

## ***A CLINICAL STUDY TO EVALUATE THE EFFECT OF AVAGAHA SWEDA WITH ASANADI KWATHA IN POST-OPERATIVE PAIN MANAGEMENT AFTER HAEMORRHOIDECTOMY***

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### **ABSTRACT**

**Purpose:** Haemorrhoids, one of the common ano-rectal diseases require surgical intervention for permanent cure. Postoperative pain management after haemorrhoidectomy poses unique problems due to spasm of the muscles and possible injury to muscles. NSAIDs and opioids do not produce satisfactory pain relief. In contemporary science, sitz bath is mentioned as post-operative care after haemorrhoidectomy. *Acharya Vagbhata* mentions wherever there is involvement of *sarvanga vata* and in diseases like *Arsha* and other painful conditions *Avagaha sweda* can be used. Thus here is an attempt made to evaluate an effective *Ayurvedic* management for post-operative pain in haemorrhoidectomy by *Avagaha sweda* with *Asanadi kwatha* and to compare the results with patient treated with oral medication. **Methods:** Twenty patients of either sex who has undergone elective surgery for haemorrhoidectomy were randomly selected and ten patients were treated with *Asanadi kwatha Avagaha sweda* and oral medicines post operatively and ten were dealt with only oral medicines. **Results:** The study revealed that *Asanadi kwatha Avagaha sweda* is effective on the clinical parameters like Pain, Itching, Burning sensation, Pain during defecation, Ease of passing stool, *Srava* when compared to trial group. Need of analgesic drugs reduced considerably for Post-operative Pain management with *Triphala guggulu*, *Gandhaka rasayana* and *Asanadi kwatha Avagaha sweda* after Haemorrhoidectomy. **Conclusion:** *Asanadi kwatha Avagaha sweda* is having better results than the conventional post-operative managements by better pain relief, better ease of approach and maintenance of local hygiene. It is a simple, non-invasive and economical procedure and thus provides better comfort to the patients in the early post-operative period.

**Keywords:** haemorrhoidectomy, pain management, *Asanadi kwatha Avagaha sweda*

### **INTRODUCTION**

Haemorrhoids is by far the most common ano-rectal disease that one comes across in the out-patient departments. John Goligher (1984) estimates 50% of the people over the age of 50 years upon careful examination may be found to have haemorrhoids.<sup>1</sup> Haemorrhoidectomy is one of the methods to give permanent relief; the operation becomes notorious for being associated with a great deal of post-operative pain.<sup>2</sup> Postoperative pain management after haemorrhoidectomy poses problems due to spasm of the muscles and possible injury to muscles.<sup>3</sup> Pain is a protective mechanism becomes fearful for patients when it comes as an unavoidable outcome of surgery.

The disease Hemorrhoids or piles is dealt rationally under the concept of *Arshas*.

NSAID's and opioids do not produce satisfactory pain relief in case of post haemorrhoidectomy period with adverse effects like gastric irritation, constipation, renal damage etc.<sup>4</sup> Modern advances like patient controlled analgesia and continuous infusion analgesia shows effective pain management but requires sophisticated equipment.<sup>5</sup>

Sitz bath is a warm water bath given in a tub, which helps to relieve pain, itching or muscle spasm. Warm water sitz bath will dilate the blood vessels, and relax the muscles, helping ease the tone of rectal sphincter.<sup>6</sup>

Sitz bath is modified form of *Avagaha sweda*. *Acharya Sushruta* mentions *Avagaha sweda* as *pashchat karma* after *Kshara Agni* and *Shashtra karma* in *Arshas*<sup>7</sup>, *Ashmari*<sup>8</sup>, and *Bhagandara*<sup>9</sup> to relieve pain.

*Asanadi kwatha* having 13 drugs, where most of the drugs are having *Kashaya*, *Tikta rasa* and having *Stambhana*, *Sandhana* effect and some drugs like *Tripahala* are *vranaropaka* in nature, and thus *Asanadi kwatha* is proved to be having *vranaropana* effect.

