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The Medical Management of Arsha with *Chirabilwadi Quatha* and *Kaseesadi Thaila Sthanika Abhyanga*

Research Article

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Abstract

Arsha (Piles) is the one of the most common disease encountered in clinical and surgical practice. *Arsha* incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms. In this study an attempt has been made to treat the "disease" with *Chirabilwadi quatha (Panartha)* and *Kaseesadi thaila (Sthanika abhyanga).* Total thirty patients were selected by simple randomized method and allocated into three groups called Group A, B, C. Each group had ten patients. Group A. treated with *Chirabilwadi quatha (Panartha),* Group B. treated with *Kaseesadi thaila* and Group C. treated with combination of *Chirabilwadi quatha* and *Kaseesadi thaila*. Total study period was nighty days in that thirty days was treatment and sixty days was follow-up. The effect of treatment was observed both in subjective symptoms and objective parameters. Non-significant, Significant and highly significant results were observed in subjective parameters, objective parameters and overall in all three groups.

Key words: *Arsha,* Piles, *Chirabilwadi quatha, Kaseesadi thaila.*

Introduction

Arsha is a kind of disease which is most unkind towards mankind. By looking into the history one can understand that great saints like adishankara who revived the *vedic* literature, and famous rulers like Napoleon suffered from this disease (1). *Arsha* incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms (2). Now a day every person suffered from any one of the complaint of piles during their life time. Causes may be due to portal hypertension, hereditary or congenital, constipation, prostatic enlargement, pregnancies, long standing postures, insufficient dietic fiber (3). etc… As per Sushruta the doshas by their aggravating causes, dislodges from their normal seats alone or combined with other including the *rakta*, reaches the *maladwara (marga)* and causes the vitiation of *gudavalis* resulting the production of *mamsankuras* especially in *mandagni* persons (4). In this present era more number of patients are interested or inclined to take oral medicines rather than surgical procedures because they knew that surgical procedures may give raise one or other complications (5). Hence, aimed to study the first line of treatment of Sushrutha which is known as *oushadha chikitsa (4).* Good results of initial clinical trials *of chirabilwadi quatha (6,8)* as *panartha* and *kaseesadi thaila (7,8)* as *sthanika abhyanga*

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inspired me to take up the present work. "The medical management of *arsha* with *chirabilwadi quatha* and *kaseesadi thaila sthanika abhyanga*".

Aim:

1. This study was conducted to evaluate the efficacy and safety of *Chirabilwadi quatha* and *Kaseesadi thaila* in *Arsha.*

Objectives

1. Primary efficacy objective - Study of the effect of *Chirabilwadi quatha* and *Kaseesadi thaila* on changes in parameters - pain, bleeding, nature of stool, pressure on defecation, pruritus ani, mucous discharge, number of external and internal pile mass, size, character, tenderness on pressure, movement, from Baseline to after treatment in *Arsha* (Piles).
2. Secondary efficacy objective – Study of the effect of *Chirabilwadi quatha* and *Kaseesadi thaila* on changes in parameters - pain, bleeding, nature of stool, pressure on defecation, pruritus ani, mucous discharge, number of external and internal pile mass, size, character, tenderness on pressure, movement, from Baseline to after Follow up in *Arsha* (Piles).
3. Exploratory efficacy objective – Study of the effect of *Chirabilwadi quatha* and *Kaseesadi thaila* on changes in parameters - pain, bleeding, nature of stool, pressure on defecation, pruritus ani, mucous discharge, number of external and internal pile mass, size, character, tenderness on pressure, movement, from Baseline to After treatment (30 days, After Follow up (90 days) in *Arsha* (Piles).
4. Safety objective – Evaluation of the safety of *Chirabilwadi quatha* and *Kaseesadi thaila* in term of the occurrence of adverse events, changes from baseline in vital signs (B.P. Heart and Respiratory rate) and safety laboratory results (Bio-chemistry, Hematology) in *Arsha* (Piles) patients.

