete Blood Count (CBC)
- Erythrocyte Sedimentation Rate (ESR)
- Random Blood Sugar (RBS)
- Serum HIV (S. HIV)
- Serum HBsAG (S. HBsAG)
- Clotting Time (CT)
- Bleeding Time (BT)

Interventions

60 patients who fulfilled the inclusion criteria were selected and randomly assigned into 2 groups as Group-A and Group-B comprising of 30 patients each.

- **Group-A:** Patients were treated with *Matra Basti* using *Chitrakadi Taila* once daily for 15 days.
- **Group-B:** Patients were treated with *Matra Basti* using *Kasisadi Taila* once daily for 15 days.

Procedure: For Both Group A and Group B

Poorva Karma

Preparation of Tools and Equipment

- Collection of all necessary instruments and equipment required for *Matra Basti* procedure.
- Collection of all drugs required for administration of *Matra Basti*.
- Arrangement of emergency drugs and equipment required to manage any complications related to *Ayoga* and *Atiyoga* of *Basti*.
- Sterilization of instruments and maintenance of aseptic precautions before the procedure.

Preparation of Medicine

- *Chitrakadi Taila* was prepared in-house at *Rasa Shala*, S.S.R.A.M.C.H., Inchal.
- *Kasisadi Taila* was prepared in-house at *Rasa Shala*, S.S.R.A.M.C.H., Inchal.
- Collection of all raw materials and instruments required for preparation of *Taila* was carried out prior to the procedure.

Preparation of the Patient

- The procedure was explained to the patient in detail and written informed consent was obtained.
- Routine blood investigations were carried out before commencement of treatment.
- *Deepana-Pachana* with *Chitrakadi Vati* was administered for 3 days prior to the procedure.
- The patient was advised to empty bowel and bladder before administration of *Matra Basti*.
- The perianal region was cleaned gently with warm water and aseptic precautions were maintained.

Pradhana Karma

Method of Application of *Matra Basti*

- The patient was made to lie in the left lateral position with the left lower limb extended and the right lower limb flexed at the hip and knee joints.
- A sterile red rubber catheter No. 7 attached to a syringe was used for administration of *Matra Basti*.
- Lubrication of the anal region and catheter was done using 2% xylocaine jelly before insertion.

- The catheter was inserted gently into the anal canal and the medicated oil was administered slowly.

Nirikshana

- After the *Matra Basti*, patient was made to stay in lying position.
- After administration of *Matra Basti*, the patient was advised to remain in the same position for approximately 15 minutes.
- Patients were observed for proper retention of *Basti* and for any discomfort or adverse reactions during and after the procedure.
- *Triphala Churna* was administered in patients suffering from constipation whenever required.

Paschat Karma

- The patient was advised to maintain proper local hygiene throughout the study period.
- Patients were advised to avoid constipation and straining during defecation.
- A light, easily digestible, fibre-rich diet along with adequate fluid intake was advised.
- Patients were instructed to avoid heavy, spicy, sour, fermented, and junk foods during the treatment period.
- Patients were advised to consume *Takra* and *Ushnodaka* regularly.
- Patients were monitored for any adverse effects or complications during the treatment and follow-up period.
- Proper counselling regarding dietary habits, bowel habits, and lifestyle modifications was provided to all patients.

Adverse Events

- Any undesirable medical event or complication occurring during the study period, irrespective of whether it is considered related to the intervention, will be carefully documented and assessed.
- Appropriate and timely medical care will be provided for any such event to safeguard the health and well-being of the patient throughout the study.

Duration of the Study

Table 1: Duration of the study for both Group A and Group B

Group	No. of Pt.	Procedure	Trial Duration	Follow up	Study Duration
Group A	30	*Chitrakadi Taila Matra Basti*	15 days	On 22th day, on 29th day and on 35th day	35 days
Group B	30	*Kasisadi Taila Matra Basti*	15 days	On 22th day, on 29th day and on 35th day	35 days

No. = Number, Pt. = Patients

Chart for Grading of Subjective Criteria

Table 2: Gradings of Subjective Criteria for Group A and Group B

S.No.	Criteria	Grade	Assessment Grading
1.	Constipation	0	Well-formed stool/no constipation
		1	Mild constipation
		2	Moderate constipation
		3	Severe constipation
2.	Bleeding per rectum during Defecation (ISTH -BAT- Bleeding Assessment Tool)	0	No bleeding
		1	Scanty bleeding = Few drops bleeding 1-2 drops.
		2	Mild bleeding= Bleeding during or after passage of stool, approximately 3–5 drops.
		3	Moderate bleeding = Bleeding during or after passage of stool, approximately 5–10 drops.
3.	Protrusion of Pile Mass	0	Severe bleeding= Profuse bleeding during or after defecation more than 10 drops.
		1	No protrusion

Chart for Gradings of Objective Criteria

Table 3: Gradings of Objective Criteria for Group A and Group B

S.No.	Criteria	Grade	Assessment Grading
4.	Pile Mass (Assessment by Proctoscopy)	0	No visible pile mass during proctoscopy.
		1	Pile mass into anal canal (elevation).
		2	Pile mass into the anal canal of larger size.

