Role of 'GUDHARITAKI' in The Management Of Gudarsha w.r.t. Haemorrhoids.

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Abstract:
Ayurveda has immense potential to solve many unresolved and challenging problems of the medical world. Among Ashtang Ayurveda Shalya Chikitsa is one of the most important branch, Sushrut Samhita is known for surgical principles and many of them are practiced till date. It has been opined that the management of some diseases is a great challenge with veracity to a doctor. Among them Gudarsha (Hemorrhoid) is one the grave disease for which it has been included in Ashto Mahagad (major diseases).

“अरिवत् प्राणान श्रुणातत हिनसि इति अर्श” | मधुकोर् (मा.नि.)

In Sushrut Samhita the whole treatment is covered under four categories

- Bhaishajya Chikitsa (Medicinal / conservative treatment)
- Kshar Karma (Caustic therapy)
- Agni Karma (Heat therapy)
- Shashtra Karma (Surgical treatment)

In Ayurvedic text many drugs are described which herbo – mineral preparations, these helps to reduce & subside pain, swelling & bleeding of piles. An evolution of these remedies may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern science and there is repeated reoccurrence of the disease even after surgery, so I am inspired to select the topic so that the lacuna of the surgery and the para-surgery treatments is fulfilled and side by side the entire system of the body is rejuvenated to sustain and gate rid of the reoccurrence.

Introduction:
In our study, the fear of the surgical procedure (11.8%) is somewhat more than the fear of anesthesia (10.8%). A substantial number of patients state that they were afraid of neither the surgery nor anesthesia (46.4%), but after we had calculated their overall fear, it results that they were afraid (ncbi) he most common complication after 1 week was recurrence of hemorrhoids in 2.3% of patients, severe pain (1.7%), stenosis (0.8%), fissure (0.6%), bleeding (0.5%), skin tag (0.5%), thrombosis (0.4%), papillary hypertrophy (0.3%) fecal urency (0.2%), staples problems (0.2%), gas flatus and fecal incontinence (0.2%),
Stapled hemorrhoidectomy (SH), a new approach to the treatment of hemorrhoids, removes a circumferential strip of mucosa about four centimeters above the dentate line. A review of 1,107 patients treated with SH from twelve Italian coloproctological centers has revealed a 15% (164/1,107) complication rate. Immediate complications (first week) were: severe pain in 5.0% of all patients, bleeding (4.2%), thrombosis (2.3%), urinary retention (1.5%), anastomotic dehiscence (0.5%), fissure (0.2%), perineal intramural hematoma (0.1%), and submucosal abscess (0.1%). Bleeding was treated surgically in 24%, with Foley insertion 15%; and by epinephrine infiltration in 2%; 53% of patients with bleeding received no treatment and 6% needed transfusion. (PMID) In Ayurvedic texts, many drugs are described which are herbo-mineral preparations which have tremendous results, an evolution of these remedies may provide an effective treatment for Gudarsha which is considered difficult to cure or incurable according to modern medicine, so I am inspired to select the topic i.e. **Role of ‘GUDHARITAKI’ in The Management Of Gudarsha w.r.t. Haemorrhoids.**

**PREVALENCE**

In 20th Century World-wide prevalence rate estimated to be 4.4% in general population (according to emedicinemedscape.com).

**HYPOTHESIS**

**RESEARCH QUESTION:**

Does “GUDHARITAKI” effective in management of Gudarsha w.r.t. haemorrhoids?

**Null hypothesis (H₀)** - Gudharitaki is not effective in Management of Gudarsha w.r.t. haemorrhoids.

**Alternative hypothesis (H₁)** - Gudharitaki is effective in Management of Gudarsha w.r.t. haemorrhoids.

**AIM & OBJECTIVES**

**AIM :-** To study role of ‘GUDHARITAKI’ in the management Of Gudarsha w.r.t. Haemorrhoids.

**OBJECTIVE:-**

**Primary objective**

1) Evaluation of efficacy of “Gudharitaki” in Gudarsha w.r.t. Haemorrhoids.

**Secondary objective**

1) To review the literature of Gudarsha
2) To study the etiopathogenesis and management of haemorrhoids according to modern literature as well as according to classical text/literature.
3) To compare the above effect with Koshnajala group.

**Inclusion Criteria:**

- Age- 16 years to 65 years.
- Diagnosed cases of internal piles of I & II degree.
- Patients fit of any sex, caste.
religion & occupation.

**Exclusion Criteria:** Patients who were suffering from I & II degree of piles but they were excluded if having following problems-

- Age less than 16 years and more than 65 years.
- *Hrida Roga.*
- Pregnancy.
- Malignancy.
- Rectal prolapse.
- Haemorrhoids of 3<sup>rd</sup> & 4<sup>th</sup> degree.
- Haemorrhoids associated with Fissure and fistula-in-Ano.
- Hepatitis B, Tuberculoses, HIV positive cases.
- Acute / Chronic anal fissure.
- Uncontrolled HTN & DM.
- Complicated internal haemorrhoids.