Hypothesis

Recent statistics reveals that irrespective of age, sex, socio – economic status, people suffer from piles. Now a day every person suffered from any one of the complaint of piles during their life time. *Arsha* incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms. The food habits and life styles of modern man also added to the increase in rate of incidence of *Arshas*. Piles pierce through may appear as a simple haemorrhoidal masses that descending.

1. Component of Hypothesis which to be total tested - Is there any presence of a positive effect relationship on the *Arsha* (Piles) patients who taken *Chirabilwadi quatha* and *Kaseesadi thaila*.
2. Component could not be tested - Assessment of the G.I.Tract, kidney and liver parameters because *Chirabilwadi quatha* and *Kaseesadi thaila* is helpful in the long term use.
3. Comments over hypothesis testing - Symptoms like pain, bleeding, Nature of stool, pressure on defecation, pruritus ani, mucous discharge and other studied but more importance given to pain of *Arsha* (Piles). As it interferes the day to day activities. That's why more emphasis is given on symptomatic relief. Before treatment, After treatment and After Follow-up is to be tested so that one may observe deterioration, stable, improvement and marked respond.
4. This Hypothesis was subjected to testing by using open trial clinical study.
5. This proposed operative Hypothesis for the present study is derived on the basis of

A. The description in the classical *Ayurvedic* texts.

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B. The clinical experiences of doctors in contemporary medicine and as well as in classics.

C. The survey of the literature regarding contemporary research on Arsha (Piles).

Materials:

Following were the materials taken for the clinical study.

Drugs:

1. *Chirabilwadi Quatha*
2. *Kaseesadi thaila*

Instruments:

1. Proctoscopy (Lighted)
2. Lithotomy Table
3. Stainless steel spoon (modified)
4. Hand gloves
5. Cotton ball

Methods:

Study design

The study was an open clinical trial conducted in Dr. B.N.M.E.T's Shri Mallikarjun Swamji's Post Graduate and Research Center, Bijapur. A total number of thirty patients were selected incidentally on the basis of inclusion criteria. The patients thus selected were randomly allocated to Three groups assigned as A, B and C were treated with *chirabiwadi quatha, kaseesadi thaila* and *chirabilwadi quatha* followed by *kaseesadi thaila* respectively.

GROUP – A. = In this group the patients were administered 10ml of *chirabilwadi quatha* with *sukhoshna jala, paschat bhakta, prathaha* and *ratrikala* for 1 *masa* followed by *takra* as *pathya*.

GROUP – B. = In this group the patients were get *sthanika abhyanga* on *Arsha* with *kaseesadi taila, santulita matra, paschat malapravruthi* for 1 *masa* followed by *takra* as *pathya*.

GROUP – C. = In this group the patients were followed group – A and group – B as a combined.

The patients were advised to attain the O.P.D. for periodic follow-up. They were also advised to consult immediately, if any discomfort is felt in the course of follow-up period. Total 90 days trial period in that 30 days treatment and 60 days follow up period. Data is recorded before treatment, after treatment and after follow up on subjective and objective criteria and entered in a special clinical proforma which was prepared with relevance to the *Ayurvedic* and Allied science. A written informed consent was obtained from all patients.

Sample size - A total of thirty patients were selected incidentally on the basis of prevalence of *Arsha* (Piles) quoted in the text one can calculate the minimum required sample size for the study by using marginal error or standard error. The patients thus selected were randomly allocated to three groups.

Inclusion Criteria

1. *Arsha* diagnosed according to classical and modern signs and symptoms and on examinations.
2. Patients were selected irrespective of sex, religion and place.
3. Patients were selected in between 20 to 50 years age group and of any degree any type of *Arshas*.

Exclusion Criteria

1. Age below 20 years and above 50 years.
2. Associated with fistula and polyp.
3. Carcinoma of rectum, prolapsed rectum, congenital abnormalities of anus.
4. Gangrene, Fibrosis Suppuration of piles.
5. Any systemic disorders as Anaemia etc.
6. Debilitating disorders as Tuberculosis, Rheumatoid arthritis, oncology etc.

Pilot Study

A pilot study on 6 patients was done, in order to grade the severity for individual symptom and over all severity dose fixation, determine end point and grading for the assessment of clinical improvement.

