

## A CLINICAL STUDY TO ASSESS THE EFFICACY OF *TILADI MODAK* IN THE MANAGEMENT OF *ABHYANTAR ARSHA* w.s.r. to 1<sup>st</sup> & 2<sup>nd</sup> DEGREE INTERNAL HEMORRHOIDS

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### ABSTRACT

*Arsha*, that is one of the Prime Ano-rectal diseases, is a *Mamsa Dushtigata Vikara*. As per *Aacharya Sushruta*, *Arsha* occurs when vitiated *tridoshas* combines with *Rakta Dhatu* & gets collected at *Dhamnies* (Veins) of Anal canal & further create swelling (*Mamsa Ankura*). As per *Ayurveda Science*, *Malavashtamba* & *Visheshat Mand Agni* are two root causes of *Arsha*. *Aacharya Sushruta* has mentioned four types of management in *Arsha* as *Bhaishjya*, *Kshara*, *Agni* & *Shastrakarma*. In 1<sup>st</sup> & 2<sup>nd</sup> degrees of *Arsha*, first line of treatment is *Bhaishjya chikitsa*. Here, *Tiladi Modak*, indicated for treatment of *Arsha*, is selected for study, because it acts on *Agnimandya* which is a major cause of Haemorrhoids. *Tiladi Modak* with its properties like *Deepan*, *Pachan*, *Vatanuloman*, *Kaphanashan*, *Shotahar*, *Malshodhak*, regulates *Agni* which then improves digestion that relieves constipation resulting in cure of *Arsha* by lowering the pressure on anal varices.

**Keywords:** *tiladi modak*, pain at anal region, PR bleeding, constipation, pile mass

### INTRODUCTION

*Aacharya Sushruta*, the Father of Surgery has given *Shalyatantra* the utmost importance and considered it as a first *anga* amongst the eight *angas* of *Ayurveda*.

*Acharya Sushruta* defines *Vyadhi* as the *Samyoga* with *Dukha* & this *Dukha* as per him is of three types:

- 1) *Aadibala Pravrita Roga*
- 2) *Doshbala Pravrita Roga*
- 3) *Janambala Pravrita Roga*

The diseases such as *Arsha*, *Kustha*, etc. comes under *Aadibala Pravrita Roga*. In 1<sup>st</sup> and 2<sup>nd</sup> degrees

of *Arsha*, the first line of treatment is *Bhaishjya chikitsa*.

The para-surgical techniques have got one or the other types of limitations and are not free from post operative complications. Hence, it leaves a scope to find out a remedial measure which would ideally offer the cure of the disease that is free from complications and economically better. Also, there is a need & scope of medicinal treatment in those where in Surgery is contraindicated or unwilling for Surgery. Therefore here it was preferred to choose *Bhaishjya chikitsa* under which the *Ayurvedic*

Formulation *Tiladi modak* was used in the management of *Abhyantar Arsha*.

The present work has been planned by taking the symptoms of 1<sup>st</sup> and 2<sup>nd</sup> degree internal hemorrhoids (*Arsha*) into consideration i.e. Local pain, Per rectal bleeding, Constipation and Pile mass for the clinical study.

Among several causes of Hemorrhoids, *Agnimandya* and *Malavashtambh* is found in about 80% to 90% of the patients. *Tiladi Modak* indicated for treatment of *Arsha* is selected for present study because it acts on *Agnimandya* which is a major cause of Hemorrhoids. In the present study, an effort has been made to derive a standard and easily accessible, cost effective treatment for *Abhyantar Arsh* i.e. 1<sup>st</sup> and 2<sup>nd</sup> degree internal Hemorrhoids from ancient resources. *Tiladi Modak* with its properties like *Deepan*, *Pachan*, *Vatanuloman*, *Kaphanashan*, *Shotahar*, *Malashodhak*, regulates the *Agni* which then improves the digestion that may relieves constipation resulting in cure of *Arsha* by lowering the pressure on anal varices. That is why *Tiladi Modak* is selected for the clinical evaluation in this study.

#### AIM

To study the therapeutic effects of treatment by *Tiladi Modak* in the management *Abhyantar Arsha* W.S.R. to 1<sup>st</sup> & 2<sup>nd</sup> degree Internal Hemorrhoids.

