CLINICAL STUDY OF INDIGENOUS DRUGS - PATHADI KWATHA IN THE MANAGEMENT OF ARSHA (HEMORRHOIDS)

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ABSTRACT

One of the fast developing branch of Surgery, gained momentum among the various branches of surgery because of manifold increase in incidence of ano-rectal diseases in population as compared to other diseases. As per Ayurveda today’s dietary habits are totally controversial, that is, it is totally against the ‘Ahar - vidhi visheshayatane’. The ultimate result of this is altered bowel habits which finally results in constipation which may lead to Arsha i.e. Hemorrhoids.

Acharya Charka recognizes “Mandagni” as causative factor and further elaborated and emphasized this point saying that Arsha (Haemorrhoids), Atisara (Diarrhoea) and Grahan (Spure) are sometimes causative to each other resulting from Mandagni i.e. weak digestive fire. As per Sushruta the causes leading to variation of Dosha including excessive and erroneous dietetic indulgence, posture which create pressure on the anal region, sexual indulgence and suppression of normal urge of micturation, defecation etc. leads to developing “Arsha”.

The results of this clinical study, itself are sufficient to comment that ‘Pathadi Kwatha’ has definite effective role in the management of all types of Arsha in early stage. The Statistical Analysis reveals that In management of all types of Arsha in early stage the Pathadi Kwatha is effective. The conclusion of this clinical study ‘Pathadi Kwatha’ has definite effective role in the management of all types of Arsha in early stage.

INTRODUCTION

Proctology is one of the fast developing branch of Surgery, gained momentum among the various branches of surgery because of manifold increase in incidence of ano-rectal diseases in population as compared to other diseases.

In our daily routine practice, we come across a number of patients, who are complaining about per rectal bleeding, unsatisfied feeling after defecation, constipation, indigestion. The main cause for this high incidence is our changed life - style. We have entered into 21st century and enjoying the advances and facilities of the new millennium. One could surely state that there are dramatical changes in life - style as compared to traditional ancient one. Today, life has become so fast that everything is calculated in terms of time. Time is valuable for everybody but nobody has time to spare for his own physical fitness. Accordingly, dietary habits and living style has totally changed. Traditional freshly prepared food is replaced by stored, preservatives added packed food, spicy, fast food is consumed by the people daily which was taken previously very occasionally. In terms of Ayurveda today's dietary habits are totally controversial, that is, it is totally against the ‘Ahar - vidhi visheshayatane’. The ultimate result of this is altered bowel habits which finally results in constipation which may lead to Arsha i.e. Hemorrhoids.

At present 'Arsha' is the most burning problem, affecting human beings of working age. It is wide - spread, universal disease in human beings.

Demography based on the study conducted by C.C.R. & S., Delhi6, shows sample size is 1000 for the study and the incidence of ano-rectal diseases compared to other diseases in patients those attending O.P.D. during multi - centric trials is 40% (400 patients) and among the total ano-rectal diseases, the incidence of Hemorrhoids is 81% (324 patients). In which 60% of the
patients found in early stage of Hemorrhoids i.e. I° II° piles.

No any state escaped from this disease. In fact this is a disease if not treated in time may be life threatening. That is why Vagbhatacharya rightly stated in his text.

According to Ayurveda, the ano-rectal diseases are culmination of 'Dosha - Prakopa' (vitiation of body humours) and not a mere local process. So the Ayurvedic treatment is also systemic treatment, not only local treatment aimed at correcting imbalance of Doshas. This is the basic difference in the concept of treatment in Ayurved and Allopathy.

Acharyya Charka recognizes "Mandagni" as causative factor and further elaborated and emphasized this point saying that Arsha (Haemorrhoids), Atisara (Diarrhoea) and Grahani (Sprue) are sometimes causative to each other resulting from Mandagni i.e. weak digestive fire.

Sushrutacharya has made a passing reference about the causes leading to variation of Dosha including excessive and erroneous dietetic indulgence, posture which create pressure on the anal region, sexual indulgence and suppression of normal urge of micturation, defecation etc. leads to developing "Arsha". Another rich aspect of Sushruta Samhita is its four fold treatment described for ano-rectal diseases and multiple options in each category.

In this sutra, the sequence of treatment is -

i) Bhashaja chikitsa - Medicinal Treatment
ii) Ksharkarma - Chemical Cauterization
iii) Agni karma - Thermal cauterization
iv) Shastra karma - Surgical Intervention

It is obvious that first preference always should be given to the "Bhashaja Chikitsa" only. If above stated Vyadhi- Samprapti i.e. Mandagni is treated in the very first stage, it gives good response to medicinal treatment. Shastrakarma always should be last option of treatment.

