

## SYSTEMIC REVIEW OF RESEARCH STUDIES IN THE MANAGEMENT OF ARSHA (HAEMORRHOIDS) CARRIED OUT AT DEPARTMENT OF SHALYA TANTRA, I.P.G.T. & R.A., JAMNAGAR, GUJARAT, INDIA

Vipin Singh Tomar<sup>1</sup>, T.S. Dudhamal<sup>2</sup>

<sup>1</sup>PhD Scholar, <sup>2</sup>Associate Professor & I/C HOD;  
Department of Shalya Tantra, IPGTRA, Jamnagar, Gujarat, India

Email: [tomardrvipin@yahoo.com](mailto:tomardrvipin@yahoo.com)

### ABSTRACT

Despite a long medical history of identification and treatment, *Arsha* (haemorrhoids/piles) still pose a challenge to the medical fraternity in terms of finding satisfactory cure of the disease. *Acharya* Sushruta has described *Arsha* as one of the *Ashta Mahagada* which shows its grievousness. In clinical practice of proctology, different kinds of methods are available in the management of *Arsha* (Hemorrhoids). *Arsha* (Haemorrhoids) is one of the most common ailments of the rectum, affecting as much as half the population by the age of 50. Suffering from haemorrhoids is embarrassing as well as with pain. As a disease Haemorrhoids are engorged, inflamed veins and capillaries around the rectum. They may be classified as either internal or external. *Acharya* Sushruta has described four kinds of treatment modalities as per *Doshaj* involvement and nature of *Arsha*. Total 15 studies carried out on *Arsha* (haemorrhoids) in the department of *Shalya Tantra* at IPGT&RA, Gujarat Ayurved University, Jamnagar. This review highlighted that *Arsha* (Hemorrhoids) can be well managed by *Ayurved* medicament and parasurgical procedures like *Ksharasutra*, *Kshara Pratisaran* and *Jalaukavacharan*.

**Key words:** *Arsha*, *Kshara Pratisaran*, *Ksharasutra*, IRC, Piles, Haemorrhoids

### INTRODUCTION

Ano-rectal disorders are progressively increasing in the society. Out of many of the causes, some important are sedentary lifestyle, irregular and inappropriate diet, prolonged sitting or standing and certain psychological disturbances too. Mostly, the ano-rectal disorders are coupled with psychological manifestations. The prime cause of ano-rectal disorders is the derangement of *Jatharagni*, which further leads to constipation. Constipation increases the back pressure into the haemorrhoidal veins to produce piles. The fast food and cola culture have again worsened the

condition. This disorder is utterly embarrassing to the patient. The perianal skin is one of the most pain sensitive regions in the body due to rich nerve endings. *Sushruta Samhita* is the merely available Ayurvedic transcript in surgical practice, enriched with detailed basic surgical techniques and para-surgical measures. Regarding management of diseases it has been opined that there are many diseases which are difficult to manage by conservative treatment alone. Among them, *Arsha* is one of such grave diseases which has been included in *Ashta-Mahagada* by *Sushruta*. *Ashta*

*Mahagada* defines that the eight diseases like *Vatavyadhi*, *Prameha*, *Kushtha*, *Mudhagarbha*, *Arsha*, *Bhagandara*, *Ashamari* and *Udara Roga* are dread full diseases. This shows the seriousness of this ailment. Even the “WHO” has started celebrating the 20th November of each year as “World Piles Day”, which clearly indicates the infiltration of this disease all over the world and tremendous physical and mental sufferings of the mankind as a result of this disease. The preliminary description of this disease has been seen as ‘*Durnam*’ in *Atharvaveda*<sup>1</sup>, means “bad one by name” or “sin from origin”. The importance of the disease from the management view can very well be estimated when one looks into the sacred scripture of the ancient Hindu culture the “*Manu-Smruti*”, where it is written that a person suffering from *Arsha* should not go for marriage. *Hymans* related with *GarbhaDosh* *Nivarana* indicate affection of Pudendal organ with “*Durnam*” in pregnant ladies which could mean haemorrhoids as well. *Arsha* could be traced in Vedic literature.<sup>2</sup> *Sushruta* has narrated it as one of the *Astamahagadas* which shows its grievousness. In the description of *Arsha*, *Sushruta* has described its different types and management modalities for curing the disease, which include the surgical and para surgical measures along with the main concern to the *Ksharakarma*. *Charaka* has also devoted a whole chapter for this disease and has explained vividly the medical management.<sup>3</sup> *Vagbhatta* has also mentioned about this disease in best sum from *Charaka* and *Sushruta* compendia, later on *Chakradatta*, *Rastarangini*, *Madhava Nidana Sharangadhara Samhita*, *Bhavaprakasha*, as well as *Yogratnakara* have described *Arsha*. *Arsha* can be compared with haemorrhoids at modern parlance which can influence anyone. It is one of the most common problems of Ano-rectal region and reasons may be different like hereditary, anatomical deformities, diet, life style etc. The etiological factors are usually linked with the prevalence of the ailment directly. Its incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of symptoms of haemorrhoid.<sup>4</sup> Current statistics reveals that irrespective of age, sex and so-

