A COMPARATIVE CLINICAL EVALUATION OF SURAN PINDI & HARIDRADI LEPA IN ARSHA W.S.R. TO HAEIMORRHHOIDS

Dr. Sanjay Kumar Agri*1, Dr. Pankaj Kumar Sharma2 and Dr. Ajay Kumar Gupta3

2Professor, P.G. Deptt. of Shalya Tantra Gurukul Campus, U.A.U, Haridwar (U.K.).
3Professor, P.G. Deptt. of Shalya Tantra Rishikul Campus, U.A.U, Haridwar (U.K.).

*Corresponding Author: Dr. Sanjay Kumar Agri

ABSTRACT
Arsha is one of the lifestyle disease which is Increasing at an alarming rate in our society due to sedentary life style, mental stress, over intake of fast food, lack of rest and physical exercise and careless attitude towards responding to natural urges such as suppression of defecation. In Ayurveda Acharya Sushruta (the pioneer of ancient Surgery) mentions this disease under the heading of Ashtha Mahagadas. Arsha (Haemorrhoids) is an extremely common problem reported since thousands of years with a prevalence rate that is highest among all the ano-rectal disorders. The term Haemorrhoids is popularly used to refer for pathological varicosity of the haemorrhoidal veins due to increased pressure, and usually results by straining during defecation, chronic constipation or diarrhoea, pregnancy, etc. Arsha is treated by different modalities in modern science, but till today no single modality has proved to be complete cure for the disease. A clinical trial was conducted in this study in 2 groups of 15-15 patients each diagnosed with Arsha (Haemorrhoids). Patients were selected randomly irrespective of their religion, race, occupation etc. They were administered Suran Pindi & Haridradi Lepa, a herbal formulation. In group A, patients were administrated only Suran Pindi at a dose of 1gm Bid a day for two months and in group B, patients were administrated Suran Pindi oral administration and Haridradi lepa local application Bid a day for two months. Patients were monitored at every 15 days interval during the study period. Constipation, bleeding, pain or discomfort, itching, size of pile mass and prolapse of pile mass were observed over the treatment. Analysis of result showed improvement in Arsha (Haemorrhoid). Finally study concluded that Suran Pindi & Haridradi Lepa is effective for curing the patients of Arsha (Haemorrhoids).

KEYWORDS: Arsha, Haemorrhoids, Suran Pindi & Haridradi Lepa.

INTRODUCTION
Arsha (Piles) is an extremely common problem reported since thousands of years with a prevalence rate that is highest among all the ano-rectal disorders. Arsha is a lifestyle disease which is increasing at an alarming rate in our society due to sedentary life style, mental stress, over intake of fast food, lack of rest and physical exercise and careless attitude towards responding to natural urges such as suppression of defecation. In Ayurveda Acharya Sushruta, (the pioneer of ancient Surgery) mentions this disease under the heading of Ashtha Mahagadas. Arsha, (Haemorrhoids) is an extremely common problem reported since thousands of years with a prevalence rate that is highest among all the ano-rectal disorders. Manifestation of the disease occurs due to many factors eg. Improper diet intake, prolonged standing or sitting, faulty habits of defaecation, etc. which results in derangement of Jatharagni leading to vitiation of Tridosha, mainly Vata Dosha. These vitiated Doshas get localized in GudaVati and Pradhana Dhamani which further vitiates Twak, Mansa, and Meda Dhatus due to Annavaiva-sroto dushti leading to development of Arsha. The term Haemorrhoids is popularly used to refer for pathological varicosity of the haemorrhoidal veins due to increased pressure, and usually results by straining during defecation, chronic constipation or diarrhoea, pregnancy, etc. Arsha is treated by different modalities in modern science, but till today no single modality has proved to be complete cure for the disease. The word Arsha pertains to a disease occurring in Guda or ano-rectal region. It torments the patient and may create hindrance in the function of ano-rectal region. In Ayurveda, fourfold management of Arsha has been indicated eg. Bheshaja, Kshar Karma, Agnikarma and Shasstra Karma, according to chronicity and presentation of the disease. As far as the modern modalities are concerned, the conservative treatment of piles consists of use of laxative and high-residual diet. But, not more than 80% of the hemorrhoidal symptoms can usually be controlled by non-excision techniques.
Other methods of treatments like sclerotherapy, rubber band ligation, infra-red photocoagulation, laser therapy, Lord’s dilatation, cryosurgery, haemorrhoidectomy, stapled haemorrhoidectomy, etc. are in practice. Despite a range of treatment modalities, the options are limited in concern with their effectiveness. Among these, Bhashaj Chikitsa show wonderful results in management of Arsha because there is no complication, no fear for pain or bleeding or discomfort, etc. The patients were subjected for detail clinical examination and investigations. Suran Pindi and Haridradi lepa was taken for the present study. Suran Pindi has been described by Acharya Sharangdhar in his Samhita’s madhyam khand and said that it is “अर्शानाशानी पराम” and Haridradi lepa has been described by Acharya Bhav prakash in chikitsa sthan chapter 5 and said that it is “अर्शासामस्ताकारक”.