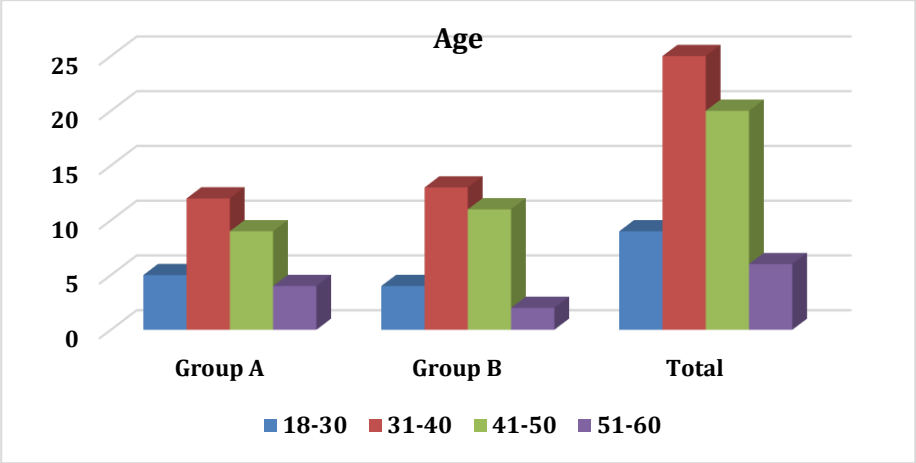
OBSERVATIONS

Table 4: Observations based on Age of Patients of both Groups

S.No.	Age in years	No. of patients and percentage					
		Group A		Group B		Total	
1.	18-30	5	16.66%	4	13.33%	9	15%
2.	31-40	12	40%	13	43.33%	25	41.66%
3.	41-50	9	30%	11	36.66%	20	33.33%
4.	51-60	4	13.33%	2	6.66%	6	10%

In Group A: 5 (16.6%) patients belonged to the age group of 18-30 years, 12 (40%) patients belonged to age group of 31-40 years, 9 (30%) patients belonged to age group of 41-50 years, 4 (13.33%) patients belonged to age group of 51-60 years.

In Group B: 4 (13.33%) patients belonged to the age group of 18-30 years, 13 (43.33%) patients belonged to age group of 31-40 years, 11 (36.66%) patients belonged to age group of 41-50 years, 2 (6.66%) patients belonged to age group of 51-60 years.



Graph 1: Observations based on Age

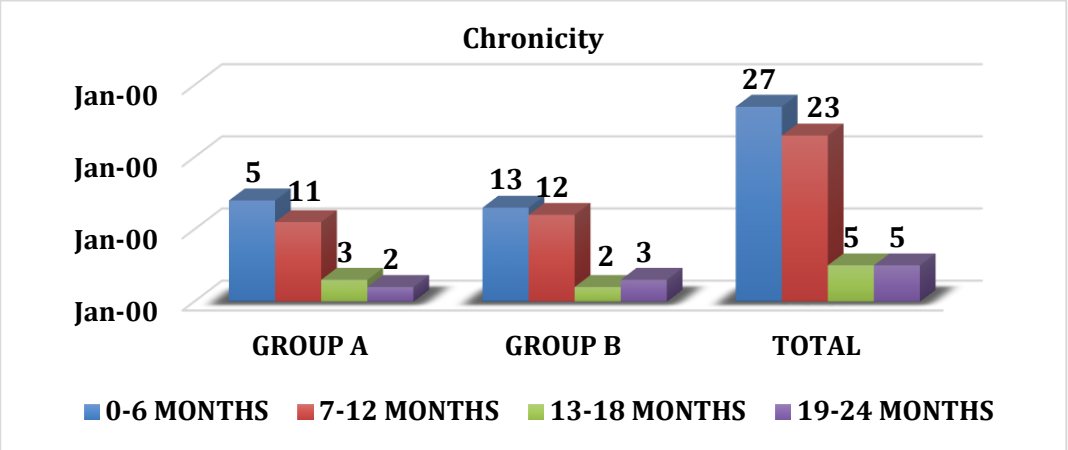
Chronicity

Table 5: Observations based on Chronicity of Patients of both Groups

S.No.	Chronicity	No of patients and percentage					
		Group A		Group B		Total	
1.	0-6 Months	14	46.66%	13	43.33%	27	45%
2.	7-12 Months	11	36.66%	12	40%	23	38.33%
3.	13-18 Months	3	10%	2	6.66%	5	8.33%
4.	19-24 Months	2	6.66%	3	10%	5	8.33%