cio-economic status, people may suffer from piles. In addition to that some western population statistics reported that the prevalence may be around 37% with an equal frequency in men and women.<sup>5</sup> The haemorrhoid can progressively be enlarged and the prevalence may be increased with advancing age; hence, patients at any age may present with symptoms of haemorrhoids. Haemorrhoid is dealt rationally under the concept of treatment described for *Arshas* in the *Ayurvedic* literatures, however it includes some other fleshy masses like polyp, warts etc under this treatment. The prime etiopathological factor behind *Arsha* is *Mandagani* i.e. weak digestive enzymes, which in turn leads to *Vibandha* that causes development of *Arsha*. In regards to its management, *Sushruta* states four modalities<sup>6</sup> i.e. (i) *Bhaishaja Chikitsa* (Palliative treatment) (ii) *Kshara Karma* (Potential cauterization agent therapy) (iii) *Agnikarma* (Direct cauterization agent therapy) and (iv) *Shastra Karma* (Operation by sharp instrument). The term hemorrhoids technically refers to sub-mucosal cushions located in three columns, including right anterior (11 o’ clock), right posterior (7 o’ clock) and left lateral (3 o’ clock) sides above dentate line of anal canal. However, the term is popularly used to refer for pathological varicosity of the hemorrhoid veins due to increased pressure within them. The pressure is usually resulted by straining during defecation, chronic constipation or diarrhea, sedentary lifestyle and during pregnancy.<sup>7</sup> Hemorrhoids are classified by their anatomic origin within the anal canal and by their position relative to the dentate line; which categorized into external and internal hemorrhoids. Internal hemorrhoids are usually painless and make their presence known by causing bleeding with a bowel movement. If the condition left untreated, internal hemorrhoids can prolapsed or protrude through the anus. The clinical gradations of prolapsed internal hemorrhoids are grade-1 to grade-4 and surgery planned accordingly.<sup>8</sup> In surgery different non-surgical & surgical procedures are available according to degree of piles i.e. infrared coagulation (IRC), cryosurgery, rubber band ligation, injection therapy, Hemorrhoidectomy, Doppler Guided Hemorrhoid Artery Ligation (DGHAL), Laser, etc.<sup>9</sup>

Treatment with herbs is known to humans for centuries across various continents. Recently, herbal treatment are again getting popularity with documented effects on influence of blood vessel-wall tone, decrease of capillary permeability, circulation improvement, decrease of oedema and blockage of inflammatory mediators.<sup>10</sup> The studies were conducted on *Arsha* with oral medications, by local application of *Ksharas* in 2nd & 3rd degree of piles while hemorrhoidectomy and *Ksharasutra* ligation in 3rd & 4th degree piles.<sup>11</sup>

#### **Aim of Study**

The review has been done with following aims and objective.

1. To review of researches on *Arsha* (piles) conducted at IPGT&RA, Jamnagar.
2. To find the best treatment option for *Arsha* as per degree of piles by holistic approach.

#### **Material & Methods:**

The titles of theses are procured from Ayurveda Research Database on all PG/PhD theses carried out at I. P. G. T. & R. A.<sup>12</sup> Total 15 clinical trials were conducted (from 1978 to 2018) at Institute for Post Graduate Teaching and Research in Ayurveda (I.P.G.T. & R.A.), Gujarat Ayurveda University, Jamnagar on *Arsha* (piles) with oral medicine, local application para-surgical and surgical approaches. The details like objective, methodology and results of each research work have been appraised and compiled in this review in following manner.

#### **Method:**

Hand Search: All PG dissertations were collected manually from the Dept. of *Shalya Tantra* of I. P. G. T. & R. A. The procured dissertations were reviewed in detail by systemic and scientific way to find out best management option according to degree of *Arsha*.

#### **Observations and Results:**

Keshav Baraskar et.al (1978):<sup>13</sup>

This study was planned to evaluate the effect of *Kshara Patana* in *Arsha*. Total 30 patients of diagnosed cases of *Arsha* (piles) were divided into two groups. Group A: *Kshara Pratisaran* Group: 10

patients were registered and treated with *ksharapatan* by four type of *Tikshnakshara* i.e. *Apamargkshara*, *Arkakshara*, *Chitrakkshara* and *Karvirkskshara* having pH 10.3 to 10.5. *Kshara Pratisaran* was done at the interval of 6 days and duration of application depends on *samyak dagdha lakshana*, approximate time was 20-30 seconds. After *Samyak Dagdha Lakshana Kshara* was removed and washed by curd water and *Yashtimadhu Ghrita* was applied to relieve the burning sensation. Group-B: *Ksharasutra* Ligation Group: In this group total 20 patients were registered and treated with *Ksharasutra* Ligation. In all patients of both groups 5 gm *Erandabhrishta Haritaki* at bed time was given with lukewarm water and *Panchvalkal Kwath* for *Avagahsweda* two times a day. In group A, *Kshara Pratisaran* 40% patient got complete cure, 40% got symptomatic relief while 20% were remained unchanged while in group B *Ksharasutra* Ligation 100 % of patient got complete cure. In this study it was found that *Pratisaran* of *Kshara* is mainly beneficial in initial stage of internal piles where only bleeding per rectum is present without prolapsed of pile mass. *Ksharaprisaran* was not effective in external pile while *Ksharasutra* Ligation is better in both internal prolapsed piles as well as external piles. Hence finally study was concluded that *Ksharasutra* is better than *Ksharaprisaran* in management of *Arsha*.

#### **Ramesh Chand et.al. 1984:**<sup>14</sup>

The study has been planned with aim to compare the role of indigenous drugs in the management of *Arsha* (hemorrhoids) w.s.r. to *Ksharasutra*. For that purpose, in this study total 47 patients of *Arsha* were divided into two groups. Group A: *Dugdika Kwath*: In this group 29 patients were treated 15 ml freshly prepared *Kwath* of *Dugdika* (*Euphorbia piluifora*) orally added with 10 gm sugar and 10 ml *Ghruta*, twice daily for three weeks. In Group B 18 patients of *Arsha* were treated with *Ksharasutra* ligation. *Erandabhrishta Haritaki* 5 gm at bed time with lukewarm water was given daily. Sitz bath was given to all patient two times a day before and

after *Ksharasutra* ligation. *Jatighrita* was applied locally for pain relief. In group A, 29 patients were treated with *Dugdhika Kwath* orally in which 13 out of 13 cases of 1st degree internal piles got complete cure (100 % of 1st degree piles, overall 44.82%), 12 out of 12 cases of 2<sup>nd</sup> degree internal piles got marked improvement (100%, over all 41.37%) and 4 cases was of 3<sup>rd</sup> degree piles which showed symptomatic relief in the sense that the bleeding was checked during the course of the treatment but no change in the size of pile mass. In group B, 18 cases were treated with *Ksharasutra* ligation and found completely cured. Finally, the study was concluded that *Ksharasutra* showed better and early results than conservative treatment in 2nd and 3rd degree haemorrhoids. *Dugdhika Kwath* is ideal drug for the treatment of 1st degree haemorrhoids as well as for the early cases of the 2nd degree haemorrhoids.