Investigations

Hb% , R.B.S., Urine routine etc (If found necessary)

Assessment of Variables

Clinical assessment was made for the severity of the disease and for the clinical improvement.

Grading for the severity of individual subjective and objective parameters, assessment and as well as for overall assessment was framed as four point scale (1-4). The gradings of 12 variables is given along with clinical proforma especially designed for the study on *Arsha*.

The severity of each variable ranging from Normal – 1, Mild – 2, Moderate – 3, Severe – 4.

Overall Assessment of Severity

Before treatment (Starting day), After treatment (after 30 days), After follow-up (after 90 days). Based on the scoring of variables, overall severity was graded as
Prakrita (Normal): 1 to 12, *Mrudu* (Mild): 13 to 24, *Madyama* (Moderate): 25 to 36 and *Teevra* (Severe): 37 to 48.

Assessment of Clinical Improvement

Clinical improvement of the disease was based on improvement in the clinical findings and reduction in the severity of the symptoms and overall severity of the disease. Grading for the clinical improvement individual symptoms and over all severity is as enumerated below.

Grading For the Clinical Improvement For Individual Variable

C.D. – Clinically deteriorated, i.e. increase in severity score against the initial score.

1) C.S. – Clinically stable, i.e. severity score remains as against the initial score.
2) C.I. - 1 – Encouraging i.e. 1 degree reduction in the severity score, against the initial score. i.e. reduction from mild – normal, moderate – mild, severe – moderate.
3) C.I. – 2 – Good i.e. 2 degree reduction in the severity score, against the initial score. i.e. reduction from moderate – normal, sever – mild.
4) C.I. – 3 – Excellent i.e. 3 degree reduction in the severity score, against the initial score. i.e. sever – normal.

Grading for the clinical improvement on over all severity.

1) C.D: Deteriorate (increase in the severity score)
2) C.S: Stabilized (no change in the severity score)
3) C.I – 1: Encouraging (1-12 reduction in the severity score)
4) C.I – 2: Good (13-24 reduction in the severity score)
5) C.I – 3: Excellent (25-36 reduction in the severity score)

Data Collection

Assessment for individual signs and symptoms and overall clinical improvement was done. The data was collected from each group at Before treatment, After treatment and After follow-up. Scoring was done and finally the data was collected, compared and analyzed, tabulated as convenient.

Statistical Analysis

The data collected were statistically analyzed with the help of microsoft excel ^{XP} version under the guidance of statistician.

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The data was computed for mean standard deviation, standard error, 't' value and P Values. P value was obtained using student's paired 't' test. Significance of the results was based on the P value. The statistical values from each group were collected and tabulated as convenient or compared and analyzed.

RESULT RELATED OBSERVATIONS FOR INDIVIDUAL GROUPS: CHARTS OF RESPONSE AT THE END OF TREATMENT

RESPONSE OF THE THERAPIES FOR INDIVIDUAL						
GROUPS	**(PERCENTAGE) AFTER TREAMENT**					
Variables	**Groups**	**CD**	**CS**	**C1-1**	**C1-2**	**C1-3**
Pain	A	0%	70%	10%	20%	0%
	B	0%	0%	30%	50%	20%
	C	0%	0%	10%	60%	30%
Bleeding	A	0%	10%	40%	50%	0%
	B	0%	0%	50%	40%	10%
	C	0%	80%	0%	10%	10%
Nature of Stool	A	0%	20%	40%	40%	0%
	B	0%	90%	10%	0%	0%
	C	0%	0%	10%	60%	30%
Pressure on defecation	A	0%	0%	20%	40%	40%
	B	0%	90%	10%	0%	0%
	C	0%	0%	10%	60%	30%
Pruritus ani	A	0%	0%	30%	60%	10%
	B	0%	0%	60%	40%	0%
	C	0%	0%	30%	40%	30%
Mucous Discharge	A	0%	0%	20%	70%	10%
	B	0%	0%	60%	40%	0%
	C	0%	0%	30%	40%	30%
External	A	0%	100%	0%	0%	0%
	B	0%	100%	0%	0%	0%
	C	0%	100%	0%	0%	0%
Internal	A	0%	100%	0%	0%	0%
	B	0%	100%	0%	0%	0%
	C	0%	100%	0%	0%	0%
Size	A	0%	30%	30%	40%	0%
	B	0%	0%	40%	50%	0%
	C	0%	0%	0%	60%	40%
Character	A	0%	30%	30%	40%	0%
	B	0%	10%	40%	50%	0%
	C	0%	0%	0%	70%	30%
Pressure on tenderness	A	0%	70%	0%	30%	0%
	B	0%	0%	60%	40%	0%
	C	0%	0%	50%	50%	0%
Movement	A	0%	60%	0%	30%	10%
	B	0%	90%	0%	10%	0%
	C	0%	90%	0%	10%	0%
Over all	A	0%	0%	100%	0%	0%
	B	0%	0%	100%	0%	0%
	C	0%	0%	100%	0%	0%