The present research work was planned for to find out an effective and safe modality of management of Arsha in early stage of disease. The present clinical study comprises of 30 patients. They were divided into two groups as Group-A and Group-B. The group-A patients were treated by oral in-take of Suran-Pindi and Group-B patients were treated by oral in-take of Suran-Pindi and Local application of Haridradi Lepa.

Need For The Study
Arsha is treated by different modalities in modern science, but till today no single modality has proved to be complete cure for the disease. In today’s modern field, Arsha is treated with many surgical and para-surgical procedure like haemorrhoidectomy, rubber-band ligation, cryosurgery, sclero-therapy, Kshar-karma, leech- therapy etc.

All of these procedures are not free of pain or discomfort, and most of the time complications may also occur. In Ayurveda, Bhashaj chikitsa is the first line of treatment for Arsha, in which many herbal formulations are mentioned for successful treatment of 1 and 2nd degree pile masses without known complications. Of these Suran Pindi and Haridradi lepa were selected for the present study.

Suran Pindi is described by Acharya Sharangdhar in his Samhita’s Madhyam khand and Haridradi lepa has been described by Acharya Bhav prakash in Chikitsa sthan chapter 5.

➢ Contents Of Suran Pindi
1- Suran
2- Chitrak mool
3- Shunthi
4- Kali Marich
5- Gud

Method of Preperation of Drug
First of all 32 parts of dry Suran was crushed into fine Churna, then 16 part of Chitrak mool Churna, followed by 4 parts of Shunthi Churna and 2 parts of Gud (Jaggery) was mixed to form Vati.

➢ Contents Of Haridradi Lepa
1. Haridra
2. Kritvedhan Churna
3. Katu Taila

Method of Preparation of Drug
The Churna of Haridra and Kritvedhan was mixed properly with Katu Taila to form Lepa. This Lepa was used locally over Arsha.
- Mucus discharge
- Prolapse of pile mass
- Anemia

**Examination:** Following examination were performed on each patient
- Inspection of the Anal region
- Digital examination
- Proctoscopy

**Investigations**
- Haemogram: Hb%, TLC, DLC, ESR, CT, BT
- Blood sugar: RBS
- HIV, HCV, HBsAg
- Urine: routine and microscopy
- Stool: ova and cyst

**Assessment Criteria:**
- Assessment was done on subjective & objective criteria before & after the treatment.

**Subjective Criteria:**
- Constipation
- Pain in anal region
- Itching in anal region

**Objective Criteria:**
- Number of pile mass
- Size of Pile mass
- Prolapse of pile mass
- Bleeding per rectum

**Grading of Assessment Criteria**

**Subjective Criteria**

1. **Constipation**
   - $G_0$: Easy evacuation of stool
   - $G_1$: Hard stool once a day
   - $G_2$: Hard stool after 2 days
   - $G_3$: Hard stool after more than 2 days

