



Research Article

A CLINICAL STUDY ON THE ROLE OF *CHIRAVILWADI KASHAYAM* IN THE MANAGEMENT OF *ARSHAS* W.S.R. TO INTERNO-EXTERNAL HAEMORRHOIDS

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KEYWORDS: *Arshas*, Interno-external Hemorrhoids, *Chiravilwadi Kashayam*, *Agni Deepana*, *Ama Pachana*, *Anulomana*, *Arshogna*.

ABSTRACT

Arshas is one of the most common Ano-rectal disorders. Yet a perfect treatment modality without side effects and with long term relief has been a challenge. *Acharya Sushruta* has mentioned four treatment methods for *Arshas* such as *Aushadha*, *Kshara*, *Agni* and *Shastra karma*. Among the four modes of treatments mentioned, *Aushadha* causes the least discomfort to the patient psychologically, physically and economically. Hence effective management of *Arshas* using an *Aushadha* is needed.

Objectives: The study is aimed to evaluate the effect of *Chiravilwadi kashayam* in the management of *Arshas* w.s.r. to Interno-external Haemorrhoids.

Method: It is a single blind, pre test & post test design where 30 cases diagnosed as *Arshas* w.s.r. Interno-external Haemorrhoids were selected and recorded.

Result: Internal administration of *Chiravilwadi Kashayam* for a month with a pinch of *Saindhava* and Luke warm water as *Anupana* showed highly significant result in reduction of the signs and symptoms of *Arshas*.

Interpretation: The clinical symptoms of *Arshas* is Bleeding per rectum, Mass per rectum, Constipation, Pain, Pruritus and *Aruchi*. *Arshas* is a *Tridoshaja Vyadhi* which is seen mainly in people with irregular food habits and sedentary lifestyle. Hence *Arshogna* Drug along with proper intake of leafy green fibrous food is ideal.

Conclusion: *Chiravilwadi Kashayam* is an excellent remedy for *Arshoroga*. The combination of *Chiravilwadi Kashayam* has all the qualities required for *Arshogna dravya* which are *Anulomana*, *Ama pachana*, *Agni Deepana* property and importantly *Arshogna* property.

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INTRODUCTION

Arshas is a gift, man earns due to his lifestyle. Modern era is the time of fast food, irregularity in food and sleep habits, sedentary lifestyle, enormous mental stress etc. All these factors disturb the digestive system resulting in many diseases, among which an important group is anorectal diseases. Among Ano rectal diseases Hemorrhoids, commonly called as "Piles" is very common in present era. The prevalence of Haemorrhoidal disease is not selective for age or sex.

According to *Acharya Sushruta* the disease is named as one among the "*Ashta Mahagadhas*"^[3] as it is *Dirghkalanubhandi*, *Dushchikitsya* in nature and *Tridoshaja* and involves the *Guda Marma*.

Acharya Vagbata has compared *Arshas* to a foe in a battlefield for its troublesome nature. In Ayurvedic treatise four modes of treatment which are *Bheshaja*, *Kshara karma*, *Agni karma* and *Shalya karma* are advised for *Arshas*.^[1] Apparently, this approach seems to be graded on the basis of particular symptom complexes of the disease.

Among the four modes of treatment *Bheshaja karma* is the first line of treatment as there is no fear of complication as compared to others.

Hence *Chiravilwadi Kashayam*^[2] for internal administration in the disease of *Arshas* was selected for the present study. *Chiravilwadi kashayam* has been mentioned in *Sahasrayogam* as an excellent remedy for *Arshas*. *Chiravilwadi kashayam*^[4] is also said to increase the digestive fire and thereby correct indigestion which is another important reason for the disease *Arshas*.

Objective

1. The study is aimed to evaluate the effect of *Chiravilwadi kashayam* in the management of *Arshas* w.s.r. to Interno-external Hemorrhoids.
2. To carry out intensive study in relation to aetio-pathogenesis of *Arshas* and its management vis-à-vis Interno-external Hemorrhoids.

Review of Ayurvedic Literature

Since the disease *Arshas* is very specifically located in *Guda*, the description of *Guda* has its own importance. As far as the view of *Acharya Sushruta* is concerned he mentions that the *Antra*, *Basti* and *Guda* of the foetus are formed from the cream part of *Rakta* and *Kapha* after being digested by *Pitta* along with the active participation of *Vayu*.^[5]

According to *Acharya Sushruta* *Guda* comes under the category of *Mamsa marma* but *Acharya Vagbhata* includes it in *Dhamani marma*. *Acharya Sushruta* has considered *Guda* as an *Udara Marma* while *Acharya Vagbhata* has considered *Guda* as a *Kosta Marma*. Both *Acharya Sushruta* and *Vagbhata* have considered *Guda* as *Sadyapranahara Marma*.^[6] The *Sadyapranaharatwa* is due to predominance of *Agni mahabhuta*.