CHARTS OF RESPONSE AT THE END OF FOLLOW UP

RESPONSE OF THE THERAPIES FOR INDIVIDUAL GROUP (PERCENTAGE) AT THE END OF FOLLOW UP						
Variables	**Groups**	**CD**	**CS**	**C1-1**	**C1-2**	**C1-3**
Pain	A	0%	70%	0%	30%	0%
	B	0%	0%	40%	40%	20%
	C	0%	0%	10%	60%	30%
Bleeding	A	0%	10%	40%	50%	0%
	B	0%	10%	40%	20%	30%
	C	0%	80%	0%	10%	10%
Nature of Stool	A	0%	0%	40%	60%	0%
	B	0%	90%	0%	0%	0%
	C	0%	0%	10%	60%	30%
Pressure on defecation	A	0%	0%	40%	60%	0%
	B	0%	70%	10%	20%	0%
	C	0%	10%	60%	30%	0%
Prurituss ani	A	0%	0%	10%	60%	30%
	B	0%	0%	60%	40%	0%
	C	0%	0%	30%	40%	30%
Mucous Discharge	A	0%	0%	20%	70%	10%
	B	0%	10%	70%	20%	0%
	C	0%	30%	40%	30%	0%
External	A	0%	100%	0%	0%	0%
	B	0%	100%	0%	0%	0%
	C	0%	100%	0%	0%	0%
Internal	A	0%	100%	0%	0%	0%
	B	0%	100%	0%	0%	0%
	C	0%	100%	0%	0%	0%
Size	A	0%	10%	50%	40%	0%
	B	0%	10%	40%	50%	0%
	C	0%	0%	0%	60%	40%
Character	A	0%	30%	30%	40%	0%
	B	0%	0%	40%	60%	0%
	C	0%	0%	0%	70%	30%
Pressure on tenderness	A	0%	60%	10%	30%	0%
	B	0%	0%	40%	60%	0%
	C	0%	0%	50%	50%	0%
Movement	A	0%	60%	0%	30%	10%
	B	0%	90%	0%	10%	0%
	C	0%	90%	0%	10%	0%
Over all	A	0%	0%	10%	90%	0%
	B	0%	0%	0%	100%	0%
	C	0%	0%	0%	100%	0%