2. **Pain:**
   - $G_0$: Absence of pain.
   - $G_1$: Mild pain - that can easily be ignored
   - $G_2$: Moderate Pain - that can’t be ignored, interferes with function, and needs treatment from time to time
   - $G_3$: Severe pain – That is demanding constant attention

3. **Itching**
   - $G_0$: No itching
   - $G_1$: Once or twice a day
   - $G_2$: Often in a day and discomfort
   - $G_3$: Severe itching and discomfort whole day

**Objective Criteria**

1. **Number of pile mass**
   - $G_0$: No pile mass
   - $G_1$: one pile mass
   - $G_2$: two pile mass
   - $G_3$: three pile mass

2. **Size of pile mass**
   - $G_0$: Almost none
   - $G_1$: Size of the tip of little finger (approx 0.5cm)
   - $G_2$: Size of the tip of index finger (approx 0.5cm to 1.0cm)
   - $G_3$: Size of the tip of thumb (approx 1.0cm to 1.5cm)

3. **Prolapse of pile mass**
   - $G_0$: No prolapse of pile mass
   - $G_1$: Pile mass prolapse during defecation & reduces itself
   - $G_2$: Pile mass prolapse during defecation & require manual reduction
   - $G_3$: Permanent prolapse of pile mass

4. **Bleeding**
   - $G_0$: No bleeding
   - $G_1$: Mild bleeding with defecation (1-5 drops occasionally)
   - $G_2$: Moderate bleeding (6-12 drops)
   - $G_3$: Profuse bleeding

**Inclusion Criteria**
- Any age group.
- Patients who are suffering from Arsha (1st, 2nd and 3rd degree piles)
- Irrespective of sex.

**Exclusion Criteria**
- 4th degree piles.
- Thrombosed & Strangulated piles.
- Rectal prolapse.
- Haemorrhoids associated with fissure and fistula in ano.
- Rectal polyp.
- Pregnant women.
- Patient with known systemic disorder like HTN, DM, Malignancy, etc.
- Hepatitis B, HIV, HCV positive cases.

**Drug Dose:** *Suran Pindi* tablets (500 mg each) were given orally, two tablets twice in a day, after meal with Luke warm water, and *Haridradi lepa* was locally applied after warm sitz bath.
Study Design

<table>
<thead>
<tr>
<th>Group</th>
<th>Drug</th>
<th>Dosage</th>
<th>Duration</th>
<th>Route of Administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Suran Pindi</td>
<td>1gm BD</td>
<td>60 Days(maximum)</td>
<td>Oral administration(tab)</td>
</tr>
<tr>
<td>B</td>
<td>Suran Pindi With Haridradi Lepa</td>
<td>1gm BD(oral) Lepa(L/A)</td>
<td>60 Days(maximum)</td>
<td>Oral administration(tab) &amp; Local application(Lepa)</td>
</tr>
</tbody>
</table>

Criteria for Overall Assessment of Therapy
1. Complete remission: 100% improvement.
2. Marked Improvement: 75% to <100% improvement.
3. Moderate Improvement: 50% to <75% improvement.
4. Mild Improvement: 25% to <50% improvement.
5. Unchanged: less than 25% improvement.