In Modern Medicine, it is mentioned that more attention is always paid to the conservative line of treatment and surgical treatment is the last choice.

In our ancient Samhita, following Chikitsa - sutra is given for the treatment of Arsha -

Hence, treating 'Arsha' with conservative line of treatment by Bhashaja chikitsa, one must think of a Dravya which is-

1) Agnideepaka
2) Rakta stambhaka
3) Aaampachaka
4) Anulomaka
5) Tikta-rasatmaka

The kwatha made up of these five drugs namely - Dusparsha, Bilwa, Yawani, Nagar and Patha is having all the above desired qualities. So the present study could be a good solution in the conservative management of all types of "Arsha". It is the need of time, that we should put forward our science of medicine in front of the modern world and let them know about the effectiveness of Ayurvedic Medicine. To interpret our science from a new point of view is to bring a current of fresh air in the present state.

AIMS AND OBJECTS

1. To assess the clinical parameters in the management of Arsha with indigenous drugs - Pathadi Kwatha.
2. To make effective, long-lasting, low cost, alternative and easily available conservative Management of Arsha.
3. To propose the possible mechanism of action of herbal drugs in Pathadi kwatha viz. Patha (Cissampelos pareira)
   Shunthi (Zingiber officinale)
   Dusparsha (Fagonia cretica)
   Yawani (Trachyspernum ammi)
   Bilwa (Aegle Marmelos)

4. To review the complete literature.

MATERIALS AND METHODS

Any study which you perform remains incomplete unless it is confirmed by clinical trials that we come across the subjective aspect of patient. The clinical study which essentials some certain signs and symptoms like the sense of well being can be assessed in human being only. Case record proforma was prepared in which detail examination of the patients have been recorded. Patients were selected on random basis attending O.P.D. of Shalyatantra Dept. of M.A.Podar Hospital, Worli, for this study i.e. "Clinical study of Indigenous Drugs - Pathadi kwatha in the Management of Arsha".

Patients were selected according to inclusion and exclusion criteria as given below -

CRITERIA FOR INCLUSION

1. Patients having I, II degree internal piles with at least 2 symptoms.
   i) Guda - Shula
   ii) Gudagata - Raktastrava (Bleeding per anus)
   iii) Malavastamba
   iv) Asamadhankarak Malpravrutti
   v) Agnimandya
2. Age group - 15-60 yrs.
3. Irrespective of sex / occupation / Marital status.
4. Primary piles (Not as a complication or association with other systemic diseases) e.g. Ascites, Liver cirrhosis, pregnancy induced, portal hypertension, DM, TB, HIV, CA etc.).
CRITERIA FOR EXCLUSION
1. Congenital piles
2. Complicated piles viz., prolapsed, Thrombosed etc.
4. Patient having blood dyscrasias.
5. Severe anaemic patients (Hb %< 7g%).

All selected patients were carefully examined including inspection, palpation & Proctoscopy.

INVESTIGATIONS : CBC with ESR, BSL HIV, HBsAg, BT, CT, Pt & LFT (SOS), VDRL, Urine, Stool, X - Ray chest - PA view.

MATERIAL AND METHODS
1. Consent: A written consent of all patients, included in the study will be taken before starting the treatment.
2. Place of study: Shalyatantra OPD & IPD of M.A.Podar Hospital, Mumbai - 18.
3. Sample size: 30
4. Drug: Pathadi kwatha
5. Method of preparation of Drug : Pathadi Kwatha7 will be prepared by using standard method of Kwatha kalpana as described in the Sharangdhar samhita.
6. Route of Administration : Oral
7. Dose : 40 ml - twice a day - Lukewarm
8. Seven kala : Apan kala (Just before Meals)
9. Duration of Treatment : 2 weeks
10. Follow-up : weekly (0-3-7-14 day)

CRITERIA FOR ASSESSMENT
The main criteria for assessment is symptomatic relief including clinical observations.

i) Guda - Shula
ii) Gudagata - Raktastra (Bleeding per anus)
iii) Malavastambha
iv) Asamadhankarak Malpravrutti
v) Agnimandya

Parameters/Criteria for Assessment: The main criteria for assessment, therapeutic trials were based on the symptomatic relief including some measurements criteria.

1) Guda - Shula

iii) Malavastambha

Parameters/Criteria for Assessment: The main criteria for assessment, therapeutic trials were based on the symptomatic relief including some measurements criteria.

1) Guda - Shula

Out of 30 Patients, 26 patients i.e., 86.66% patients were having Guda-shula. According to gradation & statistical view, the score of gradation of Guda-shula before treatment is 39. On 3rd day of treatment it is 20. The difference between them is 19, so the percentage of relief is 48.71% on 3rd day of treatment. Similarly, as shown in the chart, the percentage of relief on 14th day i.e. at the end of treatment is 97.43%.