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STATISTICAL ANALYSIS OF GROUP - A RESULTS							
Variables	**Grading**	**Mean**	**S.D**	**S.E.**	**t**	**P. Value**	**Significance**
Pain	B.T	1.5	0.8498	0.2687	-	-	-
	A.T	0.5	0.8498	0.2687	2.63	0.169	NS
	F.U	0.6	0.966	0.3055	2.21	0.0401	S
Bleeding	B.T	3.0	0.6667	0.2108	-	-	-
	A.T	1.4	0.6992	0.2211	5.24	0.0001	HS
	F.U	1.4	0.6992	0.2211	5.24	0.0001	HS
Nature of Stool	B.T	3.3	0.6749	0.2134	-	-	-
	A.T	2.2	0.7888	0.2494	3.35	0.0036	S
	F.U	1.6	0.5164	0.1633	6.33	0.0000	HS
Pressure on defecation	B.T	3.3	0.6749	0.2134	-	-	-
	A.T	2.2	0.7888	0.2494	3.35	0.0036	S
	F.U	1.6	0.5164	0.1633	6.33	0.0000	HS
Pruritus ani	B.T	3.2	0.6325	0.2	-	-	-
	A.T	1.8	0.6325	0.2	4.95	0.0001	HS
	F.U	2.2	0.6325	0.2	3.54	0.0024	S
Mucous Discharge	B.T	3.3	0.4830	0.1528	-	-	-
	A.T	1.9	0.5676	0.1795	5.94	0.0000	HS
	F.U	1.9	0.5676	0.1795	5.94	0.0000	HS
External	B.T	1.6	1.075	0.33994	-	-	-
	A.T	0.0	0.000	0.000	4.7066	0.0001	HS
	F.U	0.0	0.000	0.000	4.7066	0.0001	HS
Internal	B.T	1.7	0.9487	0.29810	-	-	-
	A.T	0.0	0.000	0.000	5.7026	0.0000	HS
	F.U	0.0	0.000	0.000	5.7026	0.0000	HS
Size	B.T	2.5	0.5270	0.1667	-	-	-
	A.T	1.1	0.8756	0.2769	4.33	0.0004	HS
	F.U	1.3	0.6749	0.2134	4.43	0.0003	HS
Character	B.T	2.5	0.5270	0.1667	-	-	-
	A.T	1.1	0.8756	0.2769	4.43	0.0003	HS
	F.U	1.1	0.8756	0.2769	4.33	0.0004	HS
Pressure on tenderness	B.T	1.9	1.287	0.4069	-	-	-
	A.T	0.6	0.966	0.3055	2.55	0.0199	S
	F.U	0.7	0.9487	0.3	2.37	0.0289	S
Movement	B.T	2.0	1.333	0.4216	-	-	-
	A.T	0.9	1.197	0.3786	1.94	0.0681	NS
	F.U	0.9	1.197	0.3786	1.94	0.0681	NS
Over all	B.T	29.80	4.517	1.428	-	-	-
	A.T	16.20	1.549	0.4899	9.01	0.0000	HS
	F.U	15.80	2.741	0.8667	8.38	0.0000	HS

STATISTICAL ANALYSIS OF GROUP - B RESULTS							
Variables	**Grading**	**Mean**	**S.D**	**S.E.**	**t**	**P. Value**	**Significance**
Pain	B.T	3.000	0.6667	0.2108	-	-	-
	A.T	1.900	0.7379	0.2333	3.50	0.0026	S
	F.U	1.800	0.7888	0.2494	3.67	0.0017	S
Bleeding	B.T	2.900	0.5676	0.1759	-	-	-
	A.T	1.600	0.6992	0.2211	4.56	0.0002	HS
	F.U	1.700	1.059	0.335	3.16	0.0054	S
Nature of Stool	B.T	2.600	0.5164	0.1633	-	-	-
	A.T	0.100	0.3162	0.100	13.06	0.0000	HS
	F.U	0.100	0.3162	0.100	13.06	0.0000	HS
Pressure on defecation	B.T	2.800	0.4216	0.133	-	-	-
	A.T	0.100	0.3162	0.100	16.20	0.0000	HS
	F.U	0.500	0.8492	0.2687	7.67	0.0000	HS
Pruritus ani	B.T	2.500	0.5270	0.1667	-	-	-
	A.T	1.400	0.5164	0.1663	4.71	0.0002	HS
	F.U	1.400	0.5164	0.1663	4.71	0.0002	HS
Mucous Discharge	B.T	2.500	0.5270	0.1667	-	-	-
	A.T	1.400	0.5164	0.1663	4.71	0.0002	HS
	F.U	1.100	0.5676	0.1795	5.72	0.0000	HS
External	B.T	2.3	0.8233	0.2603	-	-	-
	A.T	0.0	0.0000	0.0000	8.834	0.0000	HS
	F.U	0.0	0.0000	0.0000	8.834	0.0000	HS
Internal	B.T	1.1	0.3162	0.0999	-	-	-
	A.T	0.0	0.0000	0.0000	11.011	0.0000	HS
	F.U	0.0	0.0000	0.0000	11.011	0.0000	HS
Size	B.T	2.800	0.6325	0.200	-	-	-
	A.T	1.600	0.5164	0.1633	4.65	0.0002	HS
	F.U	1.600	0.5164	0.1633	4.65	0.0002	HS
Character	B.T	2.700	0.6749	0.2134	-	-	-
	A.T	1.400	0.6992	0.2211	4.23	0.0005	HS
	F.U	1.400	0.6992	0.2211	4.23	0.0005	HS
Pressure on tenderness	B.T	2.700	0.4830	0.1528	-	-	-
	A.T	1.400	0.5164	0.1633	5.81	0.0000	HS
	F.U	1.600	0.5164	0.1633	4.92	0.0001	HS
Movement	B.T	1.200	0.6325	0.200	-	-	-
	A.T	0.200	0.6325	0.200	3.54	0.0024	S
	F.U	0.200	0.6325	0.200	3.54	0.0024	S
Over all	B.T	29.00	2.055	0.6498	-	-	-
	A.T	17.90	1.524	0.4819	13.72	0.0000	HS
	F.U	17.50	1.958	0.6191	12.81	0.0000	HS