Total Effect in Group A

<table>
<thead>
<tr>
<th>Group A</th>
<th>Median</th>
<th>Wilcoxon Signed Rank W</th>
<th>P-Value</th>
<th>% Effect</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>2.43</td>
<td>1.08</td>
<td>-4.156*</td>
<td>0.01</td>
<td>86.7</td>
</tr>
<tr>
<td>Pain</td>
<td>2.37</td>
<td>1.39</td>
<td>-4.138*</td>
<td>0.05</td>
<td>60.0</td>
</tr>
<tr>
<td>Itching</td>
<td>2.25</td>
<td>1.23</td>
<td>-4.153*</td>
<td>0.05</td>
<td>60.9</td>
</tr>
<tr>
<td>Bleeding</td>
<td>2.50</td>
<td>1.13</td>
<td>-4.141*</td>
<td>0.01</td>
<td>84.3</td>
</tr>
<tr>
<td>Number of pile mass</td>
<td>2.48</td>
<td>1.15</td>
<td>-4.141*</td>
<td>0.01</td>
<td>84.0</td>
</tr>
<tr>
<td>Size of Pile Mass</td>
<td>2.40</td>
<td>1.27</td>
<td>-4.199*</td>
<td>0.05</td>
<td>65.0</td>
</tr>
<tr>
<td>Prolapse of pile mass</td>
<td>2.39</td>
<td>1.28</td>
<td>-4.172*</td>
<td>0.05</td>
<td>64.3</td>
</tr>
</tbody>
</table>

Since observations are on ordinal scale (gradation), we have used Wilcoxon Signed Rank test to test the efficacy. From above table we can observe that P-Values for all parameters are less than 0.05. Hence we conclude that effect observed is highly significant result was found in Constipation, Bleeding and Number of pile mass and statistically significant result was found in Pain, Itching, size of pile mass and prolapse of pile mass.

Total Effect in Group B

<table>
<thead>
<tr>
<th>Group B</th>
<th>Median</th>
<th>Wilcoxon Signed Rank W</th>
<th>P-Value</th>
<th>% Effect</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Constipation</td>
<td>2.98</td>
<td>1.02</td>
<td>-4.263*</td>
<td>0.01</td>
<td>85.5</td>
</tr>
<tr>
<td>Pain</td>
<td>2.23</td>
<td>1.75</td>
<td>-4.738*</td>
<td>0.05</td>
<td>78.8</td>
</tr>
<tr>
<td>Itching</td>
<td>2.10</td>
<td>1.03</td>
<td>-4.252*</td>
<td>0.01</td>
<td>86.8</td>
</tr>
<tr>
<td>Bleeding</td>
<td>2.18</td>
<td>1.07</td>
<td>-4.238*</td>
<td>0.01</td>
<td>85.5</td>
</tr>
<tr>
<td>Number of pile mass</td>
<td>2.17</td>
<td>1.09</td>
<td>-4.238*</td>
<td>0.01</td>
<td>85.2</td>
</tr>
<tr>
<td>Size of Pile Mass</td>
<td>2.83</td>
<td>1.13</td>
<td>-4.122*</td>
<td>0.01</td>
<td>87.5</td>
</tr>
<tr>
<td>Prolapse of pile mass</td>
<td>2.53</td>
<td>1.00</td>
<td>-4.122*</td>
<td>0.01</td>
<td>87.5</td>
</tr>
</tbody>
</table>

Since observations are on ordinal scale (gradation), we have used Wilcoxon Signed Rank test to test the efficacy. From above table we can observe that P-Values for all parameters are less than 0.001. Hence we conclude that effect observed is highly significant result found in Constipation, itching, bleeding, number, size and Prolapse of pile mass and statistically significant result was found in Pain.

Comparison Between Group A And Group B

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
<th>Mann-Whitney U</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group A</td>
<td>15</td>
<td>12.90</td>
<td>193.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>15</td>
<td>22.10</td>
<td>331.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group A</td>
<td>15</td>
<td>13.50</td>
<td>202.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>15</td>
<td>20.50</td>
<td>307.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Itching</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group A</td>
<td>15</td>
<td>13.00</td>
<td>195.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>15</td>
<td>20.00</td>
<td>300.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group A</td>
<td>15</td>
<td>13.50</td>
<td>202.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group B</td>
<td>15</td>
<td>21.00</td>
<td>315.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For comparison between Group A and Group B, we have used Mann Whitney U test. From above table we can observe that P-Values for all parameters are less than 0.05. Hence we conclude that there is significant difference observed between effect of Group A and Group B. Further we can observe that mean rank for Group B is greater than Group A. Hence we conclude that effect observed in Group B is more than Group A.

