To Study Efficacy Of Kutaj Paneeyakshara In Abhyantar Arsha With Special Reference to 1st and 2nd, Degree Haemorrhoids

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Abstract

Arshas is the commonest condition among the anorectal diseases in our day-to-day practice in terms of incidence. It is a very disagreeable condition for the patient and often creates restlessness. This disease has no particular sartorial affinity and is equally distributed throughout the world.

‘Arshas’ – one among the Mahagadas mentioned by Acharya Sushruta, the father of ancient Indian surgery, which is not amenable for treatment. All the Brihatrayi and Laghutrayis had given the detailed description regarding the disease Arshas.

Among the different modalities in treatment explained in the classics, paneeya kshara prayog, is one which is recommended in the initial stages of the disease with wide range of acceptability. kutaj is one among the paneeya kshara dravyas, indicated for arshas and other diseases.

The patients attending the IPD and OPD of L.K.R.Ayurvedic mahavidyalaya and research center, Gadhinglaj, were the material of the study. Proctoscope was used for objective assessment of size of pile mass. About 60 patients were randomly selected and subjected to, clinical trial, the signs and symptoms were recorded on the proforma designed for the study, and Assessment was done on subjective and objective criteria.

Intervention - "paneeya kshara prayog" in treatment of Arshas, seems to satisfy these criteria. Acharya Sushruta, described about the paneeya kshara prayog, Kutaj paneey kshara, was given in the doses of 500mg, twice a day, on alternate day for one month, with water, has been tested with standard group receiving tab pilex 2 tab twice a day for one month. Milk and dairy products were advised to be included in diet. Both groups were observed weekly, and observations were noted in charts, follow up of both groups was also done after 15 day, from completion of treatment and finally analyzed for statistical significance. Incidence charts, according to age, sex, nature of work, religion were made. Standard and study group with comparison in both groups was studied scientifically and statistical values were withdrawn. Results were concluded and summarized. Kutaj paneeya kshara prayog was found, clinically effective in abyantar arsha.

Key words: - Arshas; Hemorrhoids’; kutaj paneeya kshara.

1. Introduction

The principles of Ayurveda are based on strict experimental studies of several years. Several Acharyas have tested these principles for long time and been given a place in Ayurvedic Samhita. Ayurveda is the most rational and scientific among the ancient systems of medicine. This science of life aims at alleviation of diseases as well as maintenance and promotion of good health. But now days one is prone to do all those things which are harmful to his body and mind, thereby increasing the chance of diseases. अर्श is such a disease condition which is commonly seen in the adult age groups because of fast life and junk foods. So it becomes an important need to treat earlier to prevent further more complication. In the world of rapidly changing life style, dietary habits are giving rise to many diseases. अर्श and other ano-rectal disorders constitute one of them. It affects the
normal individual. Ksharakarma is effective treatment in many diseases including अर्श. Even though many research has been done regarding अर्श, there is need of effective, noninvasive treatment to avoid surgery and morbidity. From ancient period till today, अर्श was considered to be treated surgically. John Golligher in 1975 described 4 degrees of internal haemorrhoids. The conservative treatment is only possible in 1st and 2nd degree internal hemorrhoids. As the disease progresses the surgical and Para surgical interventions become necessary, which requires hospital admission and heavy expenses, so if Arshas treated in 1st and 2nd degree by oral medicines. -

- Further surgical and Para surgical interventions bleeding, dressing, post operative pain and morbidity can be avoided.
- Cost effective treatment, to patient.
- No hospital stay requires and patient will not remain out of work. (It is very important because disease is more common in productive age group).

Modern science has very little to offer in terms of medicinal treatment for Hemorrhoids. Prevalent modern surgical and Para surgical measures are having their own limitations and complications and need special training, skills and equipments for their performance. Hence treatment modality which is easy to administer with lesser complications and better rate of success should be the criteria in choosing the management of अर्श. Here comes the importance of पानिक्षारायण.

The निदान, संप्राप्ती, भेद, लक्षण, उपचार management of अर्श using पानिक्षारायण has mentioned in the classics. (अर्श explained in सूत्रतं संहिता सूत्रस्थान 11/8 and in many chapters).