In Group A: 14 (66.6%) patients belonged to 0-6 months, 11 (36.6%) patients belonged to 7-12 months, 3 (10%) patients belong to 13-18 months and 2 (6.66%) patients belonged to 19-24 months.

In Group B: 13 (43.33%) patients belonged to 0-6 months, 12 (40%) patients belonged to 7-12 months, 2(6.66%) patients belong to 13-18 months and 3 (10%) patients belonged to 19-24 months.



Graph 2: Observations based on Chronicity

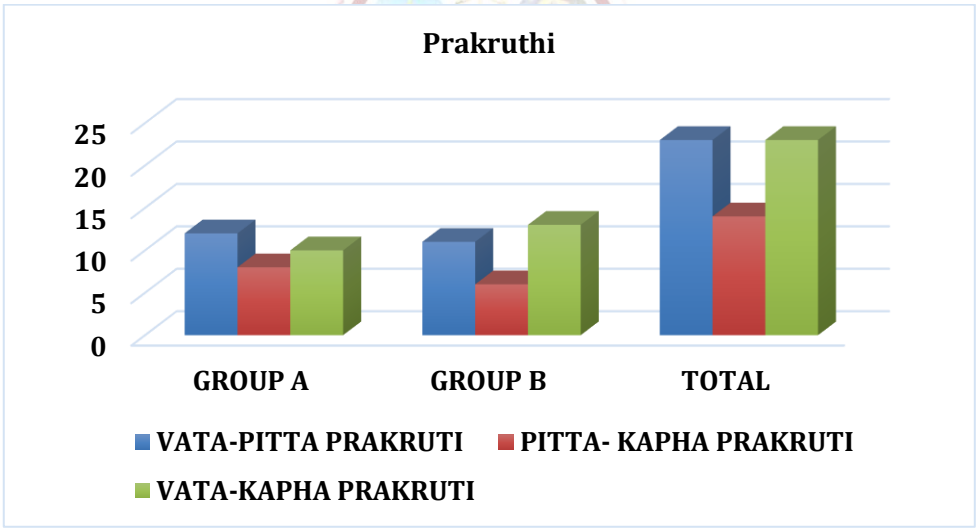
Prakruti

Table 6: Observations based on *Prakruti* of Patients of both Groups

S.No.	*Prakruti*	No. of patients and percentage					
		Group A		Group B		Total	
1.	*Vata-Pitta Prakruti*	12	40%	11	36.6%	23	38.3%
2.	*Pitta-Kapha Prakruti*	8	26.6%	6	20%	14	23.3%
3.	*Vata-Kapha Prakruti*	10	33.3%	13	43.3%	23	38.3%

In Group A: 12 (40%) patients belonged to *Vata-Pitta Prakruti*, 8 (26.6%) patients belonged to *Pitta-Kapha Prakruti* and 10 (33.33%) patients belonged to *Vata-Kapha Prakruti.*

In Group B: 11 (36.6%) patients belonged to *Vata-Pitta Prakruti*, 6 (20%) patients belonged to *Pitta-Kapha Prakruti* and 13 (43.3%) patients belonged to *Vata-Kapha Prakruti.*



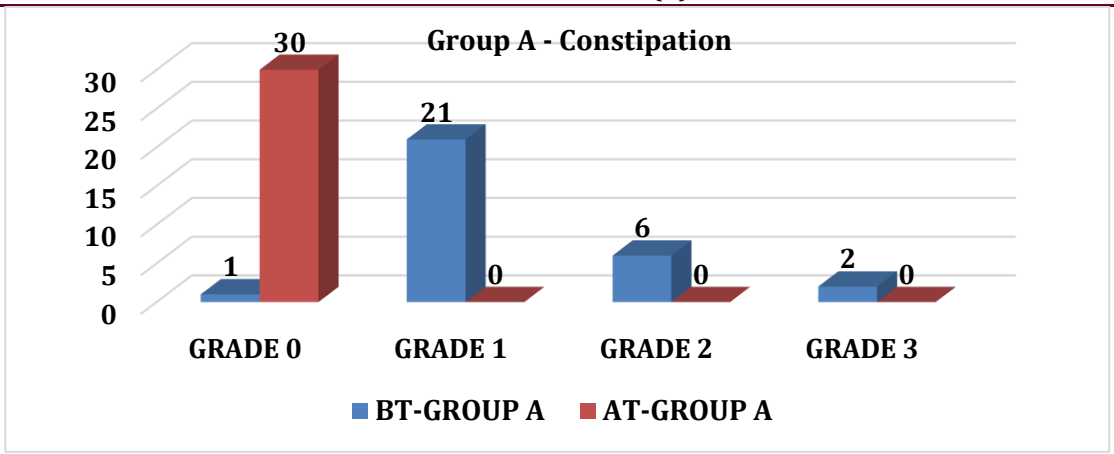
Graph 3: Observations based on *Prakruthi*