Total effect of therapy

Group A-
In present study 5 (33.33%) patients were marked improved, 7 (46.66%) patient were moderate improved and 3 (20%) mild improved while no case in unchanged category.

Group B-
In present study 9 (60%) patients were marked improved, 5 (33.33%) patient were moderate improved and 1 (6.66%) mild improved while no case in unchanged category.

DISCUSSION

1. Maximum number of patients in the present study belonged to the age group 31-40 years (36.66%), Male (63.33%), Resident of rural area (60%), Muslim (56.66%), Middle class (46.66%), Serviceman (26.66), Married (63.33%) and Literate(83.33%).
2. Maximum numbers of patients were having addiction of both Tea and alcohol (83.33% & 53.33% resp.), sedentary life style (40%), and Madhyam body built (80%).
3. Maximum patients were practiced to Mixed diet (86.66%), Hard stool consistency (73.33%), Hard irregular bowel habit (53.33%), Decreased appetite (63.33%), Adhyashan dietic habit (40%), Chronicity of less than 3 months were present in 43% patients and 26.66% were having family history.
4. Maximum number of patients were having Pitta-Kapha prakriti (50%), 56.66% were noted of Avara Sara, Madhyama Samhanan (70%), Madhyama Satva (53.33%), Sarva rasa samtaya (100), Madhyama praman (70%), Sadharana Desha (100%), Madhyama Ahar Shakti (53.33%), Madhyama Vyayam Shakti (70%), Madhyama Abhyavaran Shakti (53%), Avara Jaraana Shakti (83.33%).
5. 100% patients complained of Constipation, 100% patients complained of pain, 100% patients complained of itching, 66.66% patients complained of bleeding and prolapse of pile mass 73.33%.

6. There was no adverse effect observed in any patients during the trail of Drugs as well as follow up.
7. Suran Pindi & Haridradi lepa are the economical and effective herbal formulation for manament of Arsha.

1. Percentage relief in Symptom

<table>
<thead>
<tr>
<th></th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Constipation</td>
<td>86.7%</td>
<td>85.5%</td>
</tr>
<tr>
<td>2. Pain</td>
<td>62%</td>
<td>78%</td>
</tr>
<tr>
<td>3. Itching</td>
<td>60.9%</td>
<td>86%</td>
</tr>
<tr>
<td>4. Bleeding</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>5. Number of pile mass</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>6. Size of pile mass</td>
<td>65%</td>
<td>87.5%</td>
</tr>
<tr>
<td>7. Prolapse of pile mass</td>
<td>64.3%</td>
<td>87.5%</td>
</tr>
</tbody>
</table>

Here, it is observed that the trial drug Group B (Suran Pindi & Haridradi lepa) is more effective to cure Arsha disease rather than Group A (only Suran Pindi).

Effect of Therapy

1. Effect on Constipation

Group A- The mean rank of constipation was 2.43 which got reduced in 15 days to 1.98 then after 30 days 1.68 and in 45 days to 1.28 and in 60 days it was reduced to 1.08. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.00001) was found (%age relief-86.7%). The initial mean score of the symptom constipation was 2.43 which was reduced to 1.08 at the completion of the therapy.

Group B- The mean rank of constipation was 2.98 which got reduced in 15 days to 2.56 then after 30 days 1.95 and in 45 days to 1.28 and in 60 days it was reduced to 1.02. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.00000) was found (%age relief-85.5%). The initial mean score of the symptom constipation was 2.98 which was reduced to 1.02 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

2. Effect on pain in ano-rectal region

Group A- The mean rank of pain was 2.37 which got reduced in 15 days to 2.37 then after 30 days 1.98 and in 45 days to 1.62 and in 60 days it was reduced to 1.39.
Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically Significant result (p<0.0000122) was found (%age relief=60%). The initial mean score of the symptom pain was 2.37 which were reduced to 1.39 at the completion of the therapy.