**Prakash M. Upadhyay et.al.1985:**<sup>15</sup>

A clinical trial was conducted to find the role of *Pratisaraniya Kshara* in the management of *Raktarsha* (bleeding piles). In this trial total 25 patients of diagnosed cases of *Raktarsha* were studied. The patients having bleeding per rectum with or without prolapsed were selected for *Apamarga Kshara Pratisaran*. The patient was kept in lithotomy position then lubricated *Arshoyantra* (proctoscope) was introduced in anal canal and the selected pile mass was arrested in the slit and cleaned thoroughly with gauze piece. *Pratisaraniya Kshara* was applied on the pile mass with the help of as coop. After 2 minutes when *Samyak Dagdha Lakshana* appear the *Kshara* was washed out from the pile mass with *Nimbu Swaras* and *Yashtimadhu Ghrta* was applied to overcome the burning sensation. *Erandabhrisht Haritaki* 4 gm with lukewarm water was given daily at bed time. Sitz bath with warm water was advised twice in a day. After sloughing out of pile mass (usually in 3-5 days) *Jatighrita* was applied in anal canal for healing purpose. The same procedure was repeated for other pile masses one by one at the interval of 7 days. In this study, 68% patients were completely

cured, 20% patients were improved and 12% patients remained unchanged. In case of symptomatic relief, 80% relief was found in *Raktasrava* (PR bleeding), 58.33% in *Vibandha* (constipation), 50% in *Bhransa* (prolapsed), 75% in *Gudavedana* (pain-in-ano), 76.92% in *Gudadaha* (burning sensation) while 50% relief was observed in *Srava* (discharge). The statistical analysis showed that *Apamarga Kshara Pratisaran* is highly significant in first degree piles (13 out of 13 were cured i.e. cure rate was 100%), where as it was significant in case of second-degree piles (4 patients cured out of 6 i.e. 66.67%). In cases of third degree piles the statistically insignificant (out of 6 patients 3 improved while 3 patients remained unchanged) result was observed.

**Narendra Narayandas Gujarathi et al.1987:**<sup>16</sup>

A clinical study was conducted to validate the role of *Raktamokshana* in the management of *Arsha*. For that purpose, in this study 14 patients were divided into two groups. The primary aim of this study was to evaluate the efficacy of *Jalaukavacharan* in emergency condition. In Group A- *Jalaukaavacharan* was done in strangulated piles in 8 patients. The patient was laid in lateral position and *Jalauka* was applied on pile mass, the anterior sucker of leech was placed on the tip of the strangulated mass and leeches were covered with gauze piece maintaining the gauze piece moist by pouring few drops of water. After the detachment of leeches at their own or otherwise the applied site was cleaned with *Triphala Kwath* and dressed with *Haridra Churna* (Curcuma longa powder) and T bandage applied. The patients were advised to take sitz bath with *Panchvalkal Kwath* daily two times. *Erandabhrisht Haritaki* 10 gm with lukewarm water given at bed time daily for 1 month. In Group B *Jalaukavacharan* was done in acute external thrombosed piles in 6 patients. The whole procedure was adopted same as in group-A except that the leech was applied on the most prominent part of the swelling. In group A, out of total 8 patients 5 patients (62.5%) were improved, 2 patients (25%) were moderately improved while 1 patient (12.5%) remained unchanged. In Group B-out of 6 patients, 4 patients

(66.67%) were cured, 1 patient (16.67%) was improved while 1 patient (16.67%) remained unchanged. In case of symptomatic relief *Vedana*, *Guda Daha*, *Vibandha*, *Gudakandu*, size of pile mass, *Srava*, *Bhransa* and sphincter spasm had a statistically significant relief in both the groups. The study was concluded that *Jalauka* (Leech) application was effective in both the groups but that patient suffering from acute external thrombosed piles were cured completely with the help of *Jalaukavacharan*.

**Parul j. Pandya et. al. 1998:**<sup>17</sup>

The study was carried out on 30 patients to find out the effect of *Kshara Patana* in the management of *Arsha*. Three days prior to the *Kshara Patana* all patients have given *Snigdha* diet i.e. ghee and rice. The patient was laid in lithotomy position and with the help of proctoscope *Apamarg Kshara* was applied on pile mass with spoon. After 2 minutes when *Samyak Dagdha Lakshana* (*Pakva Jambuphalvat varna*) was appeared then *kshara* was removed and *Madhu+Ghruta* was applied on *Dagdha* area. The same procedure was followed in rest of pile mass after 7days. *Erandabhrishta Haritaki* was prescribed 4 gm daily at bed time with lukewarm water. The warm water sitz bath was advised before and after defecation. *Madhu+Ghruta* was applied locally after sitz bath. *Kshara Patana* therapy has given statistically highly significant result in all symptoms. In symptomatic relief; 84.33% relief in *Raktasrava* and *Vedana*, 82 % in *Gudadaha*, 75.33 % in *Pichchhila Srava* and *Bhramsa* while *Gudakandu* had shown 77.66 % relief after completion of therapy. The overall results showed markedly improvement in 56.67% patients, improvement was seen in 26.67 % patients while 16.67% patient remained unchanged. Finally, study was concluded that *Apamarg Ksharapatana* was the best treatment for 1st and 2nd degree piles. In 3rd degree pile symptomatic relief in associated symptoms were observed but could not destroy the pile mass.

