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Research article

CLINICAL EFFICACY OF LAVANOTTAMADI CHURNA IN ARSHA WITH SPECIAL REFERENCE TO 1ST & 2ND DEGREE OF HEMORRHOIDS.

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ABSTRACT:

Arsha is defined as “Arivat pranā shrinoti hinasti iti arshas” A disease which tortures patient’s vital force (prana) as enemy is called as Arsha. Arsha is engorgement of the hemorrhoid venous plexus, characterized by bleeding per rectum, constipation, pain, prolapse and discharge. It is manifested due to improper diet, prolonged standing and faulty habits of defecation causing derangement of tridosha, mainly vata dosha. Vitiated dosha localizes in gudavali, pradhan dhamani and mamsadhara kala and vitiated twakmansa, meda and rakta, resulting in the annavaha srotodushti. In modern medical science, many procedures are described for management of haemorrhoids of which haemorrhoidectomy is commonly preferred by surgeons, but after sometime of excision there is great possibility of reappearance of the disease. But in Ayurveda Fourfold management of Arsha has been indicated viz. Bheshaj, Kshar karma Agnikarma and shastrakarma according to chronicity and presentation of the disease. Among these, Bheshaj Chikitsa show wonderful results in management 1st and 2nd Degree of Arsha. Lavanottamadi Churna 1gm twice a day before meal for 15 days given 30 patients is result oriented oral treatment for Arsha which is mentioned in Bhaishaja Ratnavali.

KEY WORDS: Arsha, Haemorrhoid, Lavanottamadi Churna, BheshajChikitsa.

INTRODUCTION:

Arsha has become one of the commonest health problems of the modern society. The disease is now becoming a significant threat to the population who work in sitting or standing position for long hours. This suggest special need of an Ayurvedic management for this type of conditions. The Bheshaja Chikitsa is more concerned with the correction/removal of the Sannikrushta Nidana i.e.vitiated Dosha and Agnimandya.

Arsha is defined as “Arivat pranā shrinoti hinasti iti arshas” A disease which tortures

patient’s vital force (prana) as enemy is called as Arsha.^[1]

Embryology: Antra (intestines), Basti (bladder) and Guda of the foetus are formed out of the essence of Rakta and Kapha. This entire process being helped by Pitta and Vata. It takes its origin from Matrūjabhava ^[2]

Two types of aetiological factors of Arsha viz., 1st as Non specific 2nd as Specific. In specific (Vishesh) two types, Sahaj & Janmottara. Janmottara type of Arshas include Vataj, Pittaj, Kaphaja, Raktaja and Sannipataja respectively. ^[3]

The pathogenesis of Arshas starts from vitiation of the doshas in single, double combination of two or more dosha, then along with raktadosha it moves downwards through the mahadhamani reaching guda affecting gudavalis to produce Arshas, Hence it is commonly seen in individual suffering from mandagni and other local factor.^[4]

In the Nidana of Arshas, after 'Dosha dusy sammurchanam', the symptoms in vague alarm the person in the manifestation of premonitory symptoms like Anna asraddha, Krchrapakti, Amlika, Vishtamba, Pipasa, Tandra etc.

The role of Vayu and Mandagni has been emphasized as principal cause leading to Arsha.^[5]

The term pile is coined from the Latin word "Pila" means a ball or mass.^[6]

Low roughage diet may excite haemorrhoid formation. Chronic constipation is the common reason for haemorrhoid development, loss of muscle tone in old age, Obesity, rectal surgery, episiotomy etc. are also considered some of the reasons.

1. Internal haemorrhoids: It is within anal canal,

internal to anal orifice. It is covered with mucous membrane and is bright red or purple in colour. It usually commences at the anorectal ring and ends at dentate line.

2. External haemorrhoids: It is situated outside the anal orifice and is covered by skin.
3. Intero-external haemorrhoids: When above both varieties coexists the condition is called intero-external haemorrhoids.
 - 1st degree haemorrhoids: It does not come out of the anus.
 - 2nd degree haemorrhoids: It comes out only during defecation and is reduced spontaneously after defecation.
 - 3rd degree haemorrhoids: It comes out only during defecation and do not return by itself.
 - 4th degree haemorrhoids: These are permanently prolapsed.^[7]

Drug	Rasa	Vipaka	Virya	Karma	Quantity
Saindhavalavana (Himalayan salt) ^[8]	Lavan	Madhur	Sheeta	Dipaniya	200gm
Chitraka (PlumbagoZeylanica) ^[9]	Katu	Katu	Ushna	Arshoghna	200gm
Indrayava (Holarrhenaantidyscenterica) ^[10]	Tikta Kashaya	Katu	Sheeta	Dipaniya	200gm
Chirbilva (Holopteliaintegrifoliaplanch) ^[11]	Tikta Katu	Katu	Ushna	Dipaniya Pachniya	200gm
Mahanimba (Meliaazedarachlinn) ^[12]	Tikta Katu	Katu	Ushna	Virechak Arshoghna	200gm

- Ushna, Tikshana, guna of Drugs present in LavanottamadiChurna may correct the Vatadushti and regulate the function of Apana Vayu which breaks Samprapti and cures the disease Arsha.

