



A Clinical Study of RaktArsha Managed with Ayurvedic Treatment w. s. r. to 1st degree internal Haemorrhoid.

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ABSTRACT:

In the present era *Arsha* has become most common and distressing disease due to Sedentary life style and irregular habits. *RaktArshas* is one of the *bheda of Ardra Arshas*. Per rectal bleeding is the chief complaint in 1st degree internal *haemorrhoid*. Bleeding through Haemorrhoids can leads to Anaemia which ultimately leads to serious complications. Stoppage of bleeding is primary goal in the *RaktArsha*. In bleeding *Tikta Rasatmaka Dravyas* are given to the patients for *Agnisandeepan*, haemostasis & *Pachna* of *Doshas*.

So, in the present study single patient study taken. The result of the study was assessed on the basis of clinical improvement.

KEYWORD: *RaktArsha*, 1st degree internal Haemorrhoid, *Agnisandeepan*.

INTRODUCTION:

Today's sedentary life style, irregular eating and bowel habits causes

many diseases in that haemorrhoid is one of the frequent problems.

Haemorrhoid (Greek: *haima*-Blood, *rhoos*-Flowing; synonym: piles, Latin: *Pila*- a ball)¹

Haemorrhoids are defined as dilated plexus of superior haemorrhoidal veins in relation to anal canal².

Commonly three positions are seen in primary piles as at 3,7 and 11 'O' Clock positions (when the patient is in the *lithotomy* position)³. *Aacharya Sushruta* described *Arsha* under '*ASHTAUMAHAGADA*'⁴. According to *Charak Samhita Arsha* never occur without the aggravation of all three *Doshas*. It is because of the predominance of one or all three *Doshas* that different types of *Arshas* are determined⁵. From the treatment point of view *Arsha* may be divided into 2 groups viz. *ShushkArsha* (Dry piles) & *Sravi Arsha* (*Exudating/Bleeding* piles). *Sravi Arsha* which occurs due to the dominance of *Pitta & Rakta*⁶.

Among all types of *Arshas*, *Sravi Arsha* can be leads to life threatening

complications if not treated during early stage. Bleeding through pile mass can leads to Anaemia which ultimately leads to serious complications. Stoppage of bleeding is primary goal in the *RaktArsha* (bleeding piles).

Bheshaja Chikitsa is more effective in early stage of *RaktArsha* and has greatest advantage of wider acceptability by the patients.

In bleeding *Tikta Rasatmaka Dravyas* are given to the patients for *Agnisandeepan*, haemostasis & *Pachna* of *Doshas*⁷ and *Sheeta Veerya* is mainly *Pittashamaka* and *Pitta* is the main *Dosha* responsible for bleeding piles.

AIM AND OBJECTIVES:

To Study the Clinical Management of *RaktArsha* with *Ayurvedic* Treatment w. s. r. to 1st degree internal Haemorrhoid.

MATERIALS AND METHOD:

CASE REPORT: -

Name of patient – XYZ

Gender – Female

Age – 36 years

Occupation – Housewife

Religion – Hindu

Desh – *Sadharan*

Marital status – Married

CHIEF COMPLAINTS:

- 1) Per rectal drop wise bleeding - Since 15 days
- 2) Constipation – On & Off Since 15 days

CASE HISTORY:

A 36 yrs female patient suffered from per rectal drop wise bleeding after defecation and constipation. Onset of these symptoms are last from 2 wks.

Past history: No H/O - DM/HTN/IHD/COPD

Personal History:

- a. **Addiction-** Tea 2-3 times per day
- b. **Dietary Habits-** Irregular, spicy food
- c. **Bowel Habits-** Hard stool (Constipation On & Off)
- d. **Nature of work-** Sedentary

Family History: NO History found

GENERAL EXAMINATION:

1. Pulse rate – 82/min
2. BP – 110/70 mm of Hg
3. Weight – 56 kg
4. P/A – Soft
5. Liver and Spleen- not palpable
6. S/E - CNS, CVS, RS - NAD

ASHTAVIDHA PARIKSHA:

1. *Nadi* - 82/min
2. *Shabda* - *Spashta*
3. *Mutra* – 5-6 times per day
4. *Spardha* - *Ushna*
5. *Mala* – *Malavsthambh* (1-2 times per day)
6. *Druk* – *Prakrut*
7. *Jivha* - *Saam*
8. *Aakruti* – *Madhyam*

LOCAL EXMINATION:

P/R Examination:

Perianal region: Normal

Anal Region – No any abnormal growth, No any discharge

Sphincter Tone - Relaxed

Proctoscopy – 1st degree internal haemorrhoid present at 11 o' clock.