Acharya Sushruta undoubtedly has used the term *Guda* for the description of the root of *Purishavaha Srotas*. *Acharya Charaka* while discussing different types of *Srotas* has used the term *Sthoola Guda* as one of the roots of *Purishavaha srotas*.^[7]

Firstly, it is stated by all *Acharyas* as *Sadyapranahara marma*, means it is a vital organ of the body, the injury to which will result in instantaneous death. It is also stated as *Mamsa marma* and *Udara marma* by *Acharya Sushruta*, *Dhamani Marma* and *Kosta Marma* by *Acharya Vagbhata*. Second one, *Guda* is one of the "Pranayatanas *Acharya Charaka* in the name of *Sthoolantra* that *Guda* is root of *Purishavaha Srotas*. *Acharya Sushruta* also states that the root of *Purishavaha Srotas* is *Guda*.^[8]

Acharya Sushruta has clearly described treatment of *Arshas* according to *Dosha* involved as

follows; *Vataja Arshas* should be treated with *Snehana*, *Swedana*, *Vamana*, *Virechana*, and *Asthapana* and *Anuvasana Basti*. As usual *Pittaja Arshas* should be treated with *Virechana*. *Kaphaja Arshas* should be treated with *Ahara dravya* mixed with *Sunti* and *Kulatha*. *Samana* therapy is the best way to manage *Raktarsha*. *Sannipataja Arshas* should be managed by mixed treatment of all *Doshas*. Many treatment modalities like *Abhyanga*, *Swedana*, *Dhupana*, *Avagaha*, *Lepana*, *Rakta-mokshana*, *Dipana* and *Pachana* are employed as part of *Arshas* treatment.

According to modern Hemorrhoids are derived from a Greek word "Haima" meaning blood and "rhoos" which means flowing. It is also known as piles in Latin meaning Pila ball. Dilatation of the veins of the internal rectal plexus constitutes the condition of internal hemorrhoids, which are covered by mucous membrane. The external haemorrhoids plexus are also formed in the same way, which are placed below the dentate line and the perianal region are external haemorrhoids being covered with skin. The union of these two types are known as Interno-external haemorrhoids.^[9]

MATERIALS AND METHODS

Selection of Patient

The patients complaining of the classical signs and symptoms of *Arshas* as explained in Classical texts in addition to the signs and symptoms of Interno-external Haemorrhoids as mentioned in contemporary texts were studied, selected for the present study and an effort to correlate *Arshas* with Interno external Haemorrhoids is done. The patient fulfilling the clinical criteria for diagnosis for *Arshas* was randomly selected irrespective of their sex, religion, occupation etc. from the OPD and IPD of S.J.G Ayurvedic Medical College and Hospital, Koppal.

Diagnostic/inclusion criteria

1. All the patients were diagnosed and assessed thoroughly on the basis of Ayurvedic and modern classical signs and symptoms of *Arshas* and examined on the basis of specially prepared proforma. A detailed history was taken.
2. The routine haematological investigation was carried out to exclude any other pathological conditions.

Exclusion criteria

The following patients were excluded from the study:

1. Patients suffering from diabetes, HIV, CA, Malignancies of Ano-rectum and other systemic illness.

2. Pregnant and lactating women.

A total of 30 patients of *Arshas* were registered for the study. After thorough case taking the patients fit for the study were selected and advised intake of *Chiravilwadi Kashayam* for 30 days.

The patients were given *Chiravilwadi Kashaya Choorna* in hygienically prepared packets of 46gm each for 7 days during the first sitting. The patient was advised to use one packet of 46gm *Chiravilwadi Kashaya choorna* along with about 750ml water and boil it without a lid. They were asked to reduce the *Kwatha* to about 96ml. This *Kashayam* was administered to the patient in 3 divided doses in a day with a pinch of *Saindhava Lavana* as *Prakshepa Dravya*.

Anupana: Luke warm water.

This process was followed every 7th day for 30 days after proper assessment of the disease condition during each sitting. Total duration of the study was 3 months which includes 1 month of intake of *Chiravilwadi Kashayam* and follow up on 60th and 90th day to note if recurrence of symptoms has taken place.

Assessment criteria

The following criteria were used to assess the treatment Bleeding, Pain, Pruritus, Mass per rectum, *Aruchi*, Constipation, Size of haemorrhoidal mass, Number of haemorrhoidal mass.