RESULTS

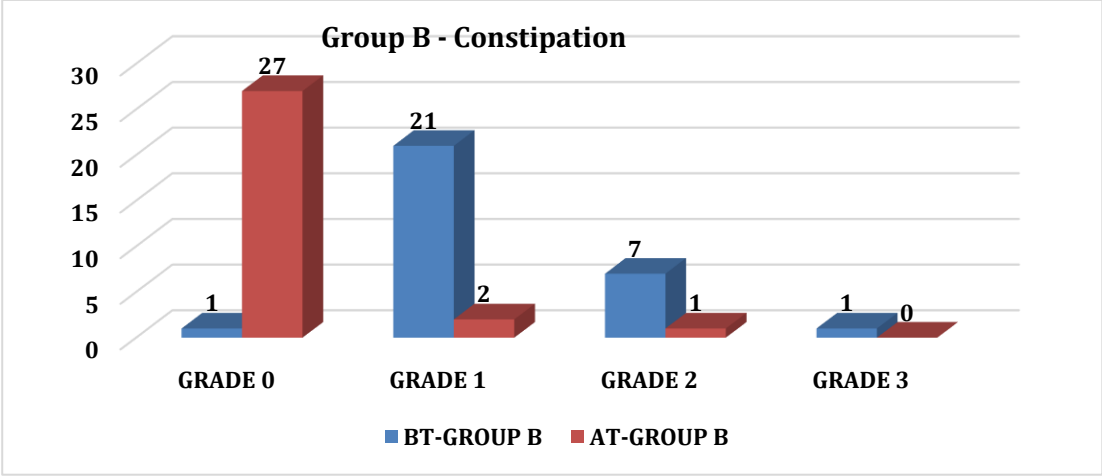
Subjective Parameters

Table 7: Comparative Evaluation of Constipation in both groups

S.No.	Constipation	No. of patients and percentage			
		Group A		Group B	
		BT	AT	BT	AT
1.	Grade 0	1	30	1	27
2.	Grade 1	21	0	21	2
3.	Grade 2	6	0	7	1
4.	Grade 3	2	0	1	0