**Diagnostic Criteria:**

A) All the patients were diagnosed & assessed on the basis of following *Ayurvedic* as well as modern symptomatology/examinations as follows:–

- History of *Gudagat Raktasrava* (bleeding per rectum).
- *Vedana Yukta Malatyag* (Discomfort/Painful defecation).
- *Sashleshma Malatyag* (Discharge per rectum).
- Prolapse of Pile mass per rectum.

B) A special proforma was designed to record all details of the patients.

C) The routine Haematological, Urine, Stool, Biochemical & Radiological investigations were carried out to assess the patient for physical fitness and exclude any other pathology which was not suitable for management point of view.

**PLAN OF STUDY:**

The following plan was followed:

1) First the patients were registered.
2) A complete history of the disease along with the presenting complaints was recorded.
3) Complete general, systemic and local examinations were carried out as per proforma.
4) Pathological evaluation of each patient was conducted.
5) Diagnosis was made on *Ayurvedic* as well as Modern point of views.
6) Treatment was given as per respective groups.
7) Result assessment was done as per criteria fixed for.
8) Statistical analysis was done by applying suitable tests.

**PROCESS OF DIAGNOSIS:**

**Inspection:**

Without touching the part, condition of anus and surrounding peri anal skin were examined for any pathology like inflammation, injury and any disease which was not desirable from treatment point of view.

**Palpation:** (Digital Examination)

The per rectal digital examination conducted to elicit tenderness, swelling, induration, tone of sphincter i.e. normal, spasmodic or relaxed etc.

**Proctoscopic Examination:**

Following findings of pile masses were noted as mentioned below:
After taking the complete history and performing local examination, the patients were clinically diagnosed and classified according to Doshika involvement e.g. Vataja Gudarsha, Pittaja Gudarsha etc. as well as degree and position of piles.

**GROUPING:**

In this present study total 202 patients of Abhyantara Gudarsha were registered and randomly divided into two groups:

**Group A – Gudharitaki with Koshna Jala**

The patients selected in this group were subjected to Gudharitaki with Koshna Jala.

**Methods of administration :-**

1. Form – Gud 2gm + Haritki 2gm with Kosnajal (Leukworm water) 50 ml
2. Dose – 2gm TDS
3. Kala – Morning, evening & night before meal.
4. Duration – For 21 days.
5. Follow up – 3rd, 5th, 7th, 14th & 21th day.

**Group B - Koshna Jala**

Patients selected in this group were subjected to **Koshna Jala.**

1. Form – Koshna Jala (Leukworm water)
2. Dose – 50 ml TDS
3. Kala – Morning, evening & night before meal.
4. Duration – For 21 days.
5. Follow up – 3rd, 5th, 7th, 14th & 21th day.

**Observation Study:** 3 weeks

**Follow-up:** 5 weeks

**Drug review :**

"भेषजसाध्येष्वदृश्ये: सुयोगानयापनार्थ। प्रात:प्रातगुथडहरितीमासेवेतसु ॥ सु.चि. ६/१३"

1) **Guda**

इक्षोिु सारं विपचेत् यथावद् , यावदप्रायेनभूतमथाप्सु मज्जेत्।
एषो गुडाख्येता तत्वाचार्य: कठुक्षेत्र उष्ण : सस्वादुरूच्यो गुरुबृिणीयः : ॥

कैयदेव निघंदु १६५

2) **Haritaki**

हरितकी पठ्यसाधुसु धामवस्यसु वस्त्रादेव।

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कैयदेव निघंदु १६५

2) **Haritaki**

हरितकी पठ्यसाधुसु धामवस्यसु वस्त्रादेव।
Kasāṃ Prenahmanāh Jīhānahumūrṇe Naśaṃ ॥

3. Koshnajala:

उष्णोदकं, तत्पजलम्।
कार्यादिवाधार्थीवधीपादहीं जलम्।
तत्विद्विभया।
अवृमेनादशेषेन चतुर्थान्तधके न।
अथवा कथनेय सिद्धमुणोदकं वदेत् ॥
अस्य गुणा:। सदा पथ्यतम।
कास्तीविभया कन्यात्तमदेवाणशिलां।
दीपनत्वं, बस्ति शॉधनलवण ॥

Table 1. Organoleptic Characters:

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Guda Haritaki Churna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colour</td>
<td>Whitish Brown</td>
</tr>
<tr>
<td>Odour</td>
<td>Pleasant</td>
</tr>
<tr>
<td>Texture</td>
<td>Smooth</td>
</tr>
<tr>
<td>Taste</td>
<td>Sweet &amp; Slightly Astringent</td>
</tr>
</tbody>
</table>

Table 2. Phytochemical Evaluation:

<table>
<thead>
<tr>
<th>Chemical Constituents</th>
<th>Guda Haritaki Churna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanins</td>
<td>+</td>
</tr>
<tr>
<td>Phenols</td>
<td>+</td>
</tr>
<tr>
<td>Glycosides</td>
<td>+</td>
</tr>
<tr>
<td>Triterpenoids</td>
<td>+</td>
</tr>
<tr>
<td>Vitamin C</td>
<td>+</td>
</tr>
<tr>
<td>Gallic Acid</td>
<td>+</td>
</tr>
<tr>
<td>Carbohydrates</td>
<td>+</td>
</tr>
<tr>
<td>Reducing sugars</td>
<td>+</td>
</tr>
</tbody>
</table>

Role of ‘GUDHARITAKI’ in The Management Of Gudarsha (Haemorrhoids) was aimed to evaluate the therapeutic efficacy of Gudaharitaki with Koshnajala in piles and to compare its efficacy with comparator i.e. Koshnajala. The study comprises of five sections viz. Conceptual study, Drug Review, Clinical study, Discussion, Summary and Conclusion.