Bleeding

- 1. Nil : 0
- 2. Mild : 1
- 3. Moderate : 2
- 4. Severe : 3

Pain

- 1. Nil : 0
- 2. Mild : 1
- 3. Moderate : 2
- 4. Severe : 3

Pruritus

- 1. Nil : 0
- 2. Mild : 1
- 3. Moderate : 2
- 4. Severe : 3

Mass per Rectum

- 1. Nil : 0
- 2. Mild : 1

- 3. Moderate : 2
- 4. Severe : 3

Aruchi

- 1. Nil : 0
- 2. Mild : 1
- 3. Moderate : 2
- 4. Severe : 3

Constipation

- 1. Nil : 0
- 2. Mild : 1
- 3. Moderate : 2
- 4. Severe : 3

No. of Haemorrhoidal Mass

The number of Haemorrhoidal mass observed where noted.

Size:

- 1. Nil (0 cm) : 0
- 2. Mild (Up to 1.5 cm) : 1
- 3. Moderate (1.5-2cm) : 2
- 4. Severe (< 2 cm): 3

Total duration of the study was 3 months which includes 1 month of intake of *Chiravilwadi Kashayam* and follow up on 60th and 90th day to note if recurrence of symptoms has taken place.

Over All Effect of Therapy

- 1. Major improvement= Reduction in 5-6 symptoms
- 2. Moderate improvement=Reduction in 3-4 symptoms
- 3. Mild improvement=Reduction in 1-2 symptoms
- 4. Unchanged=Not a single symptom reduces.

Observations

30 patients of *Arshas* were treated with 96 ml *Chiravilwadi kashayam* in three divided doses daily. The effect on various parameters recorded during this study is being presented under separate headings.

a) Effect of Treatment on Bleeding: Among the 30 patients of Interno external Haemorrhoids, 12 patients had, mild bleeding, 13 patients had moderate bleeding, 5 patients had severe bleeding. This reduced to 24 patients with nil bleeding and 6 patients with mild bleeding.

Table 1: Effect of Treatment on Bleeding

Symptom	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
Bleeding	1.77	0.20	88.68	0.50	0.09	17.03	<0.001

The initial mean score in the symptom of Bleeding was recorded as 1.77 which reduced to 0.20 after the treatment. The percentage of relief observed was 88.68% and the result was statistically highly significant (P<0.001).

b) Effect of treatment on Pain: Among the 30 patients with Interno-external Haemorrhoids 21 patients had no pain, 5 patients had mild pain, and 4 patients had moderate pain. After treatment 23 patients had no pain and 7 patients had mild pain.

Table 2: Effect of Treatment on Pain

Symptom	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
Pain	0.43	0.23	46.15	0.41	0.07	2.69	<0.05

The initial mean score in the symptom Pain was recorded as 0.43 which reduced to 0.23 after treatment. The percentage of relief observed was 46.15% and the result was statistically moderately significant ($P<0.05$).

c) Effect of treatment on Pruritus: Among the 30 patients of Interno-external Haemorrhoids 18 patients had no Pruritus, 7 patients had mild pruritus, 5 patients had moderate Pruritus and none of the patients had severe Pruritus. After treatment none of the patients complained of Pruritus.

Table 3: Effect of Treatment on Pruritus

Symptom	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
Pruritus	0.57	0.00	100.00	0.77	0.14	4.01	<0.001

The initial mean score in the symptom Pruritus was recorded as 0.57 which reduced to 0.00 after treatment. The percentage of relief observed was 100% and the result was statistically highly significant ($P<0.001$).

d) Effect of treatment on Mass per Rectum: Among the 30 patients of Interno-external Haemorrhoidal Mass 18 patients had mild degree of Haemorrhoidal Mass, 9 of the patients had moderate Haemorrhoidal Mass and 3 of the patients had severe degree of Haemorrhoidal Mass. After treatment 23 patients were relieved of the discomfort of mass per rectum, 5 patients had mild Haemorrhoidal Mass and 2 of the patients had moderate Haemorrhoidal Mass.

Table 4: Effect of Treatment on Mass per Rectum

Symptom	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
Rectum	1.50	0.30	80.00	0.41	0.07	16.16	<0.001

The initial mean score in the symptom Mass per rectum was recorded as 1.50 which reduced to 0.30 after treatment. The percentage of relief observed was 80.00% and the result was statistically highly significant ($P<0.001$).

e) Effect of Treatment on Aruchi: Among the 30 Interno-External Haemorrhoidal Mass patients 13 patients had mild *Aruchi*, 10 patients had moderate *Aruchi* and none of the patients had severe *Aruchi*.

