

Effectiveness of *Pippalyadi* Ointment in Management of *Arsha* (Haemorrhoids)

Suraj P Rathod¹, Kiran Khandare²

¹Post Graduate Scholar, Department of Shalyatantra, ²Professor & HOD, Shalyatantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Wardha, Datta Meghe Institute of Medical Sciences, Wardha

Abstract

Arsha is a common anorectal disease so associated with bleeding per anum . It can be compared to Haemorrhoids according to modern science. Haemorrhoids are dilated veins in the anal canal. Through all the modern modalities of treatment in haemorrhoids are universally accepted but all have some or other limitations. In *Ayurveda* various measures have been mentioned for the management of *Abhyantar Arsha* , among which *lepa karma* is one of them . Various study have been done on the application of various *lepa* so prepared have been conducted depending upon the sign and symptoms. **Objective-** This study was carried out to find the effectiveness of *Pippalyadi* ointment in Patients of *Arsha* .**Materials and Methods-** Here the patient of *Arsha* were selected as per criteria and *Pippalyadi* ointment was advised for 15 days twice a day as local application.

Keywords: *Arsha* ,*Haemorrhoids*, *Pippalyadi ointment*, *Lepa*.

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. *Arsha* is one among the ano rectal diseases which occurs in *Gudapradesha*, which is a *sadhyopranahara Marma*^[1]. In *Arsha* bleeding per anum is the principal symptoms . It is manifested due to multifold factors viz. disturbed lifestyle or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation etc. which results in derangement of Jatharagni leading to vitiation of Tridosha, mainly Vata Dosha.^[2]

Charaka has enumerated a detail list of dietic ingredients, therapeutic abuses, habits and mechanical factors in two group comprising mainly dietic ingredients leads to accumulation of Mala and second group leads to vitiation of *Dosha* specially *Apana vayu*, which is responsible for physiological function of *Guda*, which plays major role in development of *Arsha*. *Sushruta* has enumerated the causes leading vitiation of *Dosha* including excessive and improper dietic indulgence, posture which create pressure on *Guda* region e.g. sitting on hard objects, riding on vehicle for long duration, suppression of natural urge of micturition and defecation, which suppress the normal digestive power i.e. *Mandagni*, leads to development of *Arshas*.^[3]

In modern medical science *Arsha* can be compared with haemorrhoids. Hemorrhoid often described as “varicose veins of the anus and rectum”. Hemorrhoid are dilated, tortuous or varicose veins occurring in relation to the anus and originating in the epithelial plexus formed by radicals of the superior, middle and inferior rectal veins. Some of the causes includes straining, diarrhea , constipation, overpurgation, carcinoma rectum,

Corresponding Author:

Suraj Rathod

Department of Shalyatantra, Mahatma Gandhi Ayurved College Hospital, and Research Centre, Salod (H), Datta Meghe Institute of Medical Sciences, Wardha 442001, E-mail: suraj72rathod@gmail.com

pregnancy, portal hypertension (rare cause).[4]

Haemorrhoids are divided into two categories-internal and external haemorrhoids. Internal haemorrhoids means it is within the anal canal and internal to the anal orifice and the external haemorrhoid is situated outside the anal orifice and is covered by skin. The two varieties may coexist and the condition is called intero-external haemorrhoids[5].

In this present research work efforts were made to provide the treatment which is non-invasive, easy to implement, effective and were not need any hospitalization. To fulfil the above criteria the present research study were conducted to know effects of *Pipplyadi lepai* in the management of *abhyantar Arsha*. *Acharya Sushruta* has mentioned four treatment modalities to combat this condition i.e *Bhesaja*, *Kshara*, *Agni* and *Shashtra*. *Bhaishaja chikitsa* is mentioned mainly for *abhyantar Arsha* in their earlier stages when involved *doshas*, symptoms and complications are not severe[6].

Case Study

Present complaint

A male patient of 30 years came to our OPD with complaints of bleeding per rectum after defecation and generalized weakness since 7 days.

History of present illness

The patient was apparently well before 7 days and suddenly he started suffering from complains of bleeding per rectum after defecation and generalized weakness . Hence he visited MGACH and RC for his treatment.

