



Research Article

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CLINICAL EFFICACY OF PIPPALYADI GHRITA MATRA BASTI IN THE MANAGEMENT OF ADRA ARSHAS WITH SPECIAL REFERENCE TO INTERNAL HAEMORRHOIDS

Gupta Bal Govind *

Assistant Professor, Department of Rachana Sharir, SKS Ayurvedic Medical College and Hospital, Mathura, Uttar Pradesh, India

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***Corresponding author**

E-mail: balgovind63@gmail.com

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ABSTRACT

Background: Arsha /haemorrhoids affect millions of people worldwide and hamper the quality of life. Multiple factors have been identified as the aetiology of haemorrhoids, like low fibre diet, constipation and prolonged straining. So, betterment of humankind, this study was conducted. Material and Methods: 10 patients with internal haemorrhoids were selected randomly from the Shalya O.P.D of sex, race, and religion. All the ingredients were purchased from the local market and authenticated by the Dravyaguna department, and medicine was prepared in the teaching pharmacy under an aseptic method. Lukewarm 40 ml of Pippalyadi ghrita was used per rectum for matra basti. Administration of basti was advised to lie in a supine position for 15 to 20 minutes. Duration of basti 07 days and followed up on 15 days. The student "t" test was used for analysing the clinical efficiency of matra basti, and $P < 0.05$ was considered statistically significant. Discussion: The study showed that most patients were males with a history of taking a non-vegetarian diet in the daily regimen, and the common age group for the Adra Arsha was 41 to 60 years may be due to high protein and low fibre in their diet. After treatment with Pippalyadi ghrita matra basti, symptoms are reduced, and treatment results reach a statistically significant level. Conclusion: Pippalyadi ghrita matra basti successfully reduced the symptom of Adra Arsha and showed 46.52% clinical efficacy.

Keywords: Rakta Arsha, Arsha, Bleeding Piles, Anorectal Disorder.

INTRODUCTION

Dilated plexus of superior hemorrhoidal veins in relation to anal canal known as haemorrhoids. Its aetiology is the upright posture of humans and the absence of valves in the portal system with other participant factors like- hemorrhoidal veins compression due to defecation, fibres deficiency in diet resulting in constipation and hard stool compression in the vein resulting in haemorrhoids. The secondary cause of haemorrhoids is CA rectum, portal hypertension and pregnancy.¹ Depending upon the location, it can be divided into three types, internal haemorrhoids, external and internal-external haemorrhoids. An internal haemorrhoid is above the dentate line, covered with mucous membrane and external haemorrhoids at the anal verge, covered with skin. An Interno-external haemorrhoid is above both varieties together. Haemorrhoids' classical position is 3, 7 and 11 "o" Clock.² Haemorrhoids are clusters of vascular tissues, smooth muscles, and connective tissues that lie along the anal canal in three columns—left lateral, right anterior, and right posterior positions. Because some do not contain muscular walls, these clusters may be considered sinusoids instead of arteries or veins.³ The most common complication of haemorrhoids is chronic anaemia due to bleeding, prolapsed, pain in the perianal region, ulceration, fibrosis etc. Haemorrhoids can be managed with a fibre supplement, purgative-laxative or Barron's band application and haemorrhoidectomy⁴.

Arshas is the commonest anorectal disorder, and it's considered under Ashta mahagada. It gives pain and torture to the patient's daily life after creating hindrance on an anorectal passage like an enemy. Arshas are the fleshy projection that kills the afflicted like the enemy does and creates obstruction in gudamarga⁵. Ayurveda's line of treatment for Arsha is mainly kshara, agni and

shastra karma⁶. But this procedure may show complications. So, to minimize complications, Acharya Charaka bhashya chikitsa can be adopted for Arsha, specially Adra Arsha (bleeding haemorrhoids/piles). bhashya chikitsa for Arsha is widely practised in treating Arshas by the traditional Kerala Ayurvedic practitioners with great success.

According to Acharya Charaka, basti, in which the dose of sneha is equal to hraswamatra of snehapana, is called matrasthi. The matra basti can be administered at all times and in all seasons⁷. The matra basti promotes strength without any pathya of diet and causes easy elimination of mala and mutra⁸. Pippalyadi ghrita has pharmacological action like rakta sthambhaka, vibandhahara, dipana, and vatanulomaka⁹.

So, this study was conducted to find out the Clinical efficacy of Pippalyadi ghrita matra basti in the management of Adra Arshas.

Aim and Objective: To find out the role of Pippalyadi ghrita matra basti in the management of Adra Arshas.