**Shridhar Pareek et al.1999:**<sup>18</sup>

The study was planned with aim to compare the effect of *Kutaja* and *Palasha Kshara Pratisaran* in the man-

agement of *Arsha*. In this study total 20 patients were studied and divided into two groups. In Group A *Kutaja Kshara Pratisaran* was done in 10 patients. The patient was kept in lithotomy position and lubricated proctoscope introduced in anal canal and pile mass was fixed in slit, cleaned and *Kutaja Kshara* was applied on pile mass with the help of cotton piece. After *Samyak Dagdha Lakshana* (approximately after 2 minute) pile mass was washed with *Takra*. The same procedure was repeated for 2-3 times as required. In Group B 10 patient were registered and same procedure was done by using *Palasha Kshara* for local application. *Erandabhrishta Haritaki* 5 gm at bed time daily with lukewarm water and sitz bath with *Panchvalkal Kwath* twice a day was advised in patients of both groups. The patients of both groups showed statistically highly significant results on bleeding per rectum, prolapsed and size of pile mass. In *Palasha Kshara* group out of 10 patient 70% were cured, 20% improved and 10% patient remained unchanged. In *Kutaja Kshara* group 80% patient were cured and 20% improved. *Kutaja Kshara* group was having remarkable quickness of the healing of the disease (70% within 3 days) while *Palasha kshara* took 7 days to give same result (70 % within 7 days). In overall results with *Ksharapatana* 75% patients were cured, 20% patients were improved and 5% patients had no relief. So finally, the study was concluded that *Kutaja kshara* is having quick symptomatic relief than *Palasha kshara*.

**Malli Vimal R.et al 2003:**<sup>19</sup>

The study has been designed to evaluate the role of *Jalaukavacharana* in the management of *Raktapradoshaj Vikara* w.s.r. to *Arsha* (Thrombosed piles). Total 30 patients of thrombosed piles were divided into two groups. In Group-A15 patients were treated with *Jalaukavacharana*. The patient was kept in lateral position. The anterior sucker of the leech was placed at the pile mass and covered with a wet gauze piece. After detachment of leech the site of application was cleaned with *Triphala Kwath*, *Haridra Churn* was sprinkled and "T" bandage applied. The patients were advised to take sitz bath with

*Panchvalkal Kwath* twice daily and *Erandbhrisht Haritaki* 10 gm at bed time with luke warm water. In Group-B 15 patients were treated with surgical excision. In this group under local anesthesia the Thrombosed pile mass was excised together with ½ inch of adjacent skin. The pear shaped wound was kept open to heal by secondary intension. The wound dressing was done daily with Betadine ointment for 5-7days. The patients of both groups had shown statistically highly significant results on symptoms of thrombosed piles like *Vedana*, *Gudakandu*, *Gudadaha* etc. but in *Sotha* (swelling) in surgical excision group insignificant result was observed. In *Jalaukavacharana* group, 53.33% patient got cured, 26.66% improved, 13.33% moderately improved, 6.67% patient remained unchanged. In surgical excision group 13.33% got cured, 20% improved, 26.66% moderately improved while 40% did not get sufficient relief. Hence this study was concluded that *Jalaukavacharana* has better results than the surgical excision in the management of thrombosed piles.

#### **Vipul Patel et al 2006:**<sup>20</sup>

A clinical study was conducted to find effect of *Kasisadi Taila* in the management of *Arsha* (haemorrhoids). In this study, total 28 patients having sign and symptoms of *Bhaisajya Sadhya Arsha* were divided into two groups. In Group A 15 patients of *Arsha* were treated with 10 ml *Kasisadi Taila* installed in anal canal with the help of rubber catheter no.8 and plastic syringe for 28 days. In Group B 13 patients of *Arsha* were treated 10 ml *Jatyadi Taila* installed in anal canal for 28 days. Supportive treatment (in both group)-

1. *Panchavalkal Kwath* for sitz bath twice daily.
2. *Erandabhrisht Haritaki* 5 gm with luke warm water daily at bedtime.
3. *Triphala Guggulu* 2 tabs three times a day.

In patients of group-A, statistically highly significant results were found in *Raktasrava* (66.67%), *Bhransa* (56.62%), *Gudvedana* (53.63%) and *Aniyat Vibandh* (70.83%) while significant result was found in reduction of pile mass (50%). In the patients of group- B, significant results were observed in *Aniyat Vibandha*

(52.53%), *Raktasrava* (47.06%), *Asrhabhhransa* (46%) and *Gudavedana* (43.75%). In this study in both groups none of patient got complete cured. In *Kasisadi Taila* group only 20% patients got marked improved. The moderate improvement was observed in 50% (*Kasisadi Taila*) and 37.50% in *Jatyadi Taila*. The 30% and 37.50% mild improvement was seen in *Kasisadi Taila* and *Jatyadi Taila* group respectively while 25% patients in *Jatyadi Taila* group remained unchanged. So, study concluded that *Kasisadi Taila* as local application was more effective than *Jatyadi Taila* in the management of 1st and 2nd degree of *Arsha*.