No congestion

GRADATION OF SYMPTOMS:

1) AMOUNT OF BLEEDING PER ANUM:

Sr.no.		Grade
1)	No bleeding	0
2)	Soiling of faeces with blood or staining of hand / tissue paper on cleaning after defecation	1
3)	Drop by drop 5-10 drops	2
4)	Drop by drop >10 drops / during entire act of defecation	3
5)	Jet of blood /Splashes in the pan	4

2) FREQUENCY OF BLEEDING PER ANUM:

Sr.no.		Grade
1)	No Bleeding	0
2)	Once in a week	1
3)	Twice in a week	2
4)	>3 -5 times in a week	3
5)	Daily	4

3) CONSTIPATION:

Sr. no.		Grade
1)	Absent	0
2)	No requirement of laxatives only diet modification	1
3)	Requires laxative	2
4)	Not reliving by laxatives	3

TREATMENT:

- 1) Chandanadi Kwath 50ml BD after meal
- 2) Gandharv haritaki churna 5gm H.S

Follow up Taken on 1st, 7th, 14th days of Treatment.

RESULT:

Symptoms	0 day	7 th day	14 th day
Amount of bleeding per rectal	2	2	1
Frequency of bleeding	3	2	1
Constipation	2	1	0

DISCUSSION:

1. *Arsha* is a *Tridoshaj Vyadhi* that arises from Mandagni and Ama formation.
2. The principal of treatment of *RaktArsha* includes three chief clinical effects- (1) *Agni Deepan*, (2) *Vatanuloman* and (3) *Raktasthambhan*.
3. *Chandanadi Kwath* contains 8 ingredients⁸ – *Raktachandana*, *Kiratatikta*, *Dhanvayasa*, *Shunthi*, *Daruharidra*, *Twak*, *Ushir*, *Nimba*.

pharmacological actions of *Chandanadi Kwath*⁹-

Raktachandana has *Madhura -Tikta Rasa*, *Guru - Ruksha Guna*, *Sheeta Veerya*, *Katu Vipaka*. So, it has *Kaphapittashamak*, *Daahaprashmana*, *Sthambhaka* properties.

It acts as Anti-inflammatory, anthelmintic in action¹⁰.

Kiratatikta has Tikta – Rasa, Laghu - Ruksha Guna, Sheeta Veerya, Katu Vipaka.

So, it has *Kaphapittashamak, Raktashodhaka, Agni-Deepana, Aampachana* properties. It acts as antibacterial, antifungal, antiviral, anticancer, anti-inflammatory in action¹¹.

Dhanvayasa has Madhura - Tikta - Kashya Rasa, Laghu - Snigdha Guna, Sheeta Veerya, Madhura Vipaka. So, it has *Kaphapittahara, Arshoghna, Daha prashamana, Rakta Shodhaka, Rakta Sthambhaka* properties. It acts as astringent, antiviral, antimicrobial, antiseptic, anti-inflammatory, antioxidant in action¹².

Shunthi has Katu Rasa, Laghu - Snigdha Guna, Ushna veerya, Madhura Vipaka. So, it has *Vatakaphashamaka, Shothahara, Arshoghna, Vedanasthapaka, Agni-Deepana, Pachana, Vatanulomana* Properties. It is Anti-inflammatory, Antibacterial, Antipyretic, Antioxidant and Analgesic in action¹³.

Daruharidra has Tikta - Kashay Rasa, Laghu - Ruksha Guna, Ushna Virya, Katu Vipaka. So, it has *Kaphapittahar, Arshoghna, Shothhara, Vedana sthapana, Rakta Sthambhana* Properties. It is Anti-inflammatory, Hepatoprotective, Antidiabetic, Anticancer, Antimalarial, Antimicrobial, Antioxidant in action¹⁴.

Twak has Madhura – Katu - Tikta Rasa, Laghu – Ruksha - Tikshna Guna, Ushna Virya, Katu Vipaka. So, it has *Vatakaphnashaka, Agnimandyahara, Arshoghna, Shothhara, Vedana Sthapana, Rakta Shodhaka* properties. It is blood purifier, digestive, antiseptic, antifungal,

antiviral, antibacterial, antioxidant, anti-inflammatory in action¹⁵.

Ushir has Madhura – Tikta Rasa, Laghu – Ruksha Guna, Sheeta Veerya, Katu Vipaka. So, it has *Kaphapittahghna, Agni-Deepana, Pachana, Raktstambhaka* Properties. It is antifungal, cooling, haemostatic, expectorant, antispasmodic in action¹⁶.

Nimb has Tikta - Kashay Rasa, Laghu Guna, Sheeta Veerya, Katu Vipaka. So, it has *Kaphapittahghna, Daahprashmana, Rakta Shodhaka, Vranpachana, Vranashodhanaka* Properties. It is Antibacterial, Antiviral, Anthelmintic, Antiseptic, Anti-inflammatory in action¹⁷.

Owing to all the above mentioned properties of the constituents of *Chandanadi Kwath*, it helps in breaking the pathology of *RaktArsha* by its *Vatanulomana, Deepan, Pachana, Rakta shodhana, Raktastambhana* properties.

4. *Gandharav Haritaki Churna*:

This *churna* acts as a *anulomak* thus helps in relieving constipation.

CONCLUSION:

1. From the above case study, it was concluded that in *Chandanadi Kwath* most of the drug are *Tikta-Kashay Rasa* and *Sheeta Veeryatmak* so it helps in *Agnisandeepana & Pachana* of *Doshas, Vatanulomaka* and *Raktastambhaka*.
2. *Gandharv haritaki Churna* helps in relieving the constipation.

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