Thus here is an attempt to evaluate an effective *Ayurvedic* management for postoperative pain in haemorrhoidectomy by *Avagaha sweda* with *Asanadi kwatha*.

### **Aims and objectives**

Present research work has been undertaken with the following objective:-

1. To evaluate the efficacy of *Avagaha sweda* with *Asanadi kwatha* in post-operative cases of haemorrhoidectomy and to compare the results with patient treated with oral medication.

### **Materials and Methods.**

#### **Source of data:**

Minimum of 20 patients undergoing elective surgery for haemorrhoidectomy were selected from IPD of S.D.M. Ayurveda Hospital Udupi.

#### **Method of collection of data:**

Patients were randomly selected and grouped in 2 groups i.e. Group A and Group B and subjected for treatment.

#### **Study Design**

It is an open clinical study with pre-test and post-test design, of 21 days

#### **Inclusion criteria**

- Patients who underwent elective haemorrhoidectomy.
- Both males and females.
- Age between 20 to 70 years

#### **Exclusion criteria**

Patients suffering from systemic diseases like Diabetes mellitus, Hepatitis, Tuberculosis and HIV infections etc.

#### **Ethical clearance**

Ethical clearance was obtained through the ethical committee formulated in the institution.

**Test drugs:-**

**Asanadi kwatha:-**

Asanadi kwatha is an *anubhootha* yoga which is being prescribed in SDM Ayurveda Hospital, Udupi, Karnataka, since 30 last years for the treatment of *Prameha*. This *yoga* is also

used for post-operative wound management along with *Triphala guggulu* and *Gandhaka rasayana*. Many research works had been done on this formulation and its efficacy in wound management is established.

**Table 1:** Ingredients of *Asanadi Kwatha*

No.	Drug	Latin Name	Part used	Quantity ratio
1.	<i>Asana</i>	<i>Pterocapus marsupium</i> Roxb.	Stem	1 Part
2.	<i>Khadira</i>	<i>Acacia catechu</i> Willd.	BarkSkin	1 Part
3.	<i>Manjishta</i>	<i>Rubia cordifolia</i> Linn.	Root	1 Part
4.	<i>Sariva</i>	<i>Hemidesmus indicus</i> R.Br.	Root	1 Part
5.	<i>Usheera</i>	<i>Vetiveria zizanooides</i> Linn.	Root	1 Part
6.	<i>Ashwagandha</i>	<i>Withania somnifera</i> Linn	Root	1 Part
7.	<i>Haritaki</i>	<i>Terminalia chebula</i> Retz.	Fruit pulp	1 Part
8.	<i>Vibhitaki</i>	<i>Terminalia belerica</i> Roxb.	Fruit pulp	1 Part
9.	<i>Aamalaki</i>	<i>Emblica officinalis</i> Gaertn.	Fruit pulp	1 Part
10.	<i>Punarnava</i>	<i>Boerhaavia diffusa</i> Linn.	Complete plant	1 Part
11.	<i>Haridra</i>	<i>Curcuma longa</i> Linn	Rhizome	1 Part
12.	<i>Gokshura</i>	<i>Tribulus terrestris</i> Linn.	Fruit, Root	1 Part
13.	<i>Saptachakra</i>	<i>Salacia chinensis</i> Linn.	Root	2 Parts

**Method of preparation:**

Course powders of drug 1to13 were prepared and mixed. Labeled as *Asanadi kwatha churna*. 20gm. of *Asanadi kwatha churna* is mixed with 160 ml of water. Boiled and reduced to 40 ml. filtered.

**Dose and direction of use:** 40 ml of *Asanadi kwatha* is given orally twice a day. With sips of lukewarm water. For *Avagaha sweda* 1 litre of *kwatha* is used twice daily.