#### **Mevalal Gupta et. al.2010:**<sup>21</sup>

The study was designed to compare the effect of *Ksharasutra* ligation and haemorrhoidectomy in the management of *Arsha* (haemorrhoids). For that purpose, total 61 patients of *Arsha* were divided into two groups. In 35 patients of group-A *Ksharasutra* ligation (KSL) in pile masses was done under spinal anesthesia. The sitz bath with *Sphatikadi Yoga* twice a day and 10 ml *Jatyadi Taila Matra-Basti* was given twice daily. After sloughing out of ligated pile mass *Jatyadi Ghrita* was applied locally for 28 days. In group-B 26 patients were treated by hemorrhoidectomy under spinal anesthesia. The pile mass was held with artery forceps then V-shaped incision was made on the anal and perianal skin corresponding to the pile mass. Then pile mass was ligated with Barbour Linen thread then distal ligature was excised and after achieving homeostasis "T" bandage was applied. In patients of KSL group, highly significant relief was observed in symptoms like *Raktasrava*, *Gudavedana* and *Aniyatvibandh* while hemorrhoidectomy provided moderate significant relief. In KSL group all patient got complete cured (100%) while in hemorrhoidectomy group no patient get complete cured. In group-B (hemorrhoidectomy), 11.50% patient got marked improvement, 38.46% got moderate improvement, 19.30% patients got mild improvement and 30.77% patients were remained unchanged. Pile mass was removed in 3.2 days and 14.3 days in KSL and haemorrhoidectomy groups respectively. Finally,

study was concluded that *Ksharasutra* ligation is better than haemorrhoidectomy in the treatment of piles.

**Milan V. Solanki et al 2011:**<sup>22</sup>

The study was planned to evaluate the effect of classical *Arshohara Malahara* in the management of *Arsha*. For that purpose total 30 patients of 1st and 2nd degree piles were divided into two groups. In group-A, 15 patients were treated with 10 ml local application of *Arshohara Malahara* per rectum by tube applicator daily two times for 4 weeks. In 15 patients of group-B, 10 ml *Jatyadi Taila* was instilled per rectum by rubber catheter no.8 two times daily for 4 weeks. Supportive treatment was same in both groups for 3 weeks

1. *Triphala Guggulu*-2 tab (500mg) three times daily orally
2. *Karanjadi Kwath* for sitz bath three times daily.
3. *Erandabhrisht Haritaki* -5 gm daily at bed time with luke warm water.

In *Arshohara Malahara* group 86.67% patient were cured and 13.33% got marked improvement while in *Jatyadi Taila* group 60% patients were cured, 6.67% moderately improved and 33.33% got marked improvement. In case of symptomatic relief group-A showed 100% relief in *Raktasrava*, *Malabandha* and *Vedana* and 44% reduction in size of pile mass. In group B 100% relief in *Malabandha*, 93.33% in *Vedana*, 85.71 in *Raktasrava* followed by 26.08% reduction in pile mass. Hence finally study was concluded that *Arshohara Malahara* showed better result than *Jatyadi Taila* in symptomatic relief of 1st and 2nd degree piles.

**Verma Anil et al 2012:**<sup>23</sup>

A comparative clinical study was planned between *Ksharasutra* ligation and Lord's anal dilatation in the management of *Arsha*. In this study, total 35 patients were divided into two groups. In group-A, 20 patients were treated with *Ksharasutra* ligation (KSL)-the patient was kept in lithotomy position after spinal anesthesia. The perianal part was cleaned with dettol followed by betadine solution. The pile mass was hold in sponge holding forceps, transfixed and ligated by passing the curved round body needle with

*Ksharasutra* at its base and after achieving complete homeostasis "T" bandaging was applied. In 15 patients of group B- Lord's anal dilatation was done. The patient was kept in lithotomy position after spinal anesthesia. The four-finger anal dilatation was done by Lord's procedure by giving gentle stretch at 3 and 9 o'clock position. The following postoperative treatment was given in both groups.

1. The sitz bath with *Panchvalkal Kwath* for 10 minutes daily two times.
2. Daily dressing was done and 10 ml *Matra-basti* of *Jatyadi Taila* was given once daily up to 4 weeks.
3. *Erandabhrisht Haritaki* 5gm with luke warm water daily at bed time.
4. I.V. Antibiotics 2 days for group-A (KSL) and 1 day for anal dilatation group-B, followed by oral regimen along with anti-inflammatory drugs.

100% patients were cured in KSL group while in group B, 86.67% patients got complete cure and 6.67% patient got marked improvement while 6.67% patients were remained unchanged. In case of comparison group-B (Lords procedure) gives better results than KSL group in the features of pain and bleeding and statistically found highly significant while in features of constipation and discharge per rectum was found insignificant. The study was concluded that though Lord's anal dilatation proved better in 2nd degree haemorrhoids as compared to KSL as all symptoms were relieved earlier but chances of recurrence are more. There are no chances of recurrence after KSL so it was recommended that KSL is better than Lords dilatation in the management of 2nd degree Piles.

**Tomar Vipin Kumar Singh Narendra et al.2014**<sup>24</sup>

In this study total 27 patients of internal haemorrhoids were divided in two groups. In group A 15 patients were treated with *Tikshana Apamarg Kshara Pratisaran* on weekly interval for 3 weeks and duration of application was approximately 1 minute (100 counting) after *Samyak Dagdha Lakshanas Kshara* was wiped out with freshly prepared *Nimbu Swarasa* and

in group B 12 patients were treated with Infra-Red Coagulation (IRC). In both groups *Yashtimadhu Ghruta* was applied locally after the *Kshara Pratisaran* or IRC to subside burning sensation. *Triphala Guggulu* in dose of 2 tab 3 times a day, *Eranda Bhrishta Haritaki* in dose of 5 gm at bed time with Luke warm water and sitz bath with *Sphatikadi Yoga* was given for 21 days. patients were followed up for 4 weeks to access the recurrence of symptoms. In Group- A, 60 % patient got cured, 13.33% got marked improvement, and 6.67 % each shows moderate and mild improvement while 13.33 % patients were remained unchanged. In Group- B, 50 % patient got cured, 8.33 % each got marked improvement, and mild improvement, 33.33 % shows moderate improvement while no patient remained unchanged. On comparison better relief in painful defecation, bleeding per rectum and discharge per rectum was observed in group- A while better relief in prolapse of piles was observed in group B. Finally, study was concluded that overall effect of *Tikshana Apamarga Kshara Pratisaran* is better as compare to Infra Red Coagulation (IRC) in the management of *Abhyantara Arsha* (1st and 2nd degree internal piles).