Graph 4: Observations based on Constipation in Group A

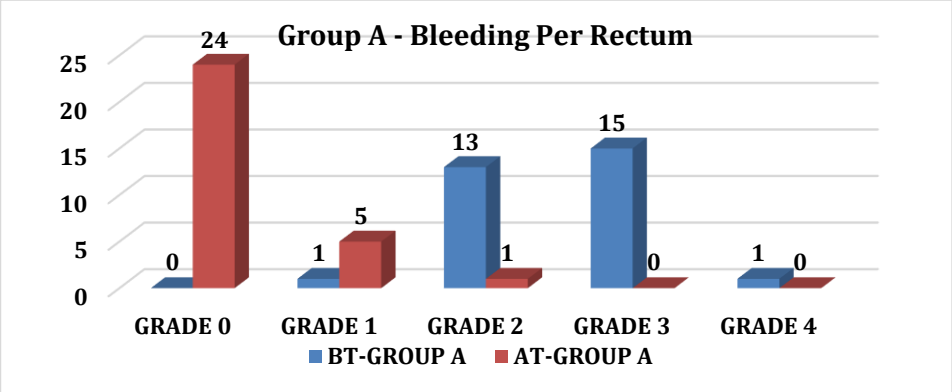


Graph 5: Observations based on Constipation in Group B

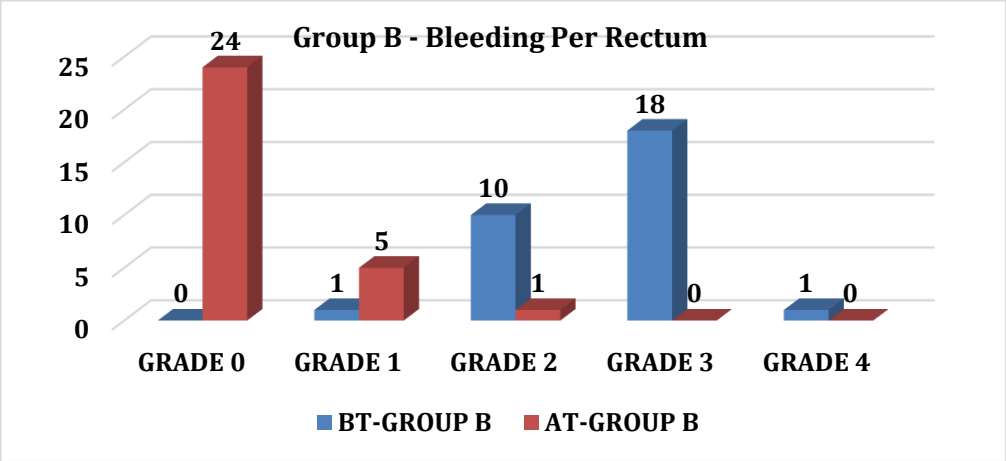
Bleeding Per Rectum

Table 8: Comparative Evaluation of Bleeding per Rectum in both groups

S.No.	Bleeding per Rectum	No of patients and percentage			
		Group A		Group B	
		BT	AT	BT	AT
1.	Grade 0	0	24	0	24
2.	Grade 1	1	5	1	5
3.	Grade 2	13	1	10	1
4.	Grade 3	15	0	18	0
5.	Grade 4	1	0	1	0



Graph 6: Observations based on Bleeding Per Rectum in Group A

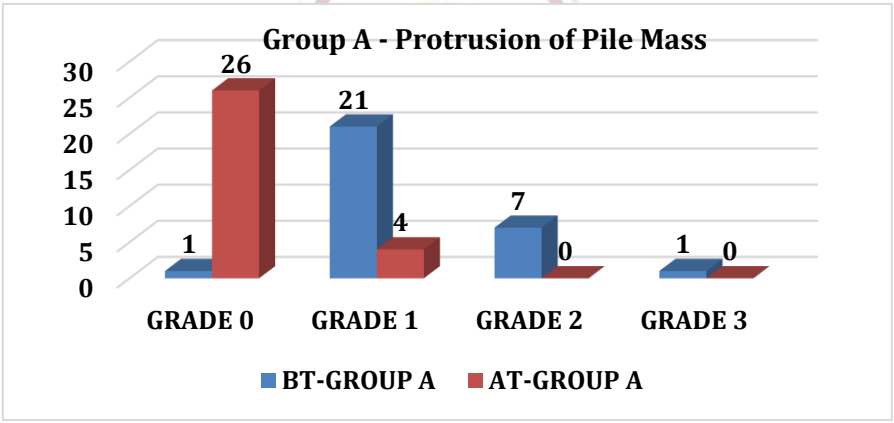


Graph 7: Observations based on Bleeding Per Rectum in Group B

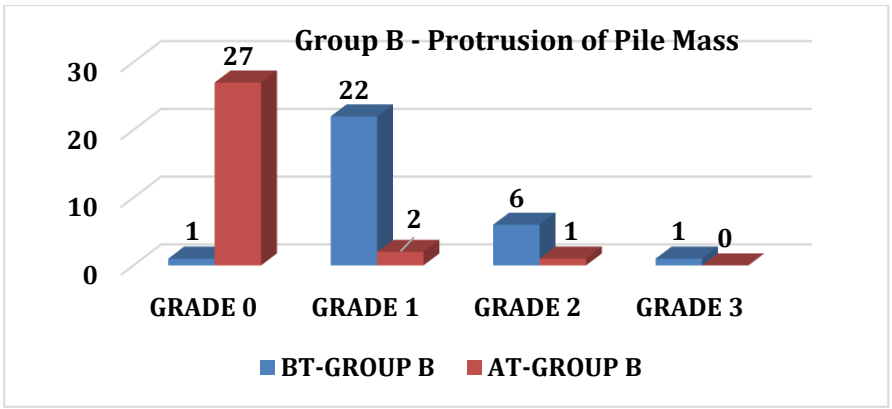
Protrusion of Pile Mass

Table 9: Comparative Evaluation of Protrusion of Pile Mass in both groups

S.No.	Protrusion of Pile Mass	No of patients and percentage			
		Group A		Group B	
		BT	AT	BT	AT
1.	Grade 0	1	26	1	27
2.	Grade 1	21	4	22	2
3.	Grade 2	7	0	6	1
4.	Grade 3	1	0	1	0