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STATISTICAL ANALYSIS OF GROUP - C RESULTS							
Variables	**Grading**	**Mean**	**S.D**	**S.E.**	**t**	**P. Value**	**Significance**
Pain	B.T	3.3	0.4830	0.1528	-	-	-
	A.T	2.2	0.6325	0.200	4.37	0.0004	HS
	F.U	2.2	0.6325	0.200	4.37	0.0004	HS
Bleeding	B.T	1.5	1.080	0.3416	-	-	-
	A.T	0.5	1.080	0.3416	2.07	0.0531	NS
	F.U	0.5	1.080	0.3416	2.07	0.0531	NS
Nature of Stool	B.T	3.3	0.483	0.1528	-	-	-
	A.T	2.2	0.6325	0.200	4.37	0.0004	HS
	F.U	2.2	0.6325	0.200	4.37	0.0004	HS
Pressure on defecation	B.T	3.3	0.4830	0.1528	-	-	-
	A.T	2.2	0.6325	0.2	4.37	0.0004	HS
	F.U	2.2	0.6325	0.2	4.37	0.0004	HS
Pruritus ani	B.T	3.1	0.7379	0.233	-	-	-
	A.T	2.0	0.8165	0.2582	3.16	0.0054	S
	F.U	2.0	0.8165	0.2582	3.16	0.0054	S
Mucous Discharge	B.T	3.1	0.7379	0.2333	-	-	-
	A.T	2.0	0.8165	0.2582	3.16	0.0054	S
	F.U	2.0	0.8165	0.2582	3.16	0.0054	S
External	B.T	2.4	0.8433	0.26667	-	-	-
	A.T	0.0	0.0000	0.000	8.9997	0.0000	HS
	F.U	0.0	0.0000	0.000	8.9997	0.0000	HS
Internal	B.T	1.1	0.3162	0.09999	-	-	-
	A.T	0.0	0.0000	0.0000	11.010	0.0000	HS
	F.U	0.0	0.0000	0.0000	11.010	0.0000	HS
Size	B.T	3.5	0.5270	0.1667	-	-	-
	A.T	2.4	0.5164	0.1633	4.71	0.0002	HS
	F.U	2.4	0.5164	0.1633	4.71	0.0002	HS
Character	B.T	3.5	0.5270	0.1667	-	-	-
	A.T	2.3	0.4830	0.1528	5.31	0.0000	HS
	F.U	2.3	0.4830	0.1528	5.31	0.0000	HS
Pressure on tenderness	B.T	2.6	0.5164	0.1633	-	-	-
	A.T	1.5	0.5270	0.1667	4.71	0.0002	HS
	F.U	1.5	0.5270	0.1667	4.71	0.0002	HS
Movement	B.T	1.2	0.6325	0.2	-	-	-
	A.T	0.2	0.6325	0.2	3.54	0.0024	S
	F.U	0.2	0.6325	0.2	3.54	0.0024	S
Over all	B.T	31.90	2.132	0.6741	-	-	-
	A.T	14.40	1.075	0.3399	23.18	0.0000	HS
	F.U	14.40	1.075	0.3399	23.18	0.0000	HS