MATERIALS AND METHODS:

- Standardized Lavanottamadichurna
- Proctoscope
- Patient (OPD & IPD)
- Xylocaine Jelly 2%
- Disposable gloves
- Torch

- Camera

METHOD OF WORK

Sample:- Total no of 30 cases diagnosed as Arsha were treated with *Lavanottamadi Churna*.

Written consent were taken, Division of subjects with drug schedule were as 1 gm *Lavanottamadi Churna*- was given twice a day before meals with buttermilk for 15 days along with Pathyakar aahar & vihar.

A clinical study were done in this group using appropriate test for statistical analysis

Selection Criteria :-

A] Inclusion Criteria -

- Age – 18-60 yrs.
- Irrespective of gender, religion etc.
- Patient clinically diagnosed as Arsha (vataja, kaphaja)
- Patients with duration of complaints less than 6 months
- seen by P/R exam or proctoscopy
- 1st& 2nd degree primary piles.
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B] Exclusion Criteria-

- Sahajarsha - Carcinoma Of Rectum
- Anal polyp - Pregnancy
- Fissure in Ano - Ulcerative collitis
- Fistula in Ano - Crohn's disease
- Rectal prolapsed - Prolapsed piles

Selection of cases :-

30 diagnosed cases of Arshas from the OPD & IPD .

Follow up

Recorded with effect from 7th & 14th day

Preparation Of *Lavanottamadi Churna*

Reference -

लवणोत्तमवन्धिःकलिन्द्यवानचिरबिल्वमहापिचुमर्दयुतान ।
पिबसप्तदिनंमथितालुलितानयदिमर्दितुमिच्छसिपायुगदान ॥
भै.र ॥३६॥ [13]

Materials -

- SaindhavaLavana- 1 Part
- Chirbilva – 1 part
- Chitraka -1 Part
- Mahanimba- 1 Part
- Indrayava -1 Part

All the ingredients of *Lavanottamadi Churna* were taken in the form of dry powder filtered through a fine cloth.

Equipments

- | | |
|-----------------|----------------|
| 1.Disintegrator | 3.Filter Cloth |
| 2.,Khalvayantra | 4.Pestle |

Procedure -

1. Coarse powder one part each was taken in khalvayantra.
2. All the churna was churned with the help of Pestle in Khalvayantra.
3. Then all the churned churna a filter to cloth.
4. By mixing All the finely prepared Churna *Lavanottamadichurna* is obtained.

OBSERVATION & RESULTS:

Age: 0 patients (0%) were from age group 18 – 20 years, 6patients (20%) from age group 21 – 30 years, 13 patients (43.33%) from age group 31 – 40 years, 10 patients (33.33%) from age group 41 – 50 years, 1 (3.33%)patients from 51 –60 years age.

Gender: There were 23 male (76.66%) and 7 female patients (23.33%).

Diet: 19 patients (63.33%) were having mixed diet while 11 patients were vegetarian (36.66%).

Prakruti: 7 patients were having Kapha-Pittajprakruti (23.33%), 4 patients (13.33%) with Kapha-vatajprakruti, 6 patients (20%) with Pitta-Kaphajprarkruti, 3 of Pitta-Vataj(10%), 5 of Vata-Kaphaj (16.66%) and 5 of Vata-Pittaj (16.66%).

Addiction: 9 patients were having Alcoholic (30%), 5patients were having Tobacco(16.66%), 5 patients (16.66%) Smoking , 11 of No addicted(36.66%).

Statistical analysis of different parameters:-

As grading used for the parameters were ordinal in nature, “Wilcoxon Signed Rank test” is used for intra-group comparison. (i.e. before and after treatment of a group)

1.Gudavedana:

Gudavedana		Mean Score	SD Value	% Reduction	Sample size	Wilcoxon signed rank test (T ⁺)	P- Value
	BT	0.33	0.47	20%	30	21	0.031
	AT	0.13	0.34				

The median reduction in Gudavedana after treatment is significant (P-value 0.031) at 5% level of significance. **i.e. we can say that There is significant reduction in Gudavedana.**

2.Malavibandha:

Malavibandha		Mean Score	SD Value	% reduction	Sample size	Wilcoxon signed rank test (T ⁺)	P- Value
	BT	1.63	0.61	68.33%	30	378	< 0.0001
	AT	0.56	0.56				