#### **Sudarmi Komang et al.2018<sup>25</sup>**

In this research work, total 30 patients of *Arsha* were registered by grouping them randomly into three groups, 10 patients in each group. All patients completed treatment and follow up. In Group-AKA (n=10): *Apamarga Kshara* Application was performed for 1-3 sittings, at weekly interval, within a month, according to the condition of the piles. In Group-IRC (n=10): Infra-Red Coagulation procedure was performed for one sitting and follow up done every week for one month and in Group-AV (n=10): *Arshohara-Vati* 500mg thrice a day, orally was prescribed for 15 days. Patients were assessed for relief in post management sign and symptoms like bleeding per rectum, pain / discomfort per rectum, prolapse piles per rectum and discharge per rectum. The weekly assessment periods after the management were total 4 weeks and follow up every week for one month on completion of the treatment. It is observed that in group AKA im-

provement in bleeding per rectum cessation was noted on the 7<sup>th</sup> day onward for 44.44%, followed by 60% improvement on 14<sup>th</sup> day, and 100% improvement on 21<sup>st</sup> day as well as 28<sup>th</sup> day. While in Group IRC, it is observed that the improvement of 29.42% was noted on the 7<sup>th</sup> day, 33.33% improvement on 14<sup>th</sup> day, 62.50% improvement on 21<sup>st</sup> day and 0% on the 28<sup>th</sup> day, in Group AV, improvement of 45% noted on the 7<sup>th</sup> day, 81.81% improvement on 14<sup>th</sup> day, 50% improvement on the 28<sup>th</sup> day, and 100% improvement on the 28<sup>th</sup> day. It is observed that in group AKA improvement in reducing the pain was noted on the 7<sup>th</sup> day onward for 57.14%, followed by 100% improvement on 14<sup>th</sup> day, and 100% improvement on 21<sup>st</sup> day as well as 28<sup>th</sup> day. In Group IRC, it is observed that the improvement in reducing the pain of 18.18% was noted on the 7<sup>th</sup> day, 55.55% improvement on 14<sup>th</sup> day, 0% on 21<sup>st</sup> day as well as 28<sup>th</sup> day, in Group AV, improvement in reducing the pain of 37.50% noted on the 7<sup>th</sup> day, 80% improvement on 14<sup>th</sup> day, 100% improvement on the 21<sup>st</sup> day as well as on 28<sup>th</sup> day.

#### **Shah Bijendra et al. 2019<sup>26</sup>**

Total 50 diagnosed cases of *Arsha* were registered and divided randomly into two groups. In group A- *Apamarga Kshara* Application (AKA), 25 patients of 1<sup>st</sup> and 2<sup>nd</sup> degree piles were registered and treated with local application of *Apamarga Kshara* for one to three sitting as per requirement. In Group B- Sclerotherapy (SCL), 25 patients of 1<sup>st</sup> and 2<sup>nd</sup> degree piles were registered and treated with Sclerotherapy in single sitting in all patients. On comparing the efficacy of treatment on relief in signs and symptoms, painful defecation, bleeding per rectum, and discharge per rectum, comparison of two groups in relief showed a significant result noted in bleeding per rectum progress on 14<sup>th</sup> day of Group SCL in compared to Group AKA. Prolapse of piles regression on 14<sup>th</sup> day in Group AKA was found statistically significant as compared to Group SCL. A very significant result in discharge per rectum reduction on 14<sup>th</sup> day in Group SCL as compared to patients of Group AKA. Overall effect of therapy was best in patients who managed with *Apamarga Kshara* Application (AKA group).

### Solanki Rahul et al.2019<sup>27</sup>

The selected 30 diagnosed patients of *Arsha* (3<sup>rd</sup> & 4<sup>th</sup> degree piles) were allocated into two groups by computer Randomization method. In Group-A *Apamarga Ksharasootra* ligation was done while in Group-B *Guggulu* based *Ksharasootra* ligation was done under spinal anaesthesia. Both the techniques were described in detail with pre-operative, operative and post-operative procedures. The patients were assessed on 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 10<sup>th</sup>, 15<sup>th</sup>, 18<sup>th</sup> and 21<sup>st</sup> post-operative day for relief found in signs and symptoms. Later on all patients were followed up after 21days for recurrence of disease and any post-operative complication. Total 30 patients, 15 patients in Group-A and 15 patients in Group-B were registered. 15 patients were completed treatment as well as follow up in each group. The observations showed that in group- A maximum patients got relief earlier than the patients of group-B. Because the patients treated with *Guggulu* based *Ksharasootra* were having more post-operative P/R pain than patients treated with *Apamarga Ksharasootra* ligation, Due to early slough out of *Apamarga Ksharasootra* ligation on pile mass than *Guggulu* based *Ksharasootra*. So, in Group B more days (4 to 6 days) required than in Group-A which caused more pain and also the fresh wound occurred later in Group-B after sloughing out of *Ksharasootra*, So wound healing in group-B was taken more time than Group-A. Finally study concluded that *Apamarga Ksharasootra* ligation is better procedure of choice in the management of *Arsha*(3<sup>rd</sup>& 4<sup>th</sup> Degree piles) than *Guggulu* based *Ksharasootra*.

## DISCUSSION

The review of literature showed that about 75 percent of people may have haemorrhoids at some stage in their lives. Haemorrhoids are most common among adults ages 45 to 65 and are also common in pregnant women.<sup>29</sup> In the initial stage of piles, occasional per rectal bleeding is only the symptom which cannot be noticed by patients. So, patients neglected the symptom and further progress in the form of protrusion of piles leads to discharge and discomfort and increased

per rectal bleeding. In Ayurveda the predominant symptoms of *Arsha* is pain which is terrible in nature. It can be correlated with the complicated piles as uncomplicated piles are mostly painless.