**Avagaha sweda:-**

*Avagaha sweda* is a type of *sweda* where *vatanashana* drugs are used in the form of *kwatha*, *ksheera*, *taila*, *gritha*, *pishitha* or *ushnasalila* and are taken in a tub and patient should immerse the affected part in it or should take bath in it. *Vagbhata* describes its uses in *Arshas*, *Mootrakrichha* and other painful disorders. *Acharya Sushruta* mentions *Avagaha*

*sweda* as a type of *drava sweda* and also mentioned under *pashchat karma* after *shastra karma* in *Arshas*, *Ahmari* and *Bhagandara*.

**Triphala guggulu and Gandhaka rasayana:-**

Effects of *Triphala guggulu* and *Gandhaka rasayana* in the post operative management were well established by the previous works done.

*Triphala Guggulu* reduces *kleda*, *paaka*, *putigandha*, *shotha* along with remarkable reduction of pain in *vranas*. *Katu*, *tikta rasa* present in *Gandhaka Rasayana* helps in *vranavasadhana*, thus helping in early wound healing and significant reduction in the pain and it is also a *rasayana*.<sup>10</sup>

Thus combination of *Triphala Guggulu* & *Gandhaka Rasayana* helps in achieving the expected analgesic effect and wound healing while treating the post operative patient.

One more study done by Thomson Robin J shows the efficacy of *Asanadi kwatha* along with *Triphala gugglu* and *Gandhaka rasayana* is sufficient enough to manage the post-operative wound in hernia cases.<sup>11</sup>

#### **Duration of Treatment:**

Group A: - Administration of oral medication for 7 days.

- Tab. *Triphala guggulu* - 450mg t.d.s.
- Tab. *Gandhaka rasayana* - 250mg t.d.s.
- *Asanadi kwatha* - 40 ml b.d.
- S.O.S analgesics will be administered if patient complain of post-operative pain and such incident will be recorded.

Group B: Administration of oral medication for 7 days, along with *Asanadi kwatha Avagaha sweda* for 7 days twice daily

- Tab. *Triphala guggulu* - 450 mg t.d.s.
- Tab. *Gandhaka rasayana* - 250 mg t.d.s.
- *Asanadi kwatha* - 40 ml b.d.
- *Asanadi kwatha* Sitzs bath : after 24 hours of surgery and twice daily for 30 minutes just after defecation in the morning and before going to bed on following days for a period of 1 week

#### **Observation period:**

- The patients were observed and assessed daily for 3 days.
- Follow up of the patient was carried on the 7<sup>th</sup>, 14<sup>th</sup> and 21<sup>st</sup> day of post-operative period.

#### **Assessment criteria:**

Assessment will be done on subjective and objective parameters before and after the treatment and symptoms and signs were assessed on a numerical scale.

#### **Subjective:**

- Pain

- Itching
- Burning Sensation
- Pain during defecation
- Ease of passing stools

#### **Objective:**

- *Srava*
- McGill Questionnaire.<sup>12</sup>

#### **Investigations:**

Blood- Hb%, T.C, D.C, E.S.R, R.B.S, B.T, C.T<sup>13</sup>

Routine investigations were done to assess the patient's fitness before the surgery.

Any other investigations if required.

**Observations:** Among the 20 patients taken for the study, 40% of the patients belonged to the age group of 31-40 years. 70% patients were males and 30% were females. 90% of the patients were married. 90% of the patient belonged to the Hindu Religion. 95% of the patients had the dietary habit of taking mixed diet. Majority of the patients, i.e 60% belonged to the middle class family. Among 20 patients 7 patients i.e 35% were doing labor work. Majority of the patients belonged to *Vata-Pitta Parakruti* i.e 55%. 16 patients out of 20 had constipated bowel habit i.e 80%. Analysis of symptoms revealed that 45% of patients exhibited *Vata-pittaja* type *Arshas*, 25% were diagnosed with *pitta-kaphaja Arshas*; 15% were diagnosed with *Vata-kaphaja Arshas*; 10% were diagnosed with *Pitta-raktaja* variety and 15% with *kapha-raktaja* variety. On examination it was found that 75% of patients had interno-external type of haemorrhoids and 25% were having internal haemorrhoids. 75% of the patients were operated under Local anesthesia with I.V sedation where as 25% operated under spinal anesthesia. It was observed that need of analgesia was more in the control group with higher doses when

compared to the trial group with minimal use of modern analgesics.