CONCLUSION

After the evocative discussion on the basis of observation following conclusions are drawn. Gudarsha is mentioned in Ayurveda classics has similarity with description of haemorrhoids in modern medical science. Gudarsha is a common problem of middle age groups irrespective of the gender. In the study majority of patients were from age group of 30 - 40 years of age. The
knowledge of etiological factors is very essential because they are said to be half of the treatment and asked to patients to be strictly avoided.
The fourfold treatment protocol given in the textbooks of Ayurveda gives more emphasis to start with conservative management in Gudarsha. It is observed that different modalities of treatment in treating Piles with their own limitations.

Present western lifestyle, bad food habits, and day to day regimen gives rise to mandagni and finally leads to Gudarsha. The disease can be diagnosed on the basis of chief complaints like Guda gata shool, Mala baddhata, Raktasrava & presence of Gudarsha ankura.

In present study maximum patients have addictions like tea, smoking and tobacco chewing & Low fibre food consumption. These are also to be considered for causative and aggravating factors the disease.

Apart from the above factors socio-economic condition, mental stress and malabaddhata (Constipation) play an important role in causing and aggravating the disease.

The present study Role of Gudharitaki in Management of Gudarsha W.R.T Haemorrhoids was carried out. After a detailed observation and discussion on the observed data, the following conclusion has been drawn:

1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum):

   The success rate of Gudharitaki with Koshnajala was 93% while for the Koshnajala was only 81%. Hence we can conclude that Gudharitaki with Koshnajala is prevalently dominating on the Koshnajala.

2. VEDANA YUKT MALATYAGA (Painful Defecation):

   The success rate of Gudharitaki with Koshnajala was 92% while for the Koshnajala was only 74%. Hence we can conclude that Gudharitaki with Koshnajala is prevalently dominating on the Koshnajala.

3. PROLAPSE OF PILE MASS PER RECTUM:

   The success rate of Gudharitaki with Koshnajala was 74% while for the Koshnajala was only 56%. Hence we can conclude that Gudharitaki with Koshnajala is prevalently dominating on the Koshnajala. The accuracy has been reduced to 90% from 95% level of significance to accommodate the efficacy of the treatment in the management of the Gudarsha. Since it is prolonged process and the sample size or the treatment follow period may be short to show the required results as per the standard rate of accuracy.

4. SASHLESHMA MALATYAGA (Discharge per rectum):

   The success rate of Gudharitaki with Koshnajala was 96% while for the Koshnajala was only 84%. Hence we can conclude that Gudharitaki with Koshnajala is prevalently dominating on the Koshnajala.

The four parameters which are of paramount importance and prominently figure out as the symptoms of Gudarsha and animate the sufferings of the patients which makes the life of patients miserable and handicap in their day today life. The three out of four have higher degree of accuracy which emphatically proves beyond doubt that the study useful and panegyricly
perceived by the exponents of Ayurveda professionals in the management and treatment Gudarsha w.r.t. Hemorrhoids at the earlier stages of the diseases without severe complications.

No adverse effects were reported by any of the patients during the course of treatment. For statistical analysis Z test was applied.

<table>
<thead>
<tr>
<th>1. GUDAGAT RAKTASRAVA (Bleeding Per Rectum)</th>
<th>Z = 2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>p&lt;.05 Significant At 95% Level Of Significance</td>
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<thead>
<tr>
<th>2. VEDANA YUKT MALATYAGA (Painful Defecation)</th>
<th>Z = 2.5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>p&lt;.05 Significant At 95% Level Of Significance</td>
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</tbody>
</table>

<table>
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<tr>
<th>3. PROLAPSE OF PILE MASS PER RECTUM</th>
<th>Z = 1.8</th>
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<tbody>
<tr>
<td></td>
<td>p&lt;0.1 Significant At 90% Level Of Significance</td>
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</table>

<table>
<thead>
<tr>
<th>4. SASHLESHMA MALATYAGA (Discharge per rectum)</th>
<th>Z = 2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>p&lt;.05 Significant At 95% Level Of Significance</td>
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</table>

Hence The Guda Haritki with Koshna Jal may be effective in Management of Gudarsha w.r.t. Haemorrhoids in comparison to Only Koshan Jal at 95% level of significance.

**SUGGESTION FOR FUTURE STUDY:**

- Study on large sample size

should be performed to generate more authentic data regarding the efficacy of **Gudharitaki**.

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