**Group B**- The mean rank of pain was 2.23 which got reduced in 15 days to 1.82 then after 30 days 1.43 and in 45 days to 1.20 and in 60 days it was reduced to 1.09. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically Significant result (p<0.000063) was found (%age relief=78.88%). The initial mean score of the symptom pain was 2.23 which were reduced to 1.09 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

3. **Effect on itching in ano-rectal region**

**Group A**- The mean rank of itching was 2.25 which got reduced in 15 days to 2.02 then after 30 days 1.95 and in 45 days to 1.45 and in 60 days it was reduced to 1.23. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically Significant result (p<0.000052) was found (%age relief=60.9%). The initial mean score of the symptom itching was 2.25 which was reduced to 1.23 at the completion of the therapy.

**Group B**- The mean rank of itching was 2.10 which got reduced in 15 days to 1.88 then after 30 days 1.56 and in 45 days to 1.20 and in 60 days it was reduced to 1.03. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.0015) was found (%age relief=86%). The initial mean score of the symptom itching was 2.25 which was reduced to 1.03 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

4. **Effect on Bleeding**

**Group A**- The mean rank of bleeding was 2.50 which got reduced in 15 days to 1.83 then after 30 days 1.65 and in 45 days to 1.45 and in 60 days it was reduced to 1.13. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.000016) was found (%age relief=84.0%). The initial mean score of the symptom bleeding was 2.48 which were reduced to 1.13 at the completion of the therapy.

**Group B**- The mean rank of bleeding was 2.18 which got reduced in 15 days to 1.81 then after 30 days 1.46 and in 45 days to 1.29 and in 60 days it is reduced to 1.07. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.0024) was found (%age relief=85%). The initial mean score of the symptom bleeding was 2.18 which were reduced to 1.09 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

5. **Effect on Number of pile mass**

**Group A**- The mean rank of number of pile mass in ano-rectal region was 2.48 which got reduced in 15 days to 1.83 then after 30 days 1.65 and in 45 days to 1.45 and in 60 days it was reduced to 1.15. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.000016) was found (%age relief=84.0%). The initial mean score of the symptom number of pile mass in ano-rectal region was 2.48 which was reduced to 1.15 at the completion of the therapy.

**Group B**- The mean rank of number of pile mass in ano-rectal region was 2.17 which got reduced in 15 days to 1.81 then after 30 days 1.46 and in 45 days to 1.29 and in 60 days it was reduced to 1.09. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.0024) was found (%age relief=85%). The initial mean score of the symptom number of pile mass in ano-rectal region was 2.17 which were reduced to 1.09 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

6. **Effect on size of pile mass in ano-rectal region**

**Group A**- The mean rank of size of pile mass was 2.73 which got reduced in 15 days to 1.83 then after 30 days 1.65 and in 45 days to 1.38 and in 60 days it was reduced to 1.27. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.000001) was found (%age relief=65.00%). The initial mean score of the symptom size of pile mass was 2.73 which was reduced to 1.27 at the completion of the therapy.
Group B- The mean rank of size of pile mass was 2.83 which got reduced in 15 days to 2.45 then after 30 days 1.60 and in 45 days to 1.35 and in 60 days it was reduced to 1.13. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.00000) was found (%age relief=87.5%). The initial mean score of the symptom size of pile mass was 2.83 which was reduced to 1.13 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

7. Effect on prolapse of pile mass in ano-rectal region

Group A- The mean rank of prolapse of pile mass was 2.68 which got reduced in 15 days to 1.87 then after 30 days 1.68 and in 45 days to 1.47 and in 60 days it was reduced to 1.28. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.0000001) was found (%age relief=64.3%). The initial mean score of the symptom size of pile mass was 2.68 which were reduced to 1.20 at the completion of the therapy.

