



RESEARCH ARTICLE

A COMPARATIVE STUDY OF PEELU TAILA VARTI & KASEESADI TAILA VARTI IN THE
MANAGEMENT OF ABHYANTARA ARSHAS

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ABSTRACT

Present time is the era of changing food, sedentary lifestyle and mental stress, all these factors disturbs the digestive system resulting into many diseases. Among them Arshas are quite common in the society. Management of Arsha through surgical procedure has become notorious due to post-operative pain associated with many more complications. And surgery is not possible in cases like extremes of age, surgically unfit persons, pregnancy etc. So, this study was conducted to evaluate the effectiveness of peelu taila varti with indigenous drugs in abhyantara arshas. For the present study, 30 diagnosed patients of abhyantara Arshas were selected and divided into two equal groups. In trial group, patients were treated with peelu taila varti and control group patients were treated with kaseesadi taila varti for 10 days and assessment was made on 3rd, 5th, 10th & 15th day during treatment. The patients were assessed on the basis of subjective and objective parameters before treatment, during and at the end of the treatment. There was one follow up after 1 month. The treatment with peelu taila varti have shown effective results during and post follow up of treatment in reducing signs and symptoms. After the total course of intervention the data obtained towards the results indicated that peelu taila varti was effective than kaseesadi taila varti in the management of abhyantara arshas.

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INTRODUCTION

The object of human life is to obtain dharma, artha, kama, moksha. For achieving these four objects, healthy body and healthy mind are essential things. All the time Ayurveda has also the same implacability. Āyurveda is the natural healing system of Medicine. Shalyatantra is its important branch which represents the surgical field. It is commonly seen with those people who have sedeantary life style. 'Arsha' is the gift of busy life style. It has been mentioned one among important disease under Astamahagada. The ancient regarded this disease as a surgical domain since final resort of the treatment is surgery. In Vedas the Arshas was referred as durnam. The disease which tortures the person like an enemy is called as Arshas. Such hemorrhoids are classified as internal and external, the former arising in the upper two-thirds of anal canal which is lined by columnar-celled epithelium, the latter in the skin-covered lower one-third of the canal or at the anal orifice itself. As per sushruta, the doshas due to their aggravating causes, dislodges from their normal seat (alone or combined with other including the rakta) and reaches the mala dwara in pradhana dhamani and causes the vitiation of guda valis resulting in the production of mamsankura especially in

mandagni persons. Irritation to guda by koshta, upala loshta, vastra, and sheetodaka sparsha leads to further aggravation of dosha (Murthy Srikantha and Astanga Hridaya, 2006).

Ayurveda propounded a comprehensive chikitsa for Arshas which includes medicinal, surgical as well as para-surgical treatments as prevailing today. Susruta advocates the management of Arshas under four headings. As follows:

1. Oushadha karma
2. Shastra karma
3. Kshara karma
4. Agni karma (S. Das a concise textbook of surgery 3rd edition)

In modern medicine, it is evident that satisfactory results are not achieved due to appearance of some complications in pre and post operative stages. Apart from surgery, the advanced techniques such as cryosurgery, rubber band ligation therapy as well as infrared coagulation therapy are described. Inclusion of number of techniques shows the lack of universal acceptance of particular treatment to avoid surgical complication and achieve good results. So some of the local and external applications have brought out as simple, effective, economical and in the eyes of patients they have the great psychological advantage of being applied directly to the site of

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origin of their symptoms. As mentioned earlier that the ancient acharyas i.e. sushruta, charaka, chakradutta, vangasena were explained curative measures for management of Arshas. Among them one internal application is undertaken for the present study, known as "Peelu taila varti" which is mentioned in the Arshodhikar chapter of Vangasena samhita.

Objectives of the study

The aim and objectives of the present study targets:

- 1) To evaluate the efficacy of peelu taila varti in the management of abhyantara Arshas as a internal application.
- 2) To evaluate a safe, uncomplicated, economic and less painful management of abhyantara Arshas.

METHODOLOGY

Source of data

The present open clinical study was conducted on 30 patients on the basis of simple randomised sampling procedure. Patients of Abhyantara arshas were selected according to the signs and symptoms, and a case proforma was prepared.

Selection of cases

Patients were selected from O.P.D. & I.P.D. of shalya tantra department of Sri Siddharoodha Charitable Hospital attached to N.K.J.Ayurvedic Medical College & P.G.Centre, Bidar.

Selection criteria

Inclusion criteria

1. Patients with 1st & 2nd degree pile mass.
2. Irrespective of sex.
3. Patients age group between 20-50 Years

Exclusion criteria

1. Patients suffering from External Hemorrhoids.
2. Patients suffering from 1st & 2nd degree Internal Hemorrhoids, associated with other proctological diseases (Fistula in ano, Fissure in ano, Rectal prolapse, Rectal polyps, and malignant growth) will be excluded.
3. The patients suffering from other severe systemic disorders like DM, HIV etc. will be excluded.

Study design

A total number of 30 patients were randomly selected for the study. They were divided into 2 groups of each 15 patients.