In this review article total fifteen studies were reviewed among these studies only two research study (n=29) was done on oral medication with the help of *Dugdhika Kwath* and *Arshohar Vati* (n=10). The result showed that both were effective in first degree piles and early second-degree piles. In oral medication with trial drug *Dugdhika Kwath* and *Arshohara Vati* both showed effective results in the management of initial stage of pile in which *Agnimandya* is the primary cause of *Arsha* (1st degree piles). The cause of less number of studies is due to consultation of patients in first degree is very less. Total four studies carried out on local application of different types of *Kshara*. In these trials the *Pratisaran* of *Apamarga Kshara* (n=105) was carried out which showed that first- and second-degree piles are treated completely with *Kshara Pratisaran*. In another study which was done on local application of *Kutaja Kshara* (n=10) and *Palasha kshara* (n=10) also showed good results up to second degree piles. One study was tried on local application of *Arshohara Malahara* (n=15) showed encouraging result in first- and second-degree piles. Two studies were carried out on per rectal instillation of medicated oil in first and second-degree piles among them one study on *Kasisadi Taila* (n=15) and another on *Jatyadi Taila* (n=30) was tried. The positive result was seen in symptomatic relief of piles up to second degree. In another study Lord's anal dilatation (n=15) was performed in cases of first and second degree piles and found complete symptomatic relief.

The use of medications in hemorrhoids includes topical ointments, creams such as local anesthetics, corticosteroids, vasoconstrictors, antiseptics, etc. Topical application of corticosteroids may ameliorate local perianal inflammation, but long- term use of high-potency corticosteroid creams may cause permanent damage and thinning of the peri- anal skin.<sup>30</sup> In the modern surgery first- and second-degree hemorrhoids are treated by non- surgical intervention like sclerotherapy, infrared photocoagulation and cryosur-

gery. In this review article scholars tried modalities like local application of *Kshara* or *Malahara* and per anal instillation of medicated oils to relieve symptoms of *Arsha*. Among these studies *Kshara* application helps to cauterize the mucosa and said to be equally effective as IRC and Cryosurgery.

The para-surgical procedure like *Ksharasutra* is proved very effective in the management of *Bhagandara* (fistula-in ano) and can be equally effective in the treatment of piles.<sup>31</sup> So to create evidence for its effectiveness in *Arsha* total five studies (n=92) were carried out with para-surgical procedures i.e. *Ksharasutra* ligation and one (n=26) study tried by surgical intervention i.e. hemorrhoidectomy. In one study comparison of *Ksharasutra* and hemorrhoidectomy was done and found that *Ksharasutra* ligation was as effective as hemorrhoidectomy. In one study comparison of *Apamarga Ksharasutra* and *Guggulu* based *Ksharasutra* was done, in *Guggulu* based *Ksharasutra*, (Group B), (n=15) more days (4 to 6 days) required than *Apamarga Ksharasutra*, (Group A), which caused more pain and also the fresh wound occurred later in Group-B after sloughing out of *Ksharasutra*. So, wound healing in group-B was taken more time than Group-A. Finally, study concluded that *Apamarga Ksharasutra* ligation is better procedure of choice in the management of *Arsha* (3<sup>rd</sup> & 4<sup>th</sup> Degree piles) than *Guggulu* based *Ksharasutra*.

Third-degree piles are treated with rubber band ligation or hemorrhoidectomy, and fourth-degree piles with hemorrhoidectomy. Complications of hemorrhoidectomy include postoperative pain, secondary hemorrhage, abscess, fistula, anal stenosis and fecal incontinence.<sup>32</sup> Infrared coagulation may be as effective as rubber band ligation but this procedure too presents complications like postoperative pain and hemorrhage.<sup>33</sup> In this review studies the *Ksharasutra* ligation was done and it was observed that post-operative pain was noted by patients for initial 3 days up to cut through of *Ksharasutra* which is manageable with analgesic. After cut through pain wear off and the rest of complications like urinary retention, faecal incontinence was not reported in single case by the authors. So, *Ksharasutra* ligation is better alternative para -

surgical procedure in comparison to hemorrhoidectomy.

## CONCLUSION

The review of research studies conducted on *Arsha* it was found that the *Arsha* (hemorrhoids) can be best treated with Ayurved medicine, local *Kshara* application, medicament and para-surgical procedure like *Ksharasutra* ligation. The first-degree piles can be treated with *Agnidipan*, *Pachan*, *Anuloman* drugs. First and second-degree piles are best treated with medicine along with local *Kshara* application, per rectal oil installation and *Malahar* application. Third- and fourth-degree piles can be treated with *Ksharasutra* ligation. The external thrombosed piles can best manage with the help of *Avagahaswedan* and *Jalaukavacharan* (leech application).

## REFERENCES

1. Bahulkar SS. Medical ritual in the Atharvaveda tradition. Tilak Maharashtra Vidyapeeth; 1994.
2. Dutt RC. Act Iii. Hindu Civilisation of The Brahmana Period. Calcutta Review. 1887 Oct 1;85(170):247-74.
3. Shastri K, Gorakhanatha D. Charak Samhita Chikitsa Sthana. Varanasi: Choukhambha Bharati. 2004:705
4. Amulya H, Shilpa PN, Madhunayak R. A Clinical Study to evaluate the efficacy of Papaya Ksheera based *Ksharasutra* in *Bhagandara* wsr to fistula-in-ano. Journal of Ayurveda and Integrated Medical Sciences (ISSN 2456-3110). 2018 Jul 10;3(3):01-12
5. Gandagi N, Patil S. The Medical Management of *Arsha* with *Chirabilwadi* Quatha and *Kaseesadi* Thaila Sthanika Abhyanga. International Journal of Ayurvedic Medicine. 2015 Jun 25;6(2).
6. Patil P, Kohad S. Evaluation of Control of Haemorrhoids [Arshvyadhi] with Diet. Ayurline: IJ-RIM. 2017 Apr 10;1(02)
7. Gibbons CP, Bannister JJ, Read NW. (Jul 1988), Role of constipation and anal hypertonia in the pathogenesis of haemorrhoids. Br J Surg: vol- 75, No.7, pp 656-60.
8. Anaminous, (1993), Standards Task force American Society of Colon and Rectal Surgeons. Practice parameters for the treatment of hemorrhoids. Dis Colon Rectum: vol- 36, pp 1118-1120.
9. Das S. (2002), A Concise Text Book of Surgery, Dr. S. Das Publications, Kolkata, pg.1056