Group B- The mean rank of prolapse of pile mass was 2.53 which got reduced in 15 days to 1.95 then after 30 days 1.55 and in 45 days to 1.22 and in 60 days it was reduced to 1.00. Since the data is on ordinal scale (gradation), observed at specific interval of time, we have used Friedman’s Test (Non parametric Repeated measures ANOVA). Statistically highly Significant result (p<0.000028) was found (%age relief=87.5%). The initial mean score of the symptom size of pile mass was 2.53 which were reduced to 1.00 at the completion of the therapy.

From above, we can observe that P-Values for Group A and Group B are less than 0.05 hence we conclude that there is significant change observed in both groups.

Probable mode of action of formulation:- Arsha (Haemorrhoid) is a troublesome ano-rectal condition of the society. The probable mode of action of formulation is discussed as mentioned below based on the result of therapy and its interpretation by Ayurvedic as well as modern pharmacology.

While selecting the formulation, a hypothesis was made that as per etio-pathogenesis of Arsha described in Ayurvedic classics and equivalent pathology described in modern texts for Haemorrhoid, there is deranged function of vata, particularly apana vaya which is the prime causative factor and this perturbed vata with Pitta and Kapha manifest Agnimandya, vibandha and bleeding. So, the drugs which have vata-pitta-kaphahara properties like Agnideepak, Anulomak and Raktstambhak were selected, these properties helps to crack the samprapti of Arsha as well as pathophysiology of Haemorrhoid.

Mode of action of Suran Pindi and Haridradi Lepa

The important factor which develops Arsha is Agnimandya and vibandh. In such situation, a drug which work as Agnideepak, Anulomak and Raktstambhak is more suitable. Here Suran Pindi and Haridradi Lep have been selected for the present study due to having the same properties.

Relief in symptoms

- Reduction in degree of constipation, pain, itching, bleeding, number, size and prolapse of pile mass
- Provides healthy cushions for haemorrhoidal vessels/mass
- Shrinkage of pile masses and decrease congestion of sub mucosal structure as well as mucous membrane
- Easy evacuation of faeces with reduction in overall symptomatology.

- Discussion on drug action of Suran Pindi
  - Suran-kand has special property as Arshoghna\(^6\) (Prabhay). So it is the classical drug of choice in Arsha. As it is ushna, tikshna guna helps rakta dhatu to flow in regular manner without any congestion at rakta-vahi sira and hence shotha (inflammation) decrease and size of pile mass seems to be decreased as ushna guna dilates the channel of rakttvaha srotas.
  - All ingredients’ (Suran Chitrak, kali marich, Sunthi) in this formulation are katu ras pradhan and ushna virya so they help in reducing the blood accumulation as they are said to be having action as “Shonit Sanghat Bhinnati”. It is stated that Arsha is the congestion of vein and katu ras dissolve the congestion.
  - The main cause of Arsha is Mandagni and Vibandh. So chitrak, kali marich and Sunthi are having Deepan, pachan and vataanulomak guna due to its ushna virya and katu vipak.

- Discussion on drug action of Haridradi Lepa-
  - In this formulation, the main ingredients are Haridra,\(^{10}\) which is raksha, laghu, ushna virya and kapha-vata shamaka properties. It is shothhar due to its Ushna Virya. It contains curcumin, curcumeneone, curcone, cineole which have anti-bacterial, anti-fungal, anti-tumor, anti-inflammatory activity.
  - Haridra have anti-bacterial and anti-inflammatory properties and can help heal haemorrhoids when used topically.
• Other ingredients Krtyedhan,9 and Sarsap,10 also have Ushna virya so it also helps in contraction of pile mass.
• Krtyedhan contains cysteine, glutamic, leucine which has anti-bacterial, anti-fungal, anti-inflammatory activity.
• Sarsap contains sulfuraphane, glucosinolate, 3, 3-diinodolylmethane which have anti-bacterial, anti-fungal, anti-carcinogenic, anti-inflammatory activity.
• All ingredients have anti-inflammatory activity so this lepa help in reduce the size and prolapse of pile mass and maintain the local hygiene due to its anti-bacterial, anti-fungal activity hence itching is reduced.