MATERIALS AND METHODS

Preparation of test drug Pippalyadi ghrita

All ingredients were purchased from the local market, and the Pippali, Pippali moola, and Dhanyaka were made powdered. Goghrita was put in a mild flame-heated vessel and heated still foam disappeared from goghrita. After the foam disappeared, goghrita the kalka was introduced to the ghrita and dadhi, and water was also added. After paaka lakshanas appeared, the vessel was cooled from the oven. After cooling, the medicated ghrita

was collected and stored in an airtight container for the study (Table 1).

Table 1: Ingredients of Pippalyadi ghrita

Ingredient	Botanical name	Used part	Proportion
Pippali	<i>Piper Longum</i> L.	Fruit	One fourth
Pippali moola	<i>Piper Longum</i> L.	Root	One fourth
Dhanyaka	<i>Coriandrum Sativum</i> L.	Fruit, Fruit bark	One fourth
Dadima	<i>Punica granatum</i> L.	Fruit	One fourth
Dadhi (Curd)	-	-	Sixteen
Goghrita (Cow Ghee) 10,11	-	-	Four

Source of data: 10 patients of internal haemorrhoids were randomly selected by sex, race, and religion from the Shalya O.P.D of SKS Ayurvedic Medical College and Hospital, Mathura, Uttar Pradesh, India 281406.

Dose and Procedure: Lukewarm 40 ml of Pippalyadi ghrita was filled in a 50 ml syringe. A separate rubber catheter was used under the aseptic method for each patient. A rubber catheter is inserted into the anus up to 6 cm.

After removing the air from the syringe and the medicine was administered slowly. After the administration of Basti patient was advised to lie in a supine position for 15 to 20 minutes. Duration of basti 07 days and followed up on 15 days. The study was carried out per the International Conference of Harmonization-Good Clinical Practices Guidelines (IHP-GCP). The study was conducted after I.E.C. approval and after getting written consent from patients. I.E.C approval no- SKSAMCH /Shalya/200/2022.

Inclusion criteria

1. First and second-degree internal pile masses.
2. Patients between the ages of 30-60 years.

Exclusion criteria

1. 3rd degree
2. Prolapsed pile mass.
3. Haemorrhoids associated with fissure or fistula.
4. Carcinoma of the rectum.
5. The patient is suffering from severe anaemia.

Assessment Criteria: The improvement of the patient was assessed according to the degree of changes in subjective and objective parameters (Table 2-6). The analysis was done using SPSS 19.0 software (IBM, Bangalore, India). The student 't' test was used for analysing the clinical efficiency of matra basti, and $P < 0.05$ was considered statistically significant for the student "t" test.

OBSERVATION AND RESULTS

Age and Sex wise distribution of patients: 10 patients of Adra Arsha (second-degree internal haemorrhoids) were randomly selected from the Shalya O.P.D of the Hospital (Table 7 and 8). 60% of patients were male, and 40% were female. Second-degree internal piles pass was more found in the 41 to 50 years and 51 to 60 age groups.

Diet-wise distribution of patients: - In this study, we found that the maximum patient was a habit of taking a non-vegetarian diet (50%) followed by a mixed diet (20%).

Changes in Subjective and Objective Parameters: - Statistically significant results showed after treatment of Adra Arsha in the symptom of the colour of Pile mass and statistically highly significant results displayed in the symptom of reducing daha, raktrasrava, and the number of piles mass (Table 9).

Table 2: Subjective and Objective Criteria

Subjective Criteria	Objective Criteria
Rakta Srava, Daha	Colour of Pile mass, Size of pile mass

Table 3: Grading of Raktasrava

Severity of symptoms	Grading
No active bleeding	0
Bleeding during defecation (1 to 05 drops) or Mild drop by drop P/R bleeding	1
Fresh blood during and after defecation, which lasts for 20 to 30 minutes and below	2
Profuse bleeding	3

Table 4: Grading of Daha

Severity of symptoms	Grading
No Daha	0
Daha during defecation	1
Daha reduces within 30 minutes	2
Daha persists in rest and also	3

Table 5: Color of pile mass

Severity of symptoms	Grading
Normal mucosa anal canal and rectum	0
Slightly reddish	1
Bright red	2
Blackish red	3

Table 6: Grading of the number of pile mass

Severity of symptoms	Grading
No pile mass	0
One pile mass	1
Two pile mass	2
More than two pile of mass	3

Table 7: Age-wise distribution of patients

Age	Male	Female	Patient
30-40	0	2	02
41-50	3	1	04
51-60	3	1	04
Total percentage	60%	40%	100%