10. Hindustan Abdul Ahad, Chitta Suresh Kumar, Kishore Kumar Reddy B, Kranthi G, Krishna Mahesh CH, Kali Teja, Mahendra Kumar. (2010), Review Article: Herbal Treatment for Hemorrhoids, JITPS: vol-1, No.5, pp236.
11. Singh R, Arya RC, Minhas SS, Dutta A. (2010), Comparative study of Baron's rubber band ligation with Kshara Sutra ligation on hemorrhoid, IJAR: vol-1, pp73-78.
12. Baghel MS, Girish KJ. (2011), Ayurveda Research Database. Mrudula Publication, Jamnagar.
13. Baraskar, KG, JainTC, SinghK. (1978), Arsha mein Ksharapatana, PG Thesis, GAU, Jamnagar.
14. Arya RC, Singh K. (1984), A comparative study of the role of indigenous drugs in the management of Arsha (hemorrhoids) w.s.r. to Kshara sutra, PG Thesis, GAU, Jamnagar.
15. Upadhyay PM, Singh K. (1985), The role of Pratisaraniyakshara in the management of Raktarsha (bleeding piles), PG Thesis, GAU, Jamnagar.
16. Gujarathi NN, Singh K. (1987), The Role of Raktamokshana w.s.r. to Arsha, PG Thesis, GAU, Jamnagar.
17. Pandya PJ, Singh K. Sharma SJ. (1988), Ksharapatana in the Management of Arsha, PG Thesis, GAU, Jamnagar.
18. Pareek SR, Singh K. De S, Sharma SJ. (1999) A comparative study of Pratisaraneeya Kshara in the management of Arsha, PG Thesis, GAU, Jamnagar.
19. Malli VR Singh K. John EP. (2003), Role of Jalaukavacharan in the management of Raktapradoshaj vikara wsr to Arsha (thrombosed piles), PG Thesis, GAU, Jamnagar.2003.
20. Patel VV, Dwivedi RR, Manjusha R, Gupta PD. (2006), A Clinical study of Kasisaditaila in the Management of Arsha, PG Thesis, GAU, Jamnagar.
21. Gupta ML, Bhuyan C, Gupta SK. (2010), A controlled clinical study to evaluate the efficacy of Ksharasutra ligation in Management of Arsha (hemorrhoids), PG Thesis, GAU, Jamnagar.
22. Solanki MV, Dudhamal T S, Gupta SK. (2011), Clinical evaluation of Arshohara Malahar in the management of Arsha, PG Thesis, GAU, Jamnagar.
23. Verma A. Gupta SK, Dudhamal T S. (2012), A comparative Study between Ksharasutra Ligation and Lord's Anal Dilatation in the management of Arsha, PG Thesis, GAU, Jamnagar.
24. Tomar VKS, Gupta SK, Dudhamal TS (2014), A comparative clinical study of *Apamarga Kshara Pratisarana* with Infra-Red Coagulation in the Management of *Abhyantara Arsha* (Internal piles) PG Thesis, GAU, Jamnagar.
25. Sudarmi K, Dudhamal TS (2018), *A Comparative Clinical Study of Apamarga Kshara Application, Infra-Red Coagulation and Arshohara Vati* in the Management of *Arshas*, PG Thesis, GAU, Jamnagar.
26. Shah B, Dudhamal TS (2019), A Comparative efficacy of Apamarga Kshara Application and Sclerotherapy in the Management of Arsha (1st & 2nd degree piles) – An open labeled, randomized, controlled clinical trial” PG Thesis, GAU, Jamnagar.
27. Solanki R, Dudhamal TS. 2019, “Efficacy of *Guggulu* based *Ksharasootra* in the management of *Arsha* (3<sup>rd</sup> & 4<sup>th</sup> degree piles) - A Randomized controlled clinical trial”. PG Thesis, GAU, Jamnagar.
28. Chong PS, Bartolo DCC. (2008), Hemorrhoids and fissure in ano. Gastroenterology Clinics of North America, vol-37, pp627-644.
29. Madoff RD, Fleshman JW, (2004) Technical review on the diagnosis and treatment of hemorrhoids. Gastroenterology, vol-126, pp1463- 1473
30. Shukla NK, Narang R, Nair NG, Radhakrishna S, Satyavati GV. (1991), Multicentric Randomized controlled clinical trial of Ksharasootra (Ayurvedic Medicated thread) in the management of Fistula in ano. Indian J Med Res: Vol-94, pp177-85.
31. Ho YH, Seow-Choen F, Tan M, Leong AF. (1997), Randomized controlled trial of open and closed haemorrhoidectomy. Br J Surg: vol. 84 pp1729-1730.
32. Gupta P.J. (April 2004), Infrared Coagulation versus Rubber Band Ligation in Early Hemorrhoids- PAIN VS GAIN: Shiraz E-Medical Journal, vol. 5, No.2, pp1-10

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Vipin Singh Tomar & T.S. Dudhamal: Systemic Review Of Research Studies In The Management Of Arsha (Haemorrhoids) Carried Out At Department Of Shalya Tantra, I.P.G.T. & R.A., Jamnagar, Gujarat, India. International Ayurvedic Medical Journal {online} 2019 {cited October, 2019} Available from: [http://www.iamj.in/posts/images/upload/1931\\_1941.pdf](http://www.iamj.in/posts/images/upload/1931_1941.pdf)