Disscussion

On title

However modern science as advanced and reached highest goal in medical aspects. It is yet to come up with complete treatment plan for arsha as surgical procedures find unjudicial application. The present study tittled "The Medical Management of *Arsha* with *chirabilwadi quatha* and *kaseesadi thaila sthanika abhyanga*" is a sincere attempt for the management of arsha which could be practicable at O.P.D. levels too.

Probable mode of action

Chirabilwadi quatha

Here, due to *nidanakara* factors *apanavata* gets aggravated that afflicts the anal sphincter leads to *arsha*. The ingredients of *chirabilwadi quatha* is having *vata shamana* properties. So it decreases the aggravated *apanavata* and prevents the affliction to anal sphincters and cures the *arsha*.

Kaseesadi Taila

It acts on haemorrhoids in two ways:

1. It cauterises the pile mass directly because of its *ksharana guna* (corrosive nature) and makes *ropana* (healing) of the same.
2. It coagulates protein in haemorrhoidal plexus.

The coagulation of protein leads to disintegration of haemoglobin into haem and globin. Synergy of these action result in decreasing the size of the pile mass. Further, necrosis of the tissue in the haemorrhoidal vein will occur. The necrosed tissue slough out as blackish brown. The haem present in the slough gives the discharge its colour. The tissue becomes fibrosed and scar formation seen. The haemorrhoidal vein obliterates permanently and there is no recurrence of haemorrhoids.

On Results

All three groups had shown high significant at the end of treatment and all three groups were withheld to end of treatment and end of follow up.

Conclusions

1) Majority *chirabilwadi quatha* relieves the subjective criteria variables and *kaseesadi thaila* relieves the objective criteria variables.
2) Observed that reduction of varicosed haemorroidal veins.
3) All the groups showed highly significant after treatment and after follow up as compared to before treatment (on the basis of P value). Whereas group C shows high significant difference as compare with group A and group B. (on the basis of 't' value).
4) In the overall clinical study effective medical management is possible but not complete cure.

References

1. Shastri R, editor. Harita Samhita (text with Asha Hindi commentary) of Harita. Arsha chikitsa. 1st edn., Varanasi: Pracha prakashana, 1985: (Tritiya sthana): 264-276.
2. Thomson W H, Oxford Text book of Surgery. 2nd edn., New York: Oxford University press, 2000: 1551-1568.
3. Nelson H, Dozois R R, Sabiston- text book of surgery. 16th edn., Singarpore: Harcourt PTE Ltd, 2001: 974-996.
4. Yadavaji T A, editor. Susrhuta samhita (with the Nibandhasangraha commentary of Shri Dalhanacharya and the Nyayachandrika Panjika of Shri Gayadasacharya on Nidanasthana). Arsha Nidana. 7th edn., Varanasi: Chaukhamba orientalia, 2002: (Nidanasthana): 270-276.
5. Anderson K N, Mosby's Medical, Nursing and Allied Health. 4th edn.,

London: St. Louis Baltimare Baston, 2000: 728.
6. Sharma S, editor. Sahasrayogam (mula sanskrit evam malayalam, Hindi, Anuvada sahit) of Sharma R. 2nd edn., Hydrabad: Dakshin prakashan, 1990: 17.
7. Mishra B S, editor. Rasendrasara Sangraha (Rasachandrika Hindi commentary) of Krsna G. 6th edn., Varanasi: Chaukhamba Amarabharati prakashan, 1981: 206.
8. Govt. of India Ministry of health and family welfare Dept. of I.S.M and H. The Ayurvedic pharamacopocia of India. New Delhi: 1st edn., 2 (pt 1): 133.

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