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

Sunitha C K1, Aakash Kembhavi2*

1PG Scholar, 2Professor, Department of Post Graduate Studies in Shalya Tantra, S.J.G Ayurvedic Medical College & Hospital, Koppal, India.

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

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 Arshguna 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 Arshguna dravya which are Anulomana, Ama pachana, Agni Deepana property and importantly Arshguna property.

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 ano-rectal 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 Sushrutha 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 Vagbhata has compared Arshas to a foe in a battlefield for its troublesome nature. In Ayurvedic treatise four modes of treatment which are Bhesaja, 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 Bresha-Ja karma is the first line of treatment as there is no fear of complication as compared to others.

Hence Chiraviwadi Kashayam[2] for internal administration in the disease of Arshas was selected for the present study. Chiraviwadi kashayam has been mentioned in Sahasrayogam as an excellent remedy for Arshas. Chiraviwadi 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 Chiraviwadi kashayam in the management of Arshas w.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 Sushrutha 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 Sushrutha Guda comes under the category of Mamsa marma but Acharya Vaghbata includes it in Dhamani marma. Acharya Sushrutha has considered Guda as an Udara Marma while Acharya Vaghbata has considered Guda as a Kosta Marma. Both Acharya Sushrutha and Vaghbata have considered Guda as Sadayapranahara Marma.[6] The Sadayapranahara-twa is due to predominance of Agni maha-bhutha.

Acharya Sushrutha 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 Sthoolart 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 Sushrutha, Dhamani Marma and Kosta Marma by Acharya Vaghbata. Second one, Guda is one of the "Pranayatanas Acharya Charaka in the name of Sthooolantra that Guda is root of Purishavaha Srotas. Acharya Sushrutha also states that the root of Purishavaha Srotas is Guda.[8]

Acharya Sushrutha has clearly described treatment of Arshas according to Dosha involved as follows; Vataja Arshas should be treated with Snehana, Swedana, Vamana, Virechana, and Asthapan 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 Rakta-Arshas. 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 750 ml water and boil it without a lid156. 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

**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>
<thead>
<tr>
<th>Symptom</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td>1.77</td>
<td>0.20</td>
<td>88.68</td>
<td>0.50</td>
<td>0.09</td>
<td>17.03</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>0.43</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.T.</td>
<td>0.23</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>0.57</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.T.</td>
<td>0.00</td>
<td></td>
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<td></td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>1.50</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>A.T.</td>
<td>0.30</td>
<td></td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>1.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.T.</td>
<td>0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>2.33</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.T.</td>
<td>0.20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 significant (P<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>
<thead>
<tr>
<th>Sign</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>no. of haemorrhoidal mass</td>
<td>1.20</td>
<td>0.63</td>
<td>47.22</td>
<td>0.57</td>
<td>0.10</td>
<td>5.46</td>
</tr>
</tbody>
</table>

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 0 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 after 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>
<thead>
<tr>
<th>Sign</th>
<th>Mean</th>
<th>% Relief</th>
<th>±SD</th>
<th>±SE</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 O Clock</td>
<td>0.77</td>
<td>0.37</td>
<td>52.17</td>
<td>0.50</td>
<td>0.09</td>
<td>4.40</td>
</tr>
<tr>
<td>7 O Clock</td>
<td>0.37</td>
<td>0.13</td>
<td>63.64</td>
<td>0.43</td>
<td>0.08</td>
<td>2.97</td>
</tr>
<tr>
<td>11 O Clock</td>
<td>0.57</td>
<td>0.17</td>
<td>70.59</td>
<td>0.62</td>
<td>0.11</td>
<td>3.53</td>
</tr>
</tbody>
</table>

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.
**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, Vibhandha (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, Bhesaja Chikitsa is best as it has no fear of complications, putrification, 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 Apathyasya to be followed.

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

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 Bhesaja.
REFERENCE


Cite this article as: Sunitha C K, Aakash Kembhavi. A Clinical Study on the Role of Chiravilwadi Kashayam in the Management of Arshas w.r.t Interno-External Haemorrhoids. AYUSHDHARA, 2018;5(5):1850-1856.

Source of support: Nil, Conflict of interest: None Declared

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