Aims and Objectives

- **AIM:**
  To study “efficacy of kutaj Paneeyakshara in Abhyantar Arsha with special reference to 1st and 2nd degree haemorrhoids”

- **OBJECTIVES:**
  To evaluate efficacy of Paneeyakshara (kutajkshara) in the management of AbhyantarArsha

Material and Methods

- **CLINICAL STUDY :**
  - **Inclusion Criteria:**
    1. The Abhyantar Arsha of first and second degree which are soft deeply spread and bulged surface.
    2. Age between 18 to 80 years.
    3. Patients of either sex taken.
  - **Exclusion Criteria :**
    1. External hemorrhoids. (Skin tags).
    2. Thrombosed hemorrhoids.
    3. Pregnancy
Selection of Patients:
After thorough examination, only those who are having Arsha and fulfilling the inclusion criteria and not falling under exclusion group are selected from, O.P.D. of in our College Hospital.

Grouping and Randomization of the Patient: Total 60 numbers of patients were selected and randomly divided into two groups.

- **Group A – Study Group:**
  30 patients will be rerated with ‘Paneeya KutajKshara500mg (4 Gunja) twice a day. (Alternate day) for one month.

- **Group B – Standard Group:**
  30 patients will be treated with ‘Tab. Pilex 2 tablets’ twice a day for thirty days (one month).

Randomization of the Patients:
By simple randomization procedure 60 patients will be placed into two equal groups. Group A will be study group, while Group B will be standard group.

Procedure for Drug Administration:
‘Paneeya Kutajkshara’500mg twice a day, (Alternate day) for one month will be given orally with water 200ml in trial group patient.

Diet:
Milk and other dairy products were advised to include in diet.

Observations And Results:
The observations were presented with the tables, diagrams and charts. The collected data was analyzed by applying paired “t” test, and results were drawn.

**The following observations were made during the study.**
- Incidence observations
- Observations made BT and AT
- Observations made during follow

**Follow Up After 15 Days (study group)**

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NC- no complaint  
BL-bleeding  
BR-burning sensation  

S-size of pile mass  
F – fullness of rectum  
P-pain  

### Follow Up After 15 Days (Standard group)

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NC- no complaint  
BL-bleeding  
BR-burning sensation  

Out of thirty patients in standard group 20 patients have no complaints and no signs of Arsha on examination at the follow up. And 21 patients among study group[out of thirty patients] have no complaints and signs of Arsha at the follow up .This means 66.66% patients in standard Group and 70% patients in study group were completely symptomless. So the results were stated as GOOD (between 50% - 75%, markedly improved).

### Conclusion

- The disease described as Arshas in Ayurvedic literature can be regarded as hemorrhoids in modern medical science. A clear cut description of anatomy and physiology of anorectal region is found in Ayurvedic literature.
- Observation of present study reveals that the incidence of disease Arshas is more among the age group of above 30 years, males, middle income group, non-vegetarians, and persons with hard stools and in the individuals indulging in moderate to strenuous work.
- Maximum number of patients had hemorrhoids at all three primary positions.
- Vata pitta Prakruti and Vatakaphaprakruti persons were found more in present study.
- The KutajPaneeyaKshara prepared for the present study with Ph of 10.3 is very effective in the treatment of hemorrhoids.
- Acharya Sushruta's clinical classification of arshas is helpful in the treatment.
- KutajPaneeyaKshara has advantages in treating first degree and second degree hemorrhoids (without pain and bleeding) than surgical treatments. No complications like stricture formation.
It is observed in the study that Mandagni is the prime cause in the manifestation of the disease Arshas.

The medicine, KutajPaneeyaKshara used for the study significantly improved Agni and helped in reducing the symptoms of fullness of rectum, bleeding and burning sensation. It was noticed that it helped in regression of the pile mass of all degrees to certain extent.

The KutajPaneeyaKshara, having Dipana, Pachana, anulomana, Raktasangrahi and Tridoshahara properties and help in breaking the Samprapti of the disease.

In the follow up period it is noticed that in some patients there were recurrence of symptoms due to repeated indulgence in causative factors.

Further studies are necessary to be carried out by administering KutajPaneeyaKshara for longer duration to find its long standing efficacy.

The hypothesis- Paneeyakshara (Kutajkshara) is significantly effective in Abhyantar Arsha is proved.

Bibliography


ii. Dr. P.G. Athavale, drushtrath Sushurt chintan sushrut samhita sharer sthana 6/33 page no 454 Dalahantika 6/26 1st edition published by Godavari publication Nagapur