Table 5: Effect of Treatment on Aruchi

Symptom	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
Aruchi	1.10	0.00	100.00	0.76	0.14	7.94	<0.001

The initial mean score in the symptom *Aruchi* was recorded as 1.10 which reduced to 0.00 after treatment. The percentage of relief observed was 100% and the result was statistically highly significant ($P<0.001$).

f) Effect of treatment on Constipation: Among the 30 Interno-External Haemorrhoids patient 20 patients had moderate constipation and 10 patients had severe constipation. Among these patients 24 patients found complete relief from constipation while 6 patients had mild constipation.

Table 6: Effect of Treatment on Constipation

Symptom	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
Constipation	2.33	0.20	91.43	0.57	0.10	20.45	<0.001

The initial mean score in the symptom Constipation was recorded as 2.33 which reduced to 0.20 after treatment. The percentage of relief observed was 91.43% and the result was statistically highly important ($P < 0.001$).

g) Effect of treatment on number of Haemorrhoidal Mass: Among the 30 patients 24 patients had 1 Haemorrhoidal Mass each and 6 patients had 2 Haemorrhoidal Mass each. After treatment 13 patients were relieved off the Haemorrhoidal Mass with mass reducing to negligible size, 15 patients had 1 Haemorrhoidal Mass remaining post treatment and 2 patients had 2 haemorrhoidal Mass remaining after treatment.

Table 7: Effect of Treatment on Haemorrhoidal Mass

Sign	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
no. of haemorrhoidal mass	1.20	0.63	47.22%	0.57	0.10	5.46	<0.001

The initial mean score in the number of Haemorrhoidal Mass was recorded as 1.20 which reduced to 0.63 after treatment. The percentage of relief observed was 47.22% and the result was statistically highly significant ($P < 0.001$).

h) Effect of Treatment on size of Haemorrhoidal mass: Among the 30 patients the size of the Haemorrhoidal Mass were graded as follows.

The size of the Haemorrhoidal Mass before treatment at 3 o' clock position was graded as, 7 (23.33%) patients with mild degree Haemorrhoidal Mass, 5 (16.66%) patients with moderate Haemorrhoidal mass and 2 (6.66%) patients had severe Haemorrhoidal Mass at 3 o' clock position. After treatment the size of Haemorrhoidal Mass at 3 o' clock was reduced as follows 21 (70%) patients had negligible Haemorrhoidal mass remaining that is it was immeasurable due its small size, 7 (23.33%) patients had mild Haemorrhoidal mass remaining post treatment and 2 (6.66%) patients had moderate haemorrhoidal mass remaining after treatment.

The size of the Haemorrhoidal Mass before treatment at 7 o' clock position was graded as following 9 (30%) patients with mild degree Haemorrhoidal Mass and 1 (3.33%) patient had moderate Haemorrhoidal mass. After treatment the size of Haemorrhoidal Mass at 7 o' clock was reduced as follows 26 (patients had negligible Haemorrhoidal mass remaining i.e., immeasurable due its small size and 4 patients had mild Haemorrhoidal mass remaining post treatment.

The size of the Haemorrhoidal Mass before treatment at 11 o' clock position was graded as, 7 patients with mild degree Haemorrhoidal Mass, 5 patients with moderate Haemorrhoidal mass. After treatment the size of Haemorrhoidal Mass at 11 o' clock position was reduced as follows 25 patients had negligible Haemorrhoidal mass remaining i.e., immeasurable due its small size and 5 patients had mild Haemorrhoidal mass remaining post treatment.

Table 8: Effect of Treatment on size of Haemorrhoidal mass

Sign	Mean		% Relief	±SD	±SE	t	P
	B.T.	A.T					
3 o' Clock	0.77	0.37	52.17	0.50	0.09	4.40	<0.001
7 o' Clock	0.37	0.13	63.64	0.43	0.08	2.97	<0.01
11 o' Clock	0.57	0.17	70.59	0.62	0.11	3.53	<0.01

The initial mean score in the size of Haemorrhoidal mass at 3 o' clock position was recorded as 0.77 which reduced to 0.37 after treatment. The percentage of relief observed was 52.17% and the result was statistically highly significant ($P < 0.001$). The initial mean score in the size of Haemorrhoidal mass at 7 o' clock position was recorded as 0.37 which reduced to 0.13 after treatment. The percentage of relief observed was 63.64% and the result was statistically significant ($P < 0.01$). The size of the haemorrhoidal mass at 11 o' clock position had the initial mean score of 0.57 which after treatment reduced to 0.17 and the percentage of relief was 70.59% and the result was statistically significant ($P < 0.01$).

i) Overall Treatment Effect

Table 9 shows that of the 30 patients 23 patients (76.66%) showed major improvement, 2 (6.66%) patients showed moderate improvement, 5 (16.66%) patients showed mild improvement and none of the patient's condition remain unchanged.