#### **Statistical analysis:-**

The results obtained were subjected to statistical analysis using Stat Graph Pad 3 software.

*Paired t-test* was used for comparing the results within the control and trial group.

*Student t- test* was used for comparing the results between the control and trial group.

*BT*-Before the treatment of *Asanadi kwatha Avagaha sweda* (i.e., on the night of surgery readings were taken)

*DT<sub>3</sub>*- During treatment (3<sup>rd</sup> post-operative day-readings were taken in the evening).

*AT (DT<sub>7</sub>)*- After the treatment (7<sup>th</sup> post-operative day, after the treatment in the evening parameters were assessed.)

*F<sub>21</sub>*- During follow up- 21<sup>st</sup> day.

#### **Results :-**

##### **Comparison of effect of treatment within the groups-**

*Effect treatment on subjective parameters:-* (Table.2)

Group A i.e Control group provided highly significant ( $P > 0.001$ ) result in relief of *pain, itching, burning sensation, pain during defecation and ease of passing stool* between before treatment and on Day 3, Day 7 and Day 21.

In Group B i.e Trial group also statistically highly significant results ( $P > 0.001$ ) were found in parameters *pain, itching, burning sensation, pain during defecation and ease of passing stool* between before treatment and on Day 3, Day 7 and Day 21.

*Effect treatment on objective parameters:-* (Table .2)

The statistical values show that there is significant relief in the *Srava* between before treatment and Day 3, Day 7 and Day 21 within the trial group and control group.

An intervention in control group and trial group both shows satisfactory effect for on score of *McGill Questionnaire* between Day 1 and Day 3 within their respective group.

##### **Comparative effect of treatment between the groups:-**

*On subjective parameters-*(Table.3)

On comparing Control group and Trial group statistically significant ( $P > 0.05$ ) result was found on Pain on Day 3, Day 7 and Day 21. this shows trial group is having better result on *Pain management*.

By comparison, trial group showed better effect on the pain during defecation with statistically highly significant result ( $P > 0.001$ ) on Day 3, 7 and 21.

On comparing Control group and Trial group, statistically highly significant results ( $P > 0.001$ ) were obtained on the parameters like *itching, burning sensation, ease of passing stool* especially on Day 3 and Day 7. On Day 21 a significant result was found ( $P > 0.05$ ) on the parameters *itching and ease of passing stool*. It shows trial group is better than control group in relieving the above parameters. But management of burning sensation on day 21<sup>st</sup> both groups are equally effective ( $P > 0.01$ ).

*On objective parameters:-* (Table.3)

On comparing Control and Trial groups on the effect of treatment on *Srava*, statistically highly significant result ( $P > 0.001$ ) was found on Day 3, Day 7, and significant on Day 21 ( $P > 0.05$ ).

Rate of reduction in the mean value of pain in *Mc Gill questionnaire* is more rapid in trial group when compare to control group. On Day 2 and Day 3 a statistically highly significant result was found ( $P > 0.001$ ) indicating better pain management in the trial group. But in

comparison to this on Day1 significant result was found ( $P>0.05$ ).

All patients of control group had taken analgesic medicine and still trial group demonstrated better effect than allopathic analgesia.

It was also noted that in the trial group rate reduction in pain, itching, burning sensation, pain during defecation, Srava and effect on ease of passing stool is more rapid in comparison to the control group. So this shows trial group i.e. Asanadi kwatha avagaha sweda is having better effect.

## DISCUSSION

### Probable Mode of Action:

From all the above discussions it is evident that dependency of analgesics in the early post-operative days is less in the trial group when compared to the control group. This may be due to-

A study conducted by Kuo- Feng<sup>6</sup> opines that Movement of water in the Sitz bath maintains local hygiene of the area thus promotes healing and warmth aids for analgesic effect. But Asanadi kwatha Avagaha swedais having better effects on the parameters like pain, itching, Srava, ease of passing stool, pain during defecation, burning sensation.