CONCLUSION

➢ Arsha is a common ano-rectal disorder irrespective of sex. In this clinical study most of the patients were 31-40 years of age group in both groups.
➢ It’s important to know this disease’s etiological factors because it’s the half of the treatment.
➢ In Ayurveda, the main treatment for 1st and 2nd degree pile mass is Bhashaj chikitsa (conservative treatment) which is very effective.
➢ Present western lifestyle, cola culture and fast food, and day to day sedentary regimen gives rise to Mandagni which leads to Arsha. Irregular and hard bowel habit along with prolong sitting has a significant role in development of Arsha.
➢ The disease can be diagnosed on the basis of chief complaints like bleeding, constipation, and prolapse pile mass in ano-rectal region.
➢ In present study maximum patients have addictions like tea & alcohol. These are also to be considered for causative and aggravating factors the disease. Apart from the above factors socio - economic condition, mental stress and sedentary life style play an important role in causing and aggravating the disease.
➢ In group A- Oral medication of Suran pindi is more effective in treating the constipation, bleeding and number of pile masses. Constipation is root cause of Arsha (Haemorrhoids).
➢ In group B- Oral medication of Suran pindi and local application of Haridradi lepa is more effective in curing constipation, itching, bleeding, number of pile masses, Size and prolapse of pile masses.
➢ Suran-kand has special action (Prabhab) as Arshaghnna. The root cause of Arsha is Mandagni and Vibhandh. So chitrak, kali marich and Sunthi are having Deepan, pachan and vataanulomak guna due to its katu vipak and ushna virya.
➢ In Haridradi lepa all ingredients have anti-inflammatory activity so this lepa helps in reducing the size and prolapse of pile mass and maintains the local hygiene due to its anti-bacterial, anti-fungal activity, hence itching is reduced.

➢ Finally it can be concluded that Suran Pindi and Haridradi Lepa is more effective in curing the cases of Arsha.
➢ It is a low cost effective and it may be recommended for practice in case of Arsha succesfully.

Thus, these classical preparations can very well be advised as acurative, cost effective, conservative remedy for patients of Arsha (Haemorrhoids). Moreover, no adverse effects of the medication were observed during and after completion of the clinical study.

REFERENCES

2. SUSRUTA SAMHITA edited with Ayurveda-tattva-sandipika by Kaviraj Ambika dutt shastri, chaukhambha publication reprinted, Sutra sthana, 2010; 33/4-5.
3. CHARAK SAMHITA Savimarsar-vidhyotini hindi vyakhya, publisher chaukhambha bharti academy, chikitsa sthana, 2011; 14/6.
4. SHARANGDHER SAMHITA “Jeevanpada” svim arshini svmahita by Dr. Shrimati Shailja Shrivastav, Chaukhambha Orientalia Publication Varanasi, Sharangdher Samhita madhaym khand 7th chapter “Vatak kalpa”, 198
5. BHAVPARKASH NIGHANTU svmahshi hindi vyakhya reprint- Vimarshkar- padamshri prof. krishchadra chunekar, Sampadak-Late Dr. ganga sahay panday by Chaukhambha Bharti akadmi Varanasi, Chikitsa parkaran 5th chapter “Arsharogadhikar” Shalok, 2010; 57.
6. BHAVPARKASH NIGHANTU svmahshini hindi vyakhya reprint- Vimarshkar- padamshri prof. krishchadra chunekar, Sampadak-Late Dr. ganga sahay panday by Chaukhambha Bharti akadmi Varanasi, 2010.
7. BHAVPARKASH NIGHANTU svmahshi hindi vyakhya reprint- Vimarshkar- padamshri prof. krishchadra chunekar, Sampadak-Late Dr. ganga sahay panday by Chaukhambha Bharti akadmi Varanasi, Ath haritkayadi Varg Adhyay, 2010.