The median reduction in Malavibandha after treatment is significant (P-value < 0.0001) at 5% level of significance. **i.e. we can say that There is significant reduction in Malavibandha.**

3.Gudasrava. (Mucoïd Discharge)

Gudasrava		Mean Score	SD Value	% Reduction	Sample size	Wilcoxon signed rank test (T ⁺)	P- Value
	BT	0.80	0.40	70%	30	231	<0.0001
	AT	0.10	0.30				

The median reduction in Gudasrava after treatment is significant (P-value < 0.0001) at 5% level of significance. **i.e. we can say that There is significant reduction in Gudasrava.**

4.Sparshasahatva:

Pidanasahatva		Mean Score	SD Value	% reduction	Sample size	Wilcoxon signed rank test (T ⁺)	P- Value
	BT	0.33	0.47	20%	30	21	0.0313
	AT	0.13	0.34				

The median reduction in Sparshasahatva after treatment is significant (P-value 0.0313) at 5% level of significance. **i.e. we can say that There is significant reduction in Sparshasahatva.**

1. Sthanikshotha:

Sthanikshotha		Mean Score	SD Value	% Reduction	Sample size	Wilcoxon signed rank test (T ⁺)	P- Value
	BT	0.90	0.25	33.33%	30	55	0.0020
	AT	0.56	0.44				

The median reduction in Sthanikshotha after treatment is significant (P-value 0.0020) at 5% level of significance. **i.e. we can say that There is significant reduction in Sthanikshotha.**

6. Mamsankur:

Mamsankur		Mean Score	SD Value	% Reduction	Sample size	Wilcoxon signed rank test (T ⁺)	P- Value
	BT	1.80	0.40	28.33%	30	136	<0.0001
	AT	1.26	0.52				

The median reduction in Mamsankur after treatment is significant (P-value <0.0001) at 5% level of significance. **i.e. we can say that There is significant reduction in Mamsankur**

DISCUSSION:

Total 30 patients were registered in this study, out of which all patients completed their course of treatment and no patients left against medical advice. The clinical study of this work deals with all aspects of the disease & treatment.

31-40 yrs of age group though shows maximum percentage of occurrence but still this occurrence is due to trend of fast food diet, bakery products, less intake of water. Thus the percentage of occurrence of the disease is more in this age group.

Here in this study, male predominance is seen i.e.71.66% as that of females being 28.33%.

This may be due to more male predominance in our society and reporting in our hospital. Also it is observed that female patients do not report due to hesitation. In male dominant society males; due to their occupation have to eat outside food than home food, which is over spicy and oily exclusively in this area of study.

This shows the predominance of vata and kaphadosha i.e.21.66% in this condition.

Maximum no. of patients; i.e. 65% were on mixed diet with predominance of non-vegetarian and 35% were taking vegetarian diet. More consumption of nonvegetarian and spicy food is seen in this particular study area.

33% patients were presented with pain at anal region. This shows Gudavedana is only symptoms during defecation and P/R examination of Vatakaphaj Arsha. 83% patients had complaint of peri-anal mucoid discharge. This is the cardinal symptoms of the Vatakaphaj Arsha. 32% patients were presented with tenderness at anal verge. 90% patients presented with mild to moderate swelling at anus. 100% patients presented with mild, moderate or severe constipation. 100% patients presented with pile mass. Presence of pile mass is one of the cardinal symptoms of Arsha. Maximum no of patients i.e.84.44% had 2nd degree and 15.55% had 1st degree. It suggests that mass coming out per rectum is cardinal symptom of Arsha

The drugs used in this group are predominantly of katu rasatmaka, madhur and katu vipaki and ushna virya.

In the Samprapti of arsha, the Mandagni status and disturbance in the mechanism of Apan Vayu is clearly seen, to overcome this pathology the therapeutic effect of Deepan- Pachana, Arshoghna is achieved by Saindhava Lavana, Chitraka, Indrayava, Chirbilva, Mahanimba. All these mentioned drugs act at different levels and boosts up the Agni status at various levels of pathology formation. The therapeutic effect of Ama Pachan is also achieved with these drugs.

Conclusion: *Lavanottamadi Churna* is Good Agnidipaka and AamPachak also vatanulomaka so it gives better effect for Arsha as it breaks Samprapti of disease. From current study following points were concluded.

**Lavanottamadi Churna* has significant result in Arsha.

**Lavanottamadi Churna* is Good effective in reducing Gudasrava, Malavibandha and less effective in reducing, Sthanikshotha, and Mamsankur. **Lavanottamadi Churna* is also choice for the treatment of Arsha where there is Gudasrava and Malavibandha.

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