This may be due to

- Immediate general treatment in *sadyovra-nachikitsa* is pacifying the heat released at the site of injury by special cooling measure due to *pitta* aggravation.
- *Snehas*- processed by *vatahara* drugs are advised for loss of blood due to vitiation of *vata* followed by local *swedana*.
- *Parisheka* of drugs having *sheetala* effect for excessive *daha* and *paka*
- The drugs in the Asanadi kwatha are having *Kashaya rasa*, *Sheeta veerya* and

*Sthambhana* effect which helps in the better outcome.

It also prevents the formation of *Vranaushma* (inflammation) at the site.

Because of the chelating effect of *Kashaya rasa* of the drugs it forms layer over the wound which prevents the inflammation. Spasm of the internal sphincter is one of the causes for pain in post-operative period, which is supported by a study conducted by Vinson-Bonnet B, Coltat JC, Fingerhut A<sup>14</sup> where use of smooth muscle relaxants caused relief of pain in the post- haemorrhoidectomy period.

*Asanadi kwatha* it shows significant effect on ease of passing stool thus having effect on reducing spasm, it is also having added advantages like easy of approach and maintenance of local hygiene.

Study conducted by Pavin J Gupta<sup>15</sup> on warm sitz bath on post harmorroidectomy found no significant improvement in the pain and wound healing and reduction in consumption of analgesics. But *Asanadi kwatha Avagaha Sweda* is shows significant effect in the management of post operative pain and reduces in the dependency on the analgesics, which shows the better effect of *Asanadi Kwatha* than warm water.

## CONCLUSION

On evaluation of the knowledge of the literature and result obtained from present work, it may be concluded that:-

- *Arshas* explained in *Ayurvedic* classics represents a group of diseases manifesting in anorectum
- Haemorrhoids can be correlated with *Arshas* in general.
- Local use of *Asanadi kwatha Avagaha sweda* has to play roll in Post-operative

Pain Management after Haemorrhoidectomy.

- Need of analgesic drugs reduce considerably for Post-operative Pain management with *Triphala guggulu*, *Gandhaka rasayana* and *Asanadi kwatha Avagaha sweda* after Haemorrhoidectomy.
- *Asanadi kwatha Avagaha sweda* is effective on the clinical parameters like pain, itching, burning sensation, pain during defecation, ease of passing stool, *Srava*.
- *Asanadi kwatha Avagaha sweda* is simple, non-invasive and economical procedure.
- Thus provides better comfort to the patients in the early post-operative period.

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**Table 2:** Effect of treatment *within* the groups:-