Improvement	No. of Patients	% of Patients
Major Improvement	23	76.66%
Moderate Improvement	2	6.66%
Mild Improvement	5	16.66%
Unchanged	0	0%

DISCUSSION

Considering all these points *Chiravilwadi Kashayam* indicated for *Arshas* by ancient *Acharyas* has been selected for the present research work. *Chiravilwadi Kashayam* is mentioned in *Sahasra Yogam* as an excellent remedy for *Arshas*.

All the patients included in the study i.e., 100% patients reported presence of some degree of pile mass. *Rakta Srava* (Bleeding per rectum) was observed in 40% of patients, *Guda Vedana* (Pain in Anus) was observed in 30% of patients, *Vibandha* (Constipation) was observed in 100% of patients, *Aruchi* was observed in 76.66% of patients and Pruritus was present in 40% patients.

Among the 30 patients 24 (80%) patients had 1 Haemorrhoidal Mass each and 6 (20%) patients had 2 Haemorrhoidal Mass each. After treatment 13 (43.33%) patients were relieved off the Haemorrhoidal Mass with mass reducing to negligible size, 15 (50%) patients had 1 Haemorrhoidal Mass remaining post treatment and 2 (6.66%) patients had 2 haemorrhoidal Mass remaining after treatment.

The *Anulomana* property in the drug ensured correction of constipation which is a major *Nidana* for *Arshas*. With correction of constipation the need to strain during defecation seized. And hence an important causative factor for *Arshas* was corrected. This along with the *Arshogna* property of the drugs ensured regression in the pile mass.

The *Arshogna* property of the drugs along with proper diet including leafy fibrous vegetables and avoidance of spicy, non-fibrous junk food, day sleep and sitting for prolonged time, excess travelling etc. causative factors ensured reduction in the size of pile mass.

Statistically highly significant results were obtained in five chief complaints i.e. in *Rakta srava* (Bleeding per rectum), Mass per rectum, *Aruchi*, Constipation and Pruritus which were relieved by 88.68%, 80%, 100%, 91.43% and 100% respectively at the level of $p < 0.001$. The percentage of relief observed for pain was 46.15% and the result was statistically moderately significant ($P < 0.05$).

Statistically highly significant result was obtained in the reduction of the size of

Haemorrhoidal mass which was 52.17%, 63.64% and 70.59% at 3, 7 and 11 o' clock respectively. The reduction in the size of pile mass was obtained at the level of $p < 0.001$ at 3 o' clock the position and $p < 0.01$ at 7 and 11 o' clock respectively.

Statistically highly significant result was obtained in the reduction of the number of Haemorrhoidal mass which was obtained at 47.22% at the level of $p < 0.001$.

CONCLUSION

After thorough scanning of the Ayurvedic classics *Dwandwaja Arshas* with involvement of *Pitta* and *Kapha* i.e., *Pitta-Kaphaja Arshas* can be correlated with Interno-external Haemorrhoids as the *Lakshanas* like *Rakta Srava*, *Kandu*, *Vedana*, *Pravahika* etc appears to be similar.

Among the various modes of treatment mentioned for *Arshas*, *Bheshaja Chikitsa* is best as it has no fear of complications, putrefication, bleeding etc. as compared to other forms of treatment. Hence the treatment modality was planned with 96 ml of *Chiravilwadi Kashayam* in three divided dose with *Prakshepaka Dravya Saindhava Lavana* and luke warm water as *Anupana* for a period of one month along with education of the patient about *Pathya* and *Apathyas* to be followed.

Chiravilwadi Kashayam is an excellent *Arshogna Kashayayoga* mentioned in the ancient text *Sahasra yogam*.

Chiravilwadi Kashayam has shown significant result in treatment of Haemorrhoids. It is a very effective reliever of Constipation, an excellent *Agni Deepaka* and is an ideal *Arshogna*. This can be seen in the treatment result which shows 88.68% relief in Bleeding per rectum, 80% relief in Mass per rectum, 100% relief in *Aruchi*, 91.43% relief in Constipation, 100% relief in Pruritus and 46.15% relief in Pain.

Chiravilwadi Kashayam can be recommended for Interno-external Haemorrhoids in the dose of 96 ml with a pinch of *Saindhava Lavana* and luke warm water as *Anupana*, since it has all the properties of being an ideal *Arshogna Bheshaja*.

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