



A case report (pilot study) on effect of Prandayog (internally) and Arshahar Tail (externally) in Arsha

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ABSTRACT:-

Arsha is a most common disorder of the ano-rectal system. It is a painful condition caused due to suppression of natural urges, improper eating habits and modernization of lifestyle which causes vitiation of *Agni* (*agnimandhya*) which eventually leads to vitiation of *dosha*. The vitiated *doshas* finds its seats in *twak*, *mamsa* and *meda* in *guda* region causing *gudankura* in the *guda* region which are called as *Arsha*. *Vagbhatacharya* defines *arsha* as the entity in which muscular projection troubles the patient like as an enemy and causes anal obstruction. As *Arsha* is localised lesion of systemic derangement of *Dosha*, both *Sthanika* and *Sarvadaihika Chikitsa* are to be adopted. The current management of *arsha* in modern science includes use of laxatives, antibiotics and surgery as the final resort. All these have unavoidable sideeffects. *Arsha* is described

as *vyadhi* of *manasvaha strotas* in various ayurvedic texts including *sushruta samhita*, *charak samhita* and *astang hriday* etc which describes the causes, pathology, symptoms (pain in anal region, constipation etc), and treatment (*bheshaj*, *kshar*, *agni*, *shastra*). The study is an effort to evaluate the *bheshaj chikitsa* of *pranada yog* with *takra anupana* and local application of *arshahar tail* in management of *arsha*. An attempt has been made to evaluate the probable mode of action of the compounds on the *samprapti vighatan* of *arsha vyadhi*.

INTRODUCTION:

Arsha is a disease caused due to suppression of natural urges and irregular and improper eating habits which causes vitiation of *Agni* (*agnimandhya*) which eventually leads to vitiation of *dosha*. The vitiated *doshas* finds

its seats in *twak*, *mamsa* and *meda* in *guda* region causing *gudankura* in the *guda* region which are called as *Arsha*(1). *Vagbhatacharya* defines *arsha* as the entity in which muscular projection troubles the patient like as an enemy and causes anal obstruction(2). Its prevalence is increasing gradually due to improper eating habits, sedentary lifestyle, natural urges and has prevalence rate of 4.4%(3). It mainly affects people between 45-65 years age group. In modern medical science have researching a lot about such disease even with haemorrhoid they have explained so many ways of treatment modalities, procedures, surgeries. The recurrence rate of haemorrhoids even after surgery are high and post-surgical complication are also high. In Ayurveda 4 types of treatment is given for *arsha* i.e. *bheshajakarma*, *ksharakarma*, *Agni karma*, *Shastra karma*(4). Out of these *bheshaj karma* is safer, convenient and acceptable to patient Hence in this Case, study an effort was made to evaluate the *bheshaj chikitsa* of *pranada yog* with *takra anupana* and local application of *arshahar tail* in management of *arsha* in which the patient is not willing is unfit for surgery or has opted to such nonsurgical management for treatment. An attempt has been made to evaluate the probable mode of action of the compounds on the *sampraptivighatan* of *arshavyadhi*.

CASE REPORT:

Assessment criteria: -(7)

A 48 years old male patient came to O.P.D. of hospital with presenting complaints of sashool malapravrutti(pain during defecation), *guda shotha*(anal swelling), *guda kandu* (pruritus any), *agnimandya* (loss of appetite), *aatop* (abdominal distention), and *mala baddhta* (constipation) with hard stool since two to three months. He was on NSAIDS, Antibiotics, and Laxatives for a couple of months with little or no relief from his complaints.

On examination: -

Pulse:- 87/ min

B.P.: - 136/86 mm Hg.

Temp.: - afebrile.

SPO2: - 98%

Local examination: -

No bulging of pile mass from anal verge.

No fissure seen.

Per rectal examination shows grade 2 pile mass at 3'0 clock position.

Diagnosis: - *abhyanter arsha*. Grade 2 internal piles.