Graph 8: Observations based on Protrusion of Pile Mass in Group A



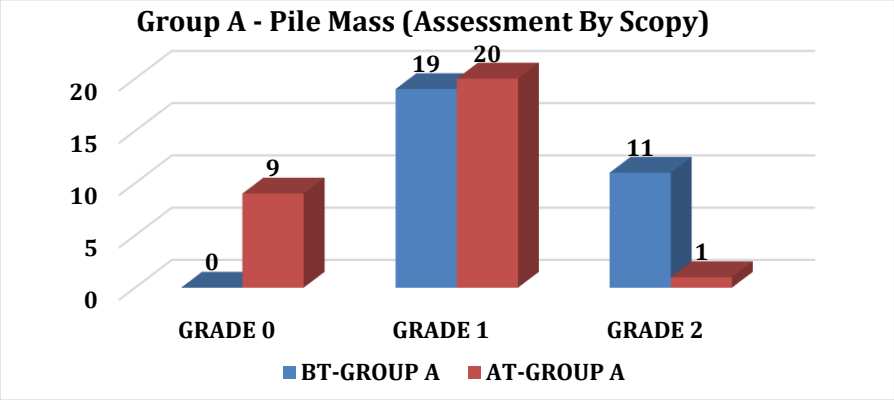
Graph 9: Observations based on Protrusion of Pile Mass in Group B

Objective Parameters

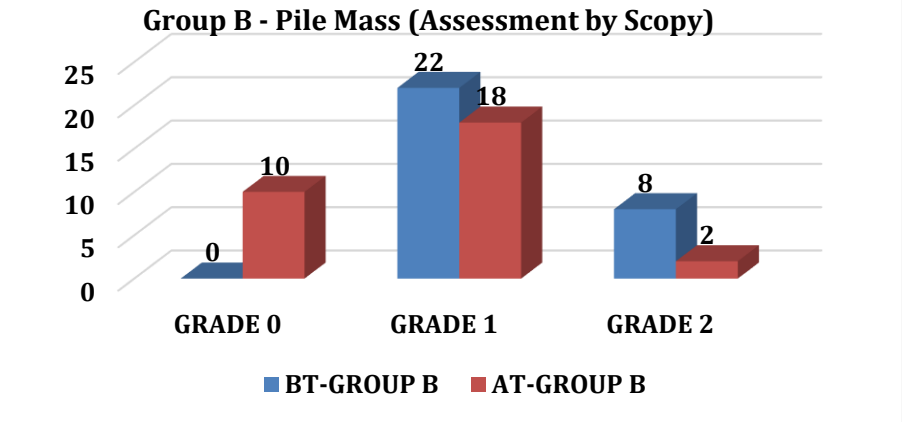
Pile Mass (Assessment by Proctoscopy)

Table 10: Comparative Evaluation of Pile Mass (Assessment by Proctoscopy) 2 groups

S.No.	Pile Mass (Assessment by Proctoscopy)	No. of patients and percentage			
		Group A		Group B	
		BT	AT	BT	AT
1.	Grade 0	0	9	0	10
2.	Grade 1	19	20	22	18
3.	Grade 2	11	1	8	2