Parameters	Group	Day	Mean Of difference	% relief	SD of dif-ference	t-value	P value	Remark
PAIN	Trial	3	2.2	54.3	0.421	16.52	<0.001	HS
		7	2.8	82.8	0.421	21.02	<0.001	HS
		21	3.7	95.2	0.233	50.14	<0.001	HS
	Control	3	1.6	43.3	0.516	9.79	<0.001	HS
		7	2.4	56.7	0.515	14.71	<0.001	HS
		21	3.4	86.4	0.515	20.89	<0.001	HS
ITCHING	Trial	3	2.4	85.7	0.966	7.78	<0.001	HS
		7	2.5	89.2	0.971	8.14	<0.001	HS
		21	2.8	100	1.135	7.80	<0.001	HS
	Control	3	1.4	42.4	0.515	8.58	<0.001	HS
		7	1.7	60.7	0.483	11.12	<0.001	HS
		21	2.8	93.9	0.421	21.00	<0.001	HS
BURNING SENSATION	Trial	3	2.8	75.7	0.421	21.02	<0.001	HS
		7	3.5	94.6	0.527	21	<0.001	HS
		21	3.7	100	1.005	11	<0.001	HS
	Control	3	1.1	29.7	0.567	6.12	<0.001	HS
		7	1.8	486	0.421	13.50	<0.001	HS
		21	3	81.9	0.666	14.23	<0.001	HS
PAIN DURING DEFECATION	Trial	3	2.8	75.6	0.421	21	<0.001	HS
		7	3.2	78.7	0.421	24.03	<0.001	HS
		21	3.7	100	0.483	24.22	<0.001	HS
	Control	3	1.3	33.3	0.483	8.51	<0.001	HS
		7	1.7	43.5	0.674	7.97	<0.001	HS
		21	2.9	74.3	1.048	8.74	<0.001	HS
EASE OF PASSING STOOL	Trial	3	2.5	73.5	0.527	15	<0.001	HS
		7	3	88.2	0.666	14.23	<0.001	HS
		21	3.4	100	0.516	20.82	<0.001	HS
	Control	3	1.5	39.4	0.707	6.70	<0.001	HS
		7	2.2	57.8	0.632	11.0	<0.001	HS
		21	3.3	89.4	1.00	10.38	<0.001	HS
SRAVA	Trial	3	2.6	83.8	0.486	16.90	<0.001	HS
		7	2.8	90.3	0.421	21	<0.001	HS
		21	3.1	93.3	0.567	17.26	<0.001	HS
	Control	3	1.4	40	0.516	8.56	<0.001	HS
		7	2.1	60	0.875	7.58	<0.001	HS
		21	3.1	88.5	0.737	13.28	<0.001	HS
MCGILL QUESTION-	Trial	Between Day 1 and	2.6	55.6	4.396	18.699	<0.001	HS

NAIRE		Day 3							
	Control	Between Day 1 and Day 3	1.75	35.6	3.31	16.71	<0.001	HS	

**Table 3:** Comparison of Effect of treatment between the groups:-

Criteria	Group	BT		DAY 3			DAY 7 (AT)			DAY 21		
		Mean	S.D	Mean	S.D	P	Mean	S.D	P	Mean	S.D	P
PAIN	Control	3.7	0.483	2.1	0.284	<0.05	1.6	0.699	<0.05	0.5	0.701	<0.05
	Trial	3.5	0.421	1.6	0.516		0.6	0.516		0	0	
ITCHING	Control	3.3	0.483	1.9	0.316	<0.001	1.3	0.483	<0.001	0.2	0.421	<0.05
	Trial	2.8	1.11	0.4	0.513		0.3	0.483		0	0	
BURNING SENSATION	Control	3.7	0.483	2.6	0.699	<0.001	1.9	0.567	<0.001	0.7	0.674	<0.01
	Trial	3.7	0.483	0.9	0.567		0.2	0.421		0	0	
PAIN DURING DEFECATION	Control	3.9	0.316	2.6	0.516	<0.001	2.2	0.788	<0.001	1	0.666	<0.001
	Trial	3.7	0.483	0.9	0.316		0.5	0.527		0	0	
EASE OF PASSING STOOL	Control	3.8	0.421	2.3	0.674	<0.001	1.6	0.699	<0.001	0.4	0.516	<0.05
	Trial	3.4	0.533	0.9	0.737		0.4	0.516		0	0	
SRAVA	Control	3.5	0.527	2.1	0.316	<0.001	1.4	0.699	<0.001	0.4	0.516	<0.05
	Trial	3.1	1.567	0.5	0.526		0.3	0.483		0	0	

**Table 4:** Comparison of Mean score of Mc Gill questionnaire between groups:-

Group	Day 1			Day 2			Day 3		
	Mean	S.D	P	Mean	S.D	P	Mean	S.D	P
Control	49.1	4.067	<0.05	41.7	6.429	<0.001	31.6	5.796	<0.001
Trial	38.5	8.631		29.3	6.280		17.1	5.692	

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Sahanasheela K.R & Muralidhara Sharma: A Clinical Study To Evaluate The Effect Of Avagaha Sweda With Asanadi Kwatha In Post-Operative Pain Management After Haemorrhoidectomy. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: [http://www.iamj.in/posts/images/upload/3251\\_3259.pdf](http://www.iamj.in/posts/images/upload/3251_3259.pdf)