2) Guda - gata Raktastra

Out of 30% patients, 26 patients were complaining about Gudagata raktastra. A i.e. per-anus bleeding. According to gradation system & statistical view, the score of gradation of Guda gata raktastra before treatment is 63. On 3rd day of treatment it is 18. The difference score between before and after treatment

OBSERVATIONS

<table>
<thead>
<tr>
<th>Treatment on Days</th>
<th>3rd</th>
<th>7th</th>
<th>14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Relief</td>
<td>48.71%</td>
<td>82.05%</td>
<td>97.43%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment on Days</th>
<th>3rd</th>
<th>7th</th>
<th>14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Relief</td>
<td>71.42%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
is 45. So the percentage of relief is 71.42% on 3rd day. On 7th day, all the patients of Gudagata raktastrava shows complete relief i.e. 100% relief and the same relief is on 14th day i.e. upto the end of whole treatment.

3) Malavastambha

<table>
<thead>
<tr>
<th>Treatment on Days</th>
<th>3rd</th>
<th>7th</th>
<th>14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Relief</td>
<td>44.18%</td>
<td>79%</td>
<td>90.69%</td>
</tr>
</tbody>
</table>

Out of 30 patients, 26 patients were having complaint of Malavastambha in various grades. So according to gradation and statistical method, the total score of gradations of Malavastambha before treatment is 43, and on 3rd day of treatment, the score is 24. It means the difference between above two is 19. The percentage of relief in Malavastambha on 3rd is 44.18%, on 7th day, is 79% and on end of treatment i.e. on 14th day it is 90.69%.

4) Asamadhankarak Malpravrutti

<table>
<thead>
<tr>
<th>Treatment on Days</th>
<th>3rd</th>
<th>7th</th>
<th>14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Relief</td>
<td>55.88%</td>
<td>79.41%</td>
<td>85.29%</td>
</tr>
</tbody>
</table>

Out of 30 patients, 20 patients were having Asamadhankarak Malpravrutti symptom. According to gradation and statistics, the total score of gradations of Asamadhankarak Malpravrutti before treatment is 34. On 3rd day of treatment, this score decreases up to 15. So the difference is 19. The percentage of relief on 3rd day is 55.88%, on 7th day - 79.41% and on 14th day it is 85.29%.

5) Agnimandya

<table>
<thead>
<tr>
<th>Treatment on Days</th>
<th>3rd</th>
<th>7th</th>
<th>14th</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Relief</td>
<td>70%</td>
<td>80%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Out of 30 patients, 9 patients were suffering from Agnimandya. According to gradation & statistics, before treatment, the total score of gradations is 10. On 3rd day of treatment, the score decreased up to 3. So the difference between two is 7. The percentage of relief on 3rd day of treatment is 70, on 7th day it is 80% relief. The complete relief i.e. 100% relief got on 14th day of treatment.

### 1) Distribution of Patients According to Diet

<table>
<thead>
<tr>
<th>Diet</th>
<th>Vegetarian</th>
<th>Mixed</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Patients</td>
<td>3</td>
<td>27</td>
</tr>
<tr>
<td>%</td>
<td>10%</td>
<td>90%</td>
</tr>
</tbody>
</table>

Out of 30 Patients, 27 Patients i.e. 90 % patients were taking mixed diet & only 10% patients were Vegetarian.

### 2) Distribution of Patients According to Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Patients</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td>70%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Out of 30 Patients, 21 Patients i.e. 70 % patients were male & remaining 30% patients were female.

### 3) Distribution of Patients According to type of Work

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Mental</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Patients</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>%</td>
<td>30%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Out of 30 Patients, 21 patients i.e. 70% patients were doing heavy or light Physical work. 9 patients i.e.30% were doing mental work.

### 4) Distribution of Patients According to Degree of Hemorrhoids

<table>
<thead>
<tr>
<th>Degree of piles</th>
<th>I° piles</th>
<th>I°. II° piles</th>
<th>II° piles</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patients</td>
<td>13</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Percentage</td>
<td>43.33%</td>
<td>33.33%</td>
<td>23.33%</td>
</tr>
</tbody>
</table>

Out of 30 Patients, maximum patients were of I° piles i.e. 43.33%. 10 patients i.e. 33.33% patients were of I°. II° piles. 7 Patients i.e. 23.33 % patients were of II° piles.