Graph 10: Observations based on Pile Mass (by Proctoscopy) in Group A

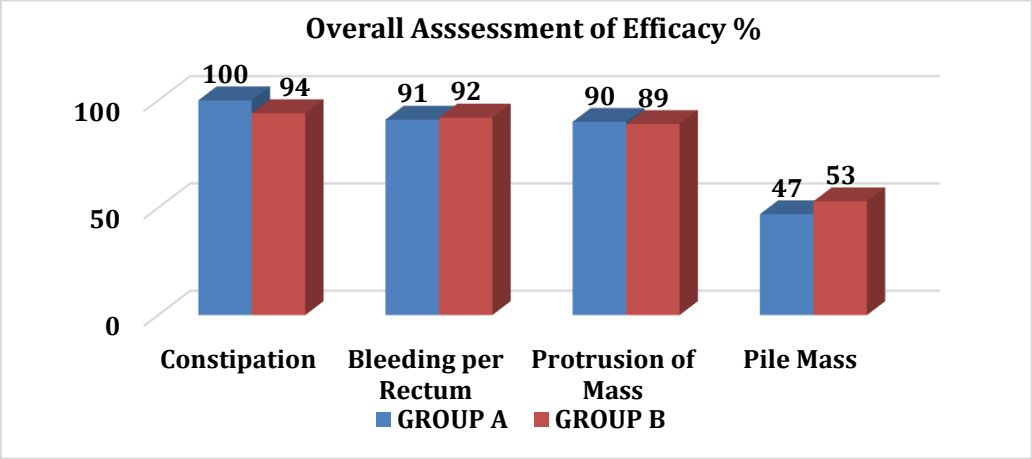


Graph 11: Observations based on Pile Mass (by Proctoscopy) in Group B

RESULTS

Table 11: Overall assessment of efficacy with reduction rate in percentage

S.No.	Assessment Criteria	No. of patient's percentage		
		Group A	Group B	Favoring
Subjective Criteria				
1.	Constipation	100	94	Group A
2.	Bleeding per rectum	91	92	Group B
3.	Protrusion of mass	90	89	Group A
Objective Criteria				
4.	Pile mass	47	53	Group B



Graph 12: Overall assessment of efficacy with reduction rate in percentage

Descriptive Statistics of Group A

Chitrakadi Taila Matra Basti

Table 12: Effect of *Chitrakadi Taila Matra Basti* on Different Parameters of *Arsha*

Parameter	Mean BT	Mean AT	Mean Difference	% Relief	SD	t Value	P Value
Bleeding per rectum	2.60	0.23	2.37	91%	0.1312	-18.0441	<0.001
Protrusion of mass	1.27	0.13	1.13	90%	0.6288	-9.8719	<0.001
Constipation	1.30	0.00	1.30	100%	0.6513	-10.9333	<0.001
Pile mass	1.37	0.73	0.63	47%	0.6687	-5.1877	<0.001
Overall assessment	1.60	0.30	1.36	82%	0.6306	-4.8316	0.008

Chitrakadi Taila Matra Basti showed highly significant improvement in all subjective and objective parameters of *Arsha*. Maximum improvement was observed in constipation (100%), followed by bleeding per rectum (91%) and protrusion of mass (90%).

Descriptive Statistics of Group B

Kasisadi Taila Matra Basti

Table 13: Effect of *Kasisadi Taila Matra Basti* on Different Parameters of *Arsha*

Parameter	Mean BT	Mean AT	Mean Difference	% Relief	SD	t Value	P Value
Bleeding per rectum	2.57	0.20	2.37	92%	0.6687	-19.3857	<0.001
Protrusion of mass	1.23	0.13	1.10	89%	0.6618	-9.1044	<0.001
Constipation	1.27	0.07	1.20	94%	0.5509	-11.9316	<0.001
Pile mass	1.27	0.60	0.67	53%	0.6065	-6.0208	<0.001
Overall assessment	1.60	0.30	1.34	84%	0.7273	-3.6711	0.035

Kasisadi Taila Matra Basti showed highly significant improvement in all parameters of *Arsha*. Maximum improvement was observed in bleeding per rectum (92%), followed by constipation (94%) and protrusion of mass (89%).

Table 14: Overall Summary *Chitrakadi Taila Matra Basti*

Parameter	% Relief	t-value	P-value	Significance
Bleeding per rectum	91%	-18.04	<0.001	Highly significant
Protrusion of mass	90%	-9.87	<0.001	Highly significant
Constipation	100%	-10.93	<0.001	Highly significant
Pile mass	47%	-5.19	<0.001	Highly significant
Overall assessment	82%	-4.83	0.008	Significant

Table 15: Overall Summary *Kasisadi Taila Matra Basti*

Parameter	% Relief	t-value	P-value	Significance
Bleeding per rectum	92%	-19.39	<0.001	Highly significant
Protrusion of mass	89%	-9.10	<0.001	Highly significant
Constipation	94%	-11.93	<0.001	Highly significant
Pile mass	53%	-6.02	<0.001	Highly significant
Overall assessment	84%	-3.67	0.035	Significant

DISCUSSION

Arsha is one of the most common anorectal disorders described in Ayurveda and is clinically comparable to internal haemorrhoids. It develops due to vitiation of *Apana Vata* along with involvement of *Rakta*, *Mamsa*, and *Meda Dhatus*, resulting in constipation, bleeding, prolapse, and enlargement of haemorrhoidal masses. Modern lifestyle factors such as sedentary habits, irregular dietary practices, and chronic constipation further contribute to the increasing incidence of the disease. In the present study, both treatment modalities produced statistically significant improvement in all assessment parameters, indicating the effectiveness of *Matra Basti* in the management of *Arsha*.