Group 1- (Trial group)-15 patients were treated with peelu taila varti internally.

Group 2-(Control group)-15 patients were treated with kaseesadi taila varti

Assessment

Both groups of Patients were assessed on day 5th and 10th, 15th day. The progress will be noted in a specially prepared case

sheet. The observations will be analyzed on the basis of assessment parameters (subjective and objective) the results will be statistically evaluated for its significance by t-test.

Follow- up:- Follow up was done on 15th & 30th day of treatment.

Materials

- Peelu taila,
- Sterile gloves,
- Sterile Pads,
- Dressing gauzes,
- Disposable syringe.

Assessment criteria

Subjective criteria

1. Pain in anal region
2. Bleeding per rectum

Objective criteria

- Size of Pile mass
- Number of Pile mass.

Grading of parameters according to severity 1. pain:(vas scale) 0R MRC grading

Grade 0 – Nil or no pain

Grade 1 – mild pain during defecation.

Grade 2 – moderate pain during & after defecation.

Grade 3 – sever pain during defecation and difficulty in sitting and walking.

Bleeding per rectum

G₀ – No bleeding

G₁- Found on toilet paper

G₂- dripping

G₃- Sluice.

Size of the pile mass (Circumfrenial length)

Grade 0 – complete regression of the pile mass.

Grade 1 – 0.5cm -2 cm

Grade 2 – 2.1cm -4 cm

Grade 3 – 4.1cm -6 cm.

Number of pile mass

G₀- No pile mass

G₁- One pile mass

G₂- Two pile mass

G₃- Three pile mass.

Pathya: All patients will be advised to follow mrudu and snigdha anabhishandi ahara.

ASSESSMENT OF RESULTS

All the parameters were assessed statistically before and after treatment and follow up to assess the total effect of therapies.

Cure – 100% free from cardinal sign and symptom, these are pain, prurits, size of pile mass, colour change of mass.

Max. Improvement – >75% improvement of the above mentioned cardinal sign and symptoms.

Moderate Improvement – 50% to 74% improvement of the above mentioned cardinal sign and symptom.

Mild Improvement – 25% to 49% improvement of the above mentioned cardinal sign and symptom.

No. Improvement – <25% improvement of the above mentioned cardinal sign and symptom. Grading & grouping according to the assessment criteria and measurement scale concerned to each item categorically differentiated the findings among the patients in the clinical study. And finally the assessment as a whole was presented in percent value. In order to present the study in a scientific manner the statistical assessment of the result was done by using Paired t-test in consultation with Bio- Statistician.

Table. Statistically assessed Signs and symptoms-Trial Group

Sign and Symptoms	BT Mean ± S.E.	Assesmen		D f	T- value	p- value	Effectiveness %	Remar k	
		t	Mean ± S.E.						
Pain on MRC	2.73±0.15	1	2.33±0.15		3.05	<0.05	14.63	NS	
		2	1.60±0.23			6.85	>0.001	41.46	S
		3	1.06±0.20			7.45	<0.001	60.97	S
		4	0.73±0.22			9.79	<0.001	68.57	HS
Bleeding PR	1.53±0.20	1	1.13±0.19		3.05	>0.001	26.08	S	
		2	0.8±0.20	14	6.20	<0.001	47.82	S	
		3	0.53±0.19			8.24	<0.001	65.21	HS
		4	0.2±0.10			10.89	<0.001	82.35	HS
Size of pile mass	2.7±0.11	1	2.2±0.18		3.50	>0.001	17.07	NS	
		2	1.7±0.11			6.34	<0.001	36.58	S
		3	1.2±0.22			7.27	<0.001	56.09	S
		4	0.9±0.24			9.32	<0.001	68.82	HS

Table. Effect of therapy on size of pile mass-Trial Group

Sign and Symptoms	BT Mean ± S.E.	Assesment	Mean ± S.E.	D f	T- value	p-value	Effectiveness %	Remark							
1 Pile Mass	2.4±0.16	1	2.2±0.174		1.87	<0.05	8.33	NS							
		2	1.8±0.19			3.22	>0.001	22.22	S						
		3	1.3±0.25			4.05	>0.001	44.44	S						
		4	1.0±0.24			7.79	<0.001	64.44	HS						
2 Pile Nd Mass	2.2±0.14	1	1.9±0.11		2.25	>0.001	12.12	S							
		2	1.7±0.18			3.50	>0.001	21.21	S						
		3	1.2±0.15	14	6.08	>0.001	42.42	S							
		4	0.8±0.2			7.01	<0.001	63.63	HS						
3 Pile RdMass	2.3±0.16	1	2.1±0.17		1.87	>0.001	9.67	S							
		2	1.8±0.2			3.61	>0.001	22.58	S						
		3	1.3±0.2			4.83	>0.001	41.93	S						
		4	1.0±0.27			4.68	<0.001	62.33	HS						

RESULTS

In the present Clinical study the results of all the cases were noted on the basis of following points