### 5) Distribution of Patients According to type of Signs & Symptoms

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>Guda Shula</th>
<th>Gudagata Raktastrava</th>
<th>Malavastambha</th>
<th>Asamadhankarak Malpravrutti</th>
<th>Agnimandya</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Patients</td>
<td>26</td>
<td>26</td>
<td>26</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td>86.66%</td>
<td>86.66%</td>
<td>86.66%</td>
<td>66.66%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Out of 30 Patients, 26 patients i.e. 86.66 % patients were having Guda-shula, Guagata Raktastrava & Malavastambha. 20 patients i.e. 66.66% patients were having Asamadhankarak Malpravrutti. 30% patients were of Agnimandya.

**RESULTS**

1) **Guda-shula**: At the end of treatment, out of 26 patients, 25 patients got complete relief. 1 patient showed improvement.

2) **Gudagata Raktastrava**: At the end of treatment, out of 26 patients, all patients got complete 100% relief.

3) **Malavastambha**: At the end of treatment, out of 26 patients, 22 patients got complete relief and 4 patients showed improvement.

4) **Asamadhankarak Malpravrutti**: At the end of treatment, out of 20 patient 15 patients got complete relief. Out of remaining 5 patients, 3 patients showed improvement and 2 patients showed no change.
5) **Agnimandya:** At the end of treatment, all 9 patients got the complete relief.

**DISCUSSION**

Hemorrhoids is the most burning problem among various ano-rectal diseases, because of our changed life style, sedentary work, spicy food, stress, and lack of exercises. Hemorrhoids i.e., Arsha has not only a mere local pathology: but also a systemic pathogenesis.

The Medicinal treatment and preventive aspects in Modern science are still not elaborated which are more important in day to day surgical practice. These aspects are described in detail in Ayurvedic Samhitas.

So to propose a easy, conservative medicinal treatment in all types of Arsha in early stage, this study title as "Clinical Study of Indigenous Drugs - Pathadi Kwatha In The Management of Arsha" is undertaken for research work.

For treating Arsha, the drug should have the properties opposite of aetiology. Arsha develops from long standing constipation & Agnimandya. So there is straining while defecation which results in Guda - shula & Gudagata raktastrava and incomplete evacuation of rectum. So the drug of choice for treatment is Agnivardhak, Anulomak, Aampachak, Raktastambhak and Vedana - Nashak.

'Pathadi Kwatha' is made up of 5 drugs - Patha, Bilwa, Yawani, Shunthi and Dusparsha. This ultimate combination include all the desired properties stated above.

**Pharmacological Action of 'Pathadi Kwatha' on Arsha according to signs & symptoms**

1) **Effect on Guda - Shula:** Guda-shula is the symptom caused by frequent straining during defecation, so Vata prakopa occurs. Patha is the best drug in Vata shamak drugs. Due to its Ushna veerya & Shulaghna property Vatashaman occurs and Guda-shula decreases.

2) **Effect on Guda-gata Raktastrava:** Dilated, elongated and tortuous veins of anal region when bleed, there is per - rectal bleeding. Here, in this condition, Pitta dosha is increased, so 'Dusparsha' in Pathadi Kwatha is the answer for haemostatic action. Dusparsha is Sheeta gunatamak and Kashaya rasatamak; both these properties are useful in Rakta-stambhan.

3) **Effect on Malavastambha:** Due to vitiation of Vata dosha i.e. Vata prakopa, there is hard, dried stool. During defecation, the hard or sticky fecal matter does not pass smoothly through anal canal, so Malavastambha occurs. To relieve this symptom, Anulomak and Mridu rechak action is required. This requirement is fulfilled by Yawani and ripe fruit pulp of Bilwa.

4) **Effect on Asamadhankarak Malprutti & Agnimandya:** To relieve these sign & symptoms, Pathadi Kwatha could be the drug of choice, as it contains drugs like Yawani, Shunthi, and Bilwa. Because all these drugs are Ushna, Teekshna, Aam - pachak, Agnivardhak - Deepak in nature.

So the 'Pathadi Kwatha' could be a good solution in treatment of 'Arsha' in early stage.

**CONCLUSION**

1. Arsha is developed from long standing Agnimandya and Malavastambha.
2. The presenting symptoms of Arsha are Guda - Shula, Guda - gata raktastrava.
3. Physically and mentally strain & stress are predisposing factors of Arsha.
4. Non - Vegetarian diet is more responsible for constipation because of lack of cellulose and roughage.
5. Vedana - Shhapak, Rakta - Stambhak, Anulomak, Deepak & Aampachak effects of 'Pathadi Kwatha' are quite encouraging.
6. The results of this clinical study, itself are sufficient to comment that 'Pathadi Kwatha' has definite effective role in the management of all types of Arsha in early stage.

**REFERENCES**

5) Oxford & I BH Medical Dictionary, P.130-133.