#### OBJECTIVE

To evaluate the improvements seen in the cases of management *Abhyantar Arsha* W.S.R. to 1<sup>st</sup> & 2<sup>nd</sup> degree Internal Hemorrhoids after treatment with *Tiladi Modak* in terms of symptoms like per-rectal bleeding, constipation, pile mass.

#### LITERARY REVIEW

*Arsha* is a *Mamsa Dushtigata Vikara*. It is *Avarya*, *Durnama*, *Dushchikitsaya* and *Chirkalina Roga*. *Aacharya Vagbhata* states that *Arsha* is a swelling in anal canal which obstructs the canal & troubles the patient like an enemy. As per *Aacharya Sushruta*,

*Arsha* occurs when the vitiated *tridoshas* combines with *Rakta Dhatu* & gets collected at *Dhamnies* (Veins) of Anal canal and further create swelling (*Mamsa Ankura*) It is one among the *Ashta Mahagad Vikaras*.

As per *Ayurveda* Science, *Malavashtamba* & *Mandagni* are two root causes of *Arsha*, while Modern Science speaks that increased abdominal pressure due to Obesity, Pregnancy, Standing or Sitting for a long time, Straining or prolonged sitting during bowel movements, Coughing, Sneezing, poor posture, all such situations causes the veins to swell and become susceptible to irritation. Also the low fiber diet promotes straining on the toilet and also aggravates the hemorrhoids by producing the hard stools that further irritate the swollen veins. Modern Science has described 2 types of hemorrhoids - External and Internal.

Both *Ayurvedic* and Modern Science have described similar signs & symptoms like :

- *Tod* (pricking pain)
- *Raktstrava* (Per rectal bleeding)
- *Kandu* (Pruritis)
- *Malavastamb* (Constipation)

*Aacharya Sushruta* has mentioned four types of management in *Arsha* as *Bhaishjya*, *Kshara*, *Agni* and *Shastrakarma* and in 1<sup>st</sup> and 2<sup>nd</sup> degrees of *Arsha*, the first line of treatment is *Bhaishjya chikitsa*. This *Bhaishjya chikitsa* is being indicated in *Achirkalaja* and *Alpa Dosh-Linga-Updrava* conditions.

As per *Aacharya Charaka*, *Kshar*, *Agni* and *Shastrakarma* have *Updravas* such as *punsatavaupghata*, *gudashavyathu*, *mala avrodha*, *aadhmana*, *darunashool*, *raktstrava*, *gudabhransha*, the recurrence of haemorrhoidal swelling, etc. , so he preferred this *Adarunachikitsa* i.e. *Bhaishjya chikitsa* for *arsha*. The parasurgical treatment ranging from Sclero therapy, Rubber band ligation, Manual dilatation, Cryosurgery, Infrared coagulation, DGHAL and the surgical one Stapler hemorrhoidectomy

## MATERIAL AND METHOD

The clinical study was carried out at OPD and IPD of *Shalyatantra* department of our institute. The clinical parameters of diagnosis & follow up were followed as per standard protocols.

### Detail Plan and Protocol:

Centre of Study - OPD and IPD of *Shalyatantra* department of our institute.

Type of Study - Open, Clinical, Prospective, Randomized study.

No. of Patients - 15 patients

Selection of patients - Diagnosed patients of *Abhyantar Arsha* i.e. (1<sup>st</sup> and 2<sup>nd</sup> degree internal hemorrhoid) in *Shalyatantra* Department of our institute at O.P.D. and I.P.D.

**Duration of treatment** – 6 weeks and clinical findings were recorded every weekly

**Follow up** – Every week till the treatment was given

### Method of preparation of *Tiladi Modak*:

**Table 1:** Composition

<b>Table : 01</b>	
Jaggery ( <i>Gud</i> – Made up of Sachhrum Officinarum Stem Juice )	3 Parts
<i>Haritaki</i> ( Terminalia Chebula fruit powder )	1 Part
<i>Bhallatak</i> ( Semicarpous Anacardum fruit powder )	1 Part
<i>Krushana til</i> ( Sesamum indicum )	1 Part

The *churnas* (powders) of all *dravyas* in above said composition are mixed together in *Gudpaka* ( liquefied *Guda*) and after homogenous mixture *modak* of 1.5 gm are formed and kept in air tight container.