Past history

- v No H/O - HTN, DM
- v H/o Trauma

Personal History

- v Appetite -moderate
- v Sleep–Reduced sleep
- v Bowel - unsatisfactory stools
- v Micturition –Normal, 4-5 times a day

Habits

- v Non alcoholic
- v Regular smoker

Asthavidha Pariksha

- v Nadi – 80/min, regular
- v Mala – saam, irregular
- v Mutra- 4-5 times a day
- v Drik – spastha
- v Jiwha - Niraam
- v Shabda- spastha
- v Sparsha – Anushnasheeta
- v Akriithi - Madhyam

Examinations

- v BP - 130/80 mm of Hg on supine position
- v Pulse - 80/minregular
- v Temp. –Afebrile
- v Respiration rate – 20/min

Systemic Examination

- v CNS - conscious oriented
- v RS – air entry both side unilateral
- v CVS - S1, S2 normal, No added sounds
- v P/A - soft & normal
- v P/R- 2nd Degree Haemorrhoidal mass was found at 11 O Clock position after proctoscopic examination

Local examination

- v Inspection – No such findings
- v Palpation – no anal spasm , no tenderness, no active bleeding

Blood Investigations

- v Hb – 11.1gm/dl

- v Total WBC Count - 6200/cumm
- v RBC count – 3.10 millions/cmm
- v PCV/Hematocrit – 30 %
- v MCV - 72fL
- v Platelet Count – 3.77 Lakh/cmm
- v Bleeding Time - 02 min 02 sec
- v Clotting Time - 05 min 11sec
- v Blood Sugar Random – 104 mg/dl
- v HbsAg - Nonreactive
- v HIV 1 (Antibodies) - Non Reactive

- v HIV 2 (Antibodies) - Non Reactive

Methodology

v The patient was diagnosed with the help of criteria of diagnosis.

v The treatment protocol included application of Pippalyadi ointment twice a day with applicator from per rectum route.

v The total duration of the treatment was 4 weeks with regular follow up at 7th day, 15th day and 30th day.

v The patients was advised to take light and easily digestible diet and avoid incompatible foods.

Observation

The observation was done on the basis of subjective as well as objective criteria

Subjective Criteria-

Presence of clinical signs and symptoms of *abhyantar Arsha*.

1. Constipation

1) Subjective Criteri

Sr.no	Grade	Explanation
1	0	Absent
2	1	Present

2. Bleeding per rectum

Sr.no	Grade	Explanation
1	0	Absent
2	1	Present

Objective criteria

Grade 1	No prolapsed. Just prominent blood vessels.
Grade 2	Prolapsed upon bearing down but spontaneously reduce.
Grade 3	Prolapsed upon bearing down and require manual reduction.
Grade 4	Prolapsed and cannot be manually reduced.

Result

On the basis of above said criteria and the symptoms so mentioned the patient have shown better improvement.

Discussion

v *Pippalyadi Ointment* contains *Pippali* having *Laghu, Snigdha, Tikshna guna* and *madhura, katu rasa* which is acts as *Vatakaphashamaka*.

v It is also having properties like Antibacterial, Antifungal, Anthelmatic.

v *Saindhav lavan, Kushta* is having properties like *Kaphavatajita, Raktashodhaka*.

v *Shirish* acts as *Shothahara, Tridosahara*.

v *Shirish* and *Snuhi* are having properties like *kashay rasa* and astringent by nature immediately helps in stopping bleeding due to its *Rakta Stambhana Karma*.

v So due to combine effects of all drug bleeding, inflammation , pain is stopped due to this Ointment which was act locally to relive the pain and bleeding in *arsha*.

Conclusion

The above study concluded in showing effective

results in management of *Arsha* with no adverse effect.

**I.E.C Permission taken from committee -
DMIMS(DU)/IEC/2017-18/7252**

References

1. Shastri A D, Sushrut Samhita, Purvardha, Chaukhamba publication, Edition: Reprint 2010;Sutra Sthana (33/4-5).p 163
2. Prof. K.R. Srikantha Murthy editor. 1st ed, Susruta Samhita, Nidan sthan, Chapter 2, Verse . 4 Vol-II. Varanasi: Chaukhamba Orientalia, 2001; Page No. 432.
3. Tripathi B,editor,(1st ed.). Ashtangahridaya of Vagbhata, Nidan sthan; Chapter 7, Verse 6-7. Varanasi: Chowkhambha Sanskrit Series, 2009; Page No. 344
4. Bhatt S, SRB's Manual of Surgery ,Jaypee Brothers Medical Publishers :New Delhi . 3rd Edition . 2009. Chapter 25. Rectum and Anal Canal, Haemorrhoids ; Page no. 905
5. Das S. A concise Text Book of Surgery, S. Das publishers: Kolkata. 9th edition. 2016. p 1075
6. Shastri A D, Sushrut Samhita, Purvardha, Chaukhamba publication, Edition: Reprint 2010;Chikitsa Sthana (6/3).p 46