Table 8: Diet-wise distribution of patients

Diet	Patients	Percentage (%)
Vegetarian	2	20
Non-vegetarian	5	50
Mixed diet	3	30

Table 9: Subjective and Objective parameters

Criteria	Mean score		SEM		df	± SD	SE	T	P	Results
	BT	AT	BT	AT						
Raktasrava	2.80	1.90	0.13	0.18	18	0.13±0.19	0.22	4.02	0.0008	Extremely Significant
Daha	2.80	1.20	0.13	0.25	18	0.42±0.79	0.28	5.65	0.0001	Extremely Significant
Colour of pile mass	2.10	1.00	0.18	0.21	18	0.57±0.67	0.27	3.97	0.0009	Significant
Number of pile mass reduction	2.70	1.50	0.15	0.17	18	0.48±0.53	0.22	5.30	0.0001	Extremely Significant

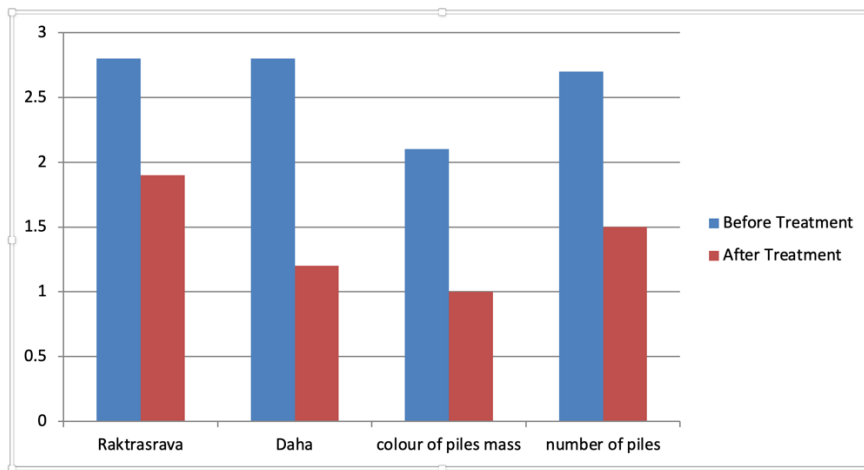
BT: Before Treatment, AT: After Treatment

Table 10: Improvement after treatment in Adra Arsha

Criteria	Clinical improvement
Raktasrava	32.14%
Daha	57.14%
Colour of pile mass	52.38%
Number of pile mass reduction	44.44%

Table 11: Overall Clinical Efficacy of Adra Arsha

Overall clinical efficacy- after treatment	Improvement
	46.52%



Graph 1: Before and After treatment results of subjective and objective criteria



Figure 1: Second Degree Internal Haemorrhoids Before Treatment



Figure 2: After Treatment Second Degree Internal Haemorrhoids Before Treatment

DISCUSSION

Arsha or haemorrhoids commonly arise from the congestion of internal venous plexuses around the anal canal. They are prevalent in adults. The aetiology is still unknown, although it is associated with constipation and straining due to low fibre in the diet and develops Arsha. First-degree piles bleed, second-degree piles/haemorrhoids prolapsed but retracted spontaneously, and third-degree piles require manual replacement after prolapsing. If

bright red rectal bleeding occurs after defecation with pain symptoms, pruritus-ani, a burning sensation with or without mucus discharged, can be correlated with Adra Arsha.

The study showed the majority of male patients with a history of taking a non-vegetarian diet in a daily regimen, and the common age group for Adra Arsha was 41 to 60 years, which may be due to high protein and low fibre in their diet. In this study, purva karma avgaha sweda for 10 minutes was given to all patients.

After purva karma, all patients were advised to lie in the left lateral position. The anal canal was lubricated with Pippalyadi ghrita, then 40 ml of Pippalyadi ghrita was filled in a 50 ml syringe, and under an aseptic method, a rubber catheter was inserted into the anus up to 6 cm and pushed the medication through a rubber catheter. After completion of treatment majority of the patient's symptoms were reduced and reached a statistically significant level. The test drug showed clinical improvement in both subjective and objective parameters. Pippalyadi ghrita matra basti showed 32.14% clinical improvement in raktasrava, 57.14% in daha, 52.38% in the colour of pile mass and 44.44% improvement found in several pile mass reductions (Table 10 and Graph 1, Figure 1 and 2).

CONCLUSION

In this study, we found most common age group for Adra Arsha is 41 to 60 years, and the test drug Pippalyadi ghrita showed significant clinical efficacy in managing Adra Arsha. Overall, 46.52% clinical efficacy is found in this study. The Pippalyadi ghrita successfully reduced the symptom of Adra Arsha.

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