The above statistical analysis shows that in case of pain the mean \pm S.E. before treatment was 2.73 ± 0.15 and was reduced to 2.33 ± 0.15 after 3 days, 1.60 ± 0.23 after 5 days, 1.06 ± 0.20 after 7 days and 0.73 ± 0.22 after 10 days. The test shows that pilu taila varti is significantly effective in reducing pain with the P-value < 0.001 in 3rd 5th 7th 10th day of assessments respectively. In case of bleeding PR the mean \pm S.E. before treatment was 1.53 ± 0.20 and was reduced to 1.13 ± 0.19 after 3 days, 0.8 ± 0.20 after 5 days, 0.53 ± 0.19 after 7 days and 0.2 ± 0.10 after 10 days. The test of significance shows that pilu taila varti is significantly effective in reducing bleeding PR with the P-value < 0.001 in 3rd 5th 7th 10th day of assessment respectively. In case of size of pile mass, the mean \pm S.E. before treatment was 2.7 ± 0.11 and was reduced to 2.2 ± 0.18 after 3 days, 1.7 ± 0.11 after 5 days, 1.2 ± 0.22 after 7 days and 0.9 ± 0.24 after 10 days. The test of significance shows that pilu taila varti is not much significantly effective in restoring the local normal colour of skin with the P-value < 0.01 in 3rd 5th 7th 10th day of assessment respectively.

In case of 1st of the pile mass the mean \pm S.E. before treatment was 2.4 ± 0.16 and was reduced to 2.2 ± 0.17 after 3 days, 1.8 ± 0.19 after 5 days, 1.3 ± 0.25 after 7 days and hence shows that pilu taila varti is significantly effective (64.44%) in reducing the size of the pile mass with the P-value < 0.001 in 3rd 5th 7th 10th day of assessment respectively. In case of 2nd pile mass the mean \pm S.E. before treatment was 2.2 ± 0.14 and was reduced to 1.9 ± 0.11 after 3 days, 1.7 ± 0.18 after 5 days, 1.2 ± 0.15 after 7 days and 0.8 ± 0.2 after 10 days. The test of significance shows that pilu taila varti is significantly effective (63.63%) in reducing the size of the pile mass with the P-value < 0.001 in 3rd 5th 7th 10th day of assessment respectively. In case of 3rd pile mass the mean \pm S.E. before treatment was 2.3 ± 0.16 and was reduced to 2.1 ± 0.17 after 3 days, 1.8 ± 0.2 after 5 days, 1.3 ± 0.2 after 7 days and 1.0 ± 0.27 after 10 days. The test of significance shows that pilu taila varti is significantly effective (62.33%) in reducing the size of the pile mass with the P-value < 0.001 in 3rd 5th 7th 10th day of assessment respectively.

DISCUSSION

Discussion on effect of therapy on parameters

In the present study, the effect of the therapy was assessed on each sign and symptom of Arshas, being scored before and after treatment and were assessed statistically for the level of significance.

Effect on pain: - Pain was reduced by 68.57 % in Group A & 56.29% in Group B. Both the groups showed improvements with significance p-value of < 0.001 .

Pain was there in all patients. The severity of pain is mainly due to pravrudha vata and kapha doshas. The exposure of pilu taila varti to abhyantar Arshas in Group A has resulted in reduction of pain when compared BT and AT. This may be because:

Drugs used for in peelu taila has properties of rakt sthamban, anuloman, vedana shamaka and vata-kapha shamaka. Arka due

to its laghu ruksha tikshana and ushna guna is vata-kaphaghna, vedana-sthapaka, shothahara etc may have relieved the pain. Water-soluble extract of the residue from methanal extract of the stem bark exhibits anti-inflammatory properties, r). The treatment with kaseesadi taila varti in internal pile mass in Group B has also showed improvement in reduction of pain due to its tridosahara, vedanasthapaka and shothahara properties.

Effect on bleeding: - It showed significant reduction in Group A up to 82.35% & in Group B up to 74.21%. Results of both the groups were highly significant. drug used in group A are rakta sthambak, anuloman, vata pitta hara..

In Group B kaphavatahara and krimighna properties of kaseesa may have reduced the bleeding in internal haemorrhoids.

Effect on size of pile mass: - Pile masses were reduced by 62.13 % in Group A and 45.32% in Group B.

Drugs in Group A due to their vata-kaphaghna, kapha-pittaghna and shothahara properties and water-soluble extract of the residue from methanal extract of the shami exhibits anti-inflammatory properties may have relieved odema of abhyantara arsha resulting in reduction of size of pile mass. As procedure of varti, causes the internal haemorrhoidal plexus to shrivel, harden, removes stasis of vitiated dosas and reduces blood flow to the haemorrhoid, eventually causing reduction of pile mass. This procedure in one or the other way acts on the principle of infrared coagulation of pile mass

Conclusion

1. The both varties are cost effective can be easily prepared and can be easily applied with less recurrence after treatment.
2. The present study proved that, the usage of varti is better and effective in comparison to surgical procedure
3. It can be concluded that varti karma shows much more promising results in managing internal pile mass. No untoward effects were observed in any of the cases in both the groups.

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