Discussion of *Chitrakadi Taila*

Chitrakadi Taila predominantly acts through its *Deepana, Pachana, Amahara,* and *Vatanulomana* properties, thereby correcting *Agnimandya* and regulating *Apana Vata*. The ingredients facilitate proper digestion, relieve constipation, soften stools, and reduce excessive straining during defecation, which is one of the principal etiological factors of *Arsha*. The study demonstrated comparatively better improvement in constipation and bowel habits in Group A, suggesting that *Chitrakadi Taila Matra Basti* effectively addresses the underlying pathology by restoring normal bowel function.

Discussion of *Kasisadi Taila*

Kasisadi Taila possesses potent *Arshoghna, Lekhana, Shodhana, Shothahara,* and *Vranaropana* properties. Ingredients such as *Kasisa, Danti, Langali,* and *Karaveera* help reduce venous congestion, inflammation, and haemorrhoidal tissue, thereby promoting regression of pile mass and controlling bleeding. In the present study, Group B showed comparatively better improvement in bleeding per rectum, protrusion, and reduction of pile mass, indicating the superior local therapeutic action of *Kasisadi Taila* on haemorrhoidal pathology.

Karmukata of *Matra Basti*

Matra Basti is a *Sneha Basti* that acts primarily on the *Pakvashaya*, the principal seat of *Vata Dosha*. It regulates *Apana Vata*, lubricates the intestinal mucosa, softens stools, relieves constipation, and facilitates smooth bowel evacuation. The medicated oil is absorbed through the rectal mucosa, producing both local and systemic therapeutic effects. By correcting *Apana Vata Dushti*, reducing straining during defecation, and improving anorectal tissue health, *Matra Basti* effectively interrupts the pathogenesis of *Arsha.*

Both *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* were found to be safe and clinically effective in the management of *Arsha*. While *Chitrakadi Taila* demonstrated better efficacy in relieving constipation and improving bowel habits, *Kasisadi Taila* showed comparatively superior results in reducing bleeding per rectum, protrusion of pile mass, and haemorrhoidal tissue. The findings suggest that both formulations effectively address different aspects of the disease pathology, with *Kasisadi Taila Matra Basti* showing a slight overall therapeutic advantage in the management of 1st and 2nd degree internal haemorrhoids.

CONCLUSION

The present randomized comparative clinical study demonstrated that both *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* are safe, effective, and economical treatment modalities in the management of *Arsha* with special reference to 1st and 2nd degree internal haemorrhoids. Both interventions produced statistically significant improvement in constipation, bleeding per rectum, protrusion of pile mass, and pile mass assessed by proctoscopy, thereby improving the overall clinical condition of the patients.

Comparative evaluation revealed that *Chitrakadi Taila Matra Basti* was more effective in relieving constipation and improving bowel habits due to its *Deepana, Pachana,* and *Vatanulomana* actions, whereas *Kasisadi Taila Matra Basti* showed comparatively superior efficacy in controlling bleeding per rectum and reducing pile mass owing to its *Arshoghna, Lekhana,* and *Shothahara* properties. Thus, both therapies can be considered effective Ayurvedic treatment options for the management of *Arsha*, with *Kasisadi Taila Matra Basti* showing a slight overall therapeutic advantage.

Comparison of the Study

Both treatment groups demonstrated statistically significant improvement in all assessment parameters. *Chitrakadi Taila Matra Basti* produced better relief in constipation and restoration of normal bowel habits, whereas *Kasisadi Taila Matra Basti* showed comparatively better improvement in bleeding per rectum, protrusion of pile mass, and reduction of pile mass on proctoscopic assessment. The overall therapeutic response was slightly superior in the *Kasisadi Taila Matra Basti* group, indicating its greater efficacy in managing the pathological changes associated with internal haemorrhoids.

Summary

The present study was undertaken to evaluate and compare the clinical efficacy of *Chitrakadi Taila Matra Basti* and *Kasisadi Taila Matra Basti* in the management of *Arsha* with special reference to 1st and 2nd degree internal haemorrhoids. Sixty patients were randomly allocated into two groups and treated for 15 days. Both treatment modalities showed statistically significant improvement in all subjective and objective parameters. While *Chitrakadi Taila Matra Basti* demonstrated superior improvement in constipation and bowel regulation, *Kasisadi Taila Matra Basti* showed comparatively better results in controlling bleeding and reducing haemorrhoidal mass. The findings support the clinical utility of both formulations as safe and effective Ayurvedic interventions in the management of *Arsha*.

Overall Treatment Assessment After Treatment (BT-AT)

- BT-AT within Group A is 82%.
- BT-AT within Group B is 84%.
- BT-AT between Group A is 49.4% & Group B is 50.6%.

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