### Dosage:

*Tiladi Modak* – 1.5 gm twice a day by orally (total 3 gm per a day)

### Criteria of selection of patients:

The patients having classical signs and symptoms of *Abhyantar Arsha* i.e. P/R bleeding, constipation, internal piles mass of 1<sup>st</sup>& 2<sup>nd</sup> degree will be selected.

### Inclusion criteria:

- 1) 1<sup>st</sup> & 2<sup>nd</sup> degree internal Hemorrhoids.
- 2) Both male and female patients.
- 3) Patients of age group 18 to 65 years old.
- 4) Hb more than 8 gm%

### Exclusion criteria:

- 1) 3<sup>rd</sup> & 4<sup>th</sup> degree Hemorrhoids.
- 2) Thrombosed Hemorrhoids, External Hemorrhoids, Hemorrhoids with ulcerative colitis & along with other Ano-rectal disorders such as

Fissure in ano, Fistula in ano, Rectal Polyps, Rectal Ulcer and Rectal Prolapse.

3) HIV Positive Patients.

4) Pregnancy & Lactation.

5) Patients with Hepatic Disorders, Uncontrolled Diabetes, Pulmonary & Intestinal Tuberculosis, Carcinomatous conditions of Ano-rectal region, Syphilis and bleeding disorders.

### Withdrawal Criteria

- 1) Severe drug reaction.
- 2) Occurrence of any other serious illness.
- 3) Patient not coming for follow ups or has become uncooperative.

### Criteria for Assessment:

The following pattern was adopted for scoring:

#### 1. PR bleeding:

Grade 0 - absent

Grade 1 - present

#### 2. Constipation:

Grade 0 - No constipation

Grade 1 – Mild constipation (evacuation of bowel after 1 day gap)

Grade 2 – Moderate constipation (evacuation of bowel after 2 day gap)

Grade 3 - Severe constipation (evacuation of bowel after 3 or more than 3 days gap)

3. **Pile Mass** (assessment by proctoscopy):

Grade 0 - absent pile mass

Grade 1 - Pile mass into anal canal (elevation with erosion on anal mucosa)

Grade 2 - Pile mass into the anal canal of larger size (bulge with erosions on mucosa)

**Investigations:**

Routine investigations done before & after the treatment:

Blood: CBC, ESR, Bleeding Time, Clotting Time

Blood Sugar Levels: Fasting & Post-Prandial

Liver Function Tests

Renal Function Tests

HBsAg

HIV I & II

Urine: Routine & Microscopic examination

Stool: Routine & Microscopic examination

**Clinical Local Examination:**

Digital Rectal Examination

Proctoscopy

Sigmoidoscopy, if necessary

**OBSERVATION & RESULT:**

The observed Percentage of Relief & the effect seen in total number of patients for each parameter is followed as below (Table – 02):

Table : 02	
If Percentage of Relief	Then effect
> 76%	Cured
51 – 75 %	Markedly improved
26 – 50 %	Improved
< 25%	Not improved

Therefore accordingly after undertaking the above said treatment measures, following results were observed (Table – 03):

Table : 03			
Parameter	Observation after treatment	% of Relief	Effect
Constipation	Decreased in 11 out of 15 patients	73.34%	Markedly Improved
Pile Mass	Decreased in 8 out of 15 patients	53.34%	Markedly Improved
Per – Rectal Bleeding	Decreased in 13 out of 15 patients	86.67%	Cured

**DISCUSSION**

Since *agnimandata* & *malavashtamba* are two root causes of *Arsha*, therefore hereby used *Ayurvedic* formulation of '*Tiladi modak*' owing to its *Deepana*, *Pachana* properties leads to *Aam-pachana*. *Haritaki* gives a laxative action in *Arsha* patient. The reference is given in *Yogratnakar Arsha* wherein it is given that the combination of *Gud* & *Haritaki* brings the *anulomana* of *Vata* & *Mala*, thereby leading to reduction in pain, itching & Size of Haemorrhoids. *Haritaki*, *Bhallatak* shares the common property of

doing *Deepana*, *Pachana*, *Vatanullomana*, *Srotas shodhana*. Hence, this lets to state here that *Tiladi Modak* really offers a good result in diseases like *Arsha Vikaras*.

**CONCLUSION**

Use of *Tiladi Modak* is effective and economical mode of *Ayurvedic* treatment in cases with *Abhyantar Arsha* (1<sup>st</sup> and 2<sup>nd</sup> degree Internal Hemorrhoids).

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