Treatment given: -

- *Pranadayog* 6 gm twice with *Takra* before food (*apankaal*). (*Haritakichurna* 3gm and *gud* 3 gm mixed in equal proportion)^[5]
- *Gudpuran* with *arshahar tail* 5 ml.^[6]

Treatment continued for 4 week with regular follow up after 7 days.

score	Grade	loss of appetite (<i>agni-mandya</i>)	Constipation (<i>mala-vibandha</i>)	Anal pain (<i>guda-shoola</i>)	Itching in ano (<i>guda-kandoo</i>)	Protrusion of pilemass (<i>arsha-bhrinsha</i>)
0	No	Hungry after 6 hrs. of meal	Regular motion	No anal pain	No	Bleeding only
1	Mild	Hungry after 10 hrs. of meal	Alternate day stool passed	Anal pain during defaecation	Itching before defaecation	Bleeding with protrusion of pile mass bt goes inside automatically
2	Moderate	Hungry after 12 hrs. of meal	After 2 days hard stool passed	Anal pain with straining during defaecation	Itching before & after defaecation	Protrusion of pile mass during defecation, and has to be replaced manually.
3	Severe	Hungry after above 12 hrs. of meal	After 4-5 days hard stool passed with straining	Anal pain with strain & mucous during defaecation	Itching before & after defaecation with discharge	Pile mass protruded other than defaecation like coughing, sneezing

OBSERVATION: -

After assessment, it was observed that there was significant reduction in per rectal pain with reduced per rectal inflammation from moderate to no pain. Pruritis reduced from severe to mild. Appetite of the patient was greatly improves with sensation oh hunger from grade 2 to grade 0 of the assessment criteria. Patient was relieved from severe constipation and hard stools with regular

bowel movements.

It was observe that after consumption of *tikshna* and *katurasatmakaahar* caused excessive *gudadaaha* in the patient for 1 week between the follow up period.

DISCUSSION:

Probable mode of action:

Drug name	Rasa	Guna	Virya	Vipaka
HARITAKI	Madhura,Amla,Katu,Tikta,Kasaya.	LaghuRuksha	Usna	Madhur
GUD	Madhura	Singdha	ushna	Madhur
BILVA	Katu, tikta, kashay.	Laghu, ruksha	Ushna	Katu
Chitraka	Katu	Laghu,ruksha,tikshna	Ushna	Katu
Kushtha	Katu, tikta	Laghu	Ushna	Katu
Yavakshar	Katu , lavan	Laghu, ruksha , tikshna	Ushna	Katu.

Arsha is caused due to vitiated *agni* (*agnimandhya*) caused due to *aharaj* (Faulty diet) or *viharaj* (suppression of natural urges, sedentary life style etc), *hetu-sevan* which causes *malavasthambh* (hard stools). This causes excessive pressure on *gudavali* present in *guda* causing engorgement of the vessels. Also in *arsh* there is *sthanshanshrya* of vitiated *dosha* in *mansatwakra* *tadhatu* in *gudasthana* leading to *sthanikgudavedana*, *gudakandu*, *gudadaha*. *Pranadayog* consist of *dravyas* which are *katutikta pradhan* resulting in *deepana* of *agni* and *pachana* of the vitiated *aamadoshas*. *Gud* causes *vrudhhi* of the *doshas* and brings the *doshans* in the *kostha*. *Haritaki* being *anulomak* and *guda* being *sarak* in properties causes *anuloman* of *sanchita dosha* as well as the *doshas* brought in the *koshthas*. Thus relieving the pressure on the engorged vessels of the *guda*. *Anupan of takra* causes *agnivardhana* and *pachan of dosha*.

Gudapurana of *arshahar tail* causes *lekhan karma* of the *doshas* as *chitrak*, *kushtha*, *yavakhsar* has *lekahan* properties. the *rasa* of *chitrak ayavakshar*, *kushtha* being *katu*,

verya-ushna and *vipaka-katu* which causes *pachana* of the *sthanik dosha sanchaya*. The *laghu-tikshna*, *vyavayi guna* of *yavakshar* causes *strotomukhshodhan* as a results causes *anuloman* of the *dosha*.

Tel is *uttam vaat shamak*. It also reduces the *tikshna guna* of the *chitraka*, *yavakshar*.

All the synergetic effect causes the *samprapti-vighatana* of the *arsha vyadhi*.

The *guda-daha* observed by the patient may be due to vitiation of *pitta* cause due to combined effect of the medicine and *aahara sevan* by the patient.

CONCLUSION:

From this case study we can conclude that in *arsha vyadhi* there is involvement of *sarvadehik doshas* and *dusti* of *sthanik dhatu* so both external and internal treatment is needed for better result in its course of treatment. The present case study reveals that use of *pranada yog* internally and *arshahar tail* externally is beneficiary for management of *arsha*. Further studies regarding its mechanism and results of action in various grades can be done.

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