

# Kasisadi Tail Basti in Arsha

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**Abstract:** To Access the therapeutic effect of Kasisadi Taila Basti in the management of Arsha including in the management of I<sup>st</sup> & II<sup>nd</sup> degree hemorrhoids. The patients were divided into two groups, Group A, given Sonamukhi Churna 1-2 gm with lukewarm water. Group B, given Kasisadi Taila installation in the anal canal with the help of 10 no. Infant feeding tube, 10-30 ml on an alternate day, single time up to 15 days, advice this group to take Sonamukhi Churna (powder) orally 1-2 gm HS after food. Here, Kasisadi Taila Basti on bowel habits shows high significance. It also suggests that treatment is effective in managing constipation. It also reduces bleeding PR. It also showed a reduction in anal itching. It also reduces burning sensation.

**Keywords:** Hemorrhoids, Sonamukhi Churna, Constipation, Bleeding, Anal, Burning sensation

## 1. Introduction

Man acquired so many gifts from nature, from the time of his evolution to the present era. Human has got many advantages in life, along with these advantages man has acquired some disadvantages also. For instance, these advantages gave him a better identification, no doubt, simultaneously giving him certain afflictions too like; hemorrhoids and varicosities. Hemorrhoid is a disease, which is very specific to the human race only, due to its erect posture [1,2].

Ayurveda the science of life discussed this disease in all its aspects. A wide spectrum of descriptions is available including its definite etiopathogenesis and several treatment methods. According to Ayurveda, the disease comes under the heading of Maharogas (Su. Su.33/4) as it is Dirghakalanubandhi, Dushchikitsya in nature, and Tridoshik and involves the Marma [2, 3]. Arsha is the condition associated with Mansak and RaktaDhatu Dushti [4] and characterized by Mansakur (Protruding Mass), Rakta-Strava (per rectal Bleeding), and Panduta (Pallar) [4]. Arsha occurs in Gudabhaga, which is undoubtedly a Marma, and it is well known for its chronicity and difficulty in treating.

Acharya Sushruta has mentioned four lines of management such as Aushadha, Kshara, Agni, Shastra (Su. Chi. 6/3) [5]. This approach seems to be graded based on the particular symptom complex of the disease but compared to Aushadha chikitsa rest of the three have got important and practical approaches in the present time too.

Shastra, Agni, Kshara Karma Chikitsa are relatively costly compared to Aushadhi chikitsa and many people may not afford the surgical treatment. For this reason, an attempt is being made in this work to try Basti chikitsa mentioned in the classics to assess its efficacy in the treatment of this disease, which if proves efficacious turns out to be cost-effective and patient compliant.

## 2. Materials & Methods

**Drug:** 1. Sonamukhi Churna 2. Kasisadi Taila

**Selection of the Patient:** 60 Patients in total were randomly selected from the OPD of our college, re-diagnosed

clinically as per the inclusive and exclusive criteria.

**Study Design:** It is a single-blind randomized clinical trial.

**Grouping:** These patients were randomly allotted to two groups, the controlled group, and the trial group. (A and B respectively).

**Group A,** was treated with Sonamukhi Churna 1-2 gms HS with lukewarm water is labeled as controlled group/Group A.

**Group B,** was treated with Kasisadi Taila installation in an anal canal with the help of 10 no. Infant feeding tube, 10-30 ml on an alternate day, the single time upto 15 days and was labeled as a trial group/Group B.

Patients in both the groups were advised food preferences and taken Sonamukhi Churna 1-2 gm HS with lukewarm water as a laxative as a nidhanaparivarjana measure in both groups.

### Intervention:

#### Group B

Drug : Kasisadi Taila  
Dose : 10-30 ml  
Frequency : Alternate-day, single time.  
Mode : Basti  
Duration : 15 days

**Common interventional for both the groups:** Sonamukhi Churna (powder) orally 1-2 gm HS.

### Inclusive criteria:

- 1) The patients of age group above 18 to 70 yrs.
- 2) Either sex
- 3) Painful/painless Hemorrhoids.
- 4) 1<sup>st</sup> and 2<sup>nd</sup> Degree Hemorrhoids.
- 5) The cases are randomly selected irrespective of sex, Chronicity, Prakriti, Doshas.

### Exclusive criteria:

- 1) The patients of age group below 18 & above 70 years.
- 2) Thrombosed or strangulated Hemorrhoids.
- 3) Malignancy of rectum and anus.
- 4) Pregnancy.
- 5) Arshas are associated with other systemic diseases which

- may affect the outcome.
- 6) 3<sup>rd</sup> and 4<sup>th</sup>-degree pile masses.
- 7) Known cases of STD, HIV infections, and other infectious diseases.

**Criteria for withdrawal:**

If any complication arises or the condition worsens.  
If patients themselves want to withdraw from the study.

**Criteria of assessment and Results:**

- a) **Subjective:** Bowel Habits, Bleeding, Anal itching, Burning sensation around the anal region, Pain during defecation, Pain after defecation, Degree of hemorrhoids
- b) **Objective:** Position of the hemorrhoids, Degree of the hemorrhoids.

**Table 1: Sign and Symptoms with Grading**

Sr.	Sign	Symptoms	Grading
1	Bowel Habits	Passing stool daily with normal consistency.	0
		Mild -passing stool daily but with hard consistency.	1
		Moderate-passing stool on alternate day with hard consistency.	2
		Severe - passing stool on 3rd day with hard consistency.	3
2	Anal Itching	No (Absent)	0
		Mild (few minutes after defecation)	1
		Moderate(few hour after defecation)	2
		Severe (throughout the day)	3
3	Localized Burning Sensation	No burning sensation	0
		Mild -After defecation for few minutes.	1
		Moderate-after defecation for few hours.	2
		Severe-continuous	3
4	Bleeding P/A	Absent	0
		Mild- If bleeding is in drops occurring once or twice a week	1
		Moderate- If bleeding is in drops daily	2
		Profuse- If bleeding is in stream irrespective of duration.	3
5	Pain During Defecation	Absent	0
		Mild	1
		Moderate	2
		Severe	3
6	Pain After Defecation	Absent	0
		Mild- Few minutes after defecation	1
		Moderate-Few hours after defecation	2
		Continuous unbearable	3
7	Degree Of Hemorrhoids	Absent-no hemorrhoids	0
		Mild-Ist degree hemorrhoid	1
		Moderate-IIInd degree hemorrhoids	2

**Investigations:**

- 1) Routine hematological investigations:RBS, TLC, DLC, Hb, ESR & PCV, L.F.T, R.F.T,U.P.T (as whenrequired)
- 2) Urine routine & microscopy examination (ifrequired)
- 3) HIV I & IITest.

**3. Observations and Results**

- 1) Student t test: To assess baseline demographiccomparability.
- 2) Unpaired t test: To analyze the differences between thegroups.
- 3) Paired t test: To analyses numericaldata.

**Table 2: Statistical analysis of group A using paired ‘t’ test:**

Clinical feature	Day Of Treatment	Mean	S.D	S.E	P value	Result
Bowel Habits	BT	0.5667	0.6789	0.124	<0.0001	H. Significant
	AT	0.03333	0.1826	0.03333		
Itching	BT	1.2	0.4068	0.07428	<0.0829	N. Significant
	AT	1.033	0.3051	0.05571		
Burning Sensation	BT	1.467	0.2537	0.04632	<0.0831	N.Significant
	AT	1.3	0.1826	0.03333		
Bleeding P/R	BT	1.433	0.5713	0.1043	0.1610	N.Significant
	AT	1.333	0.5921	0.1081		
Pain D/D	BT	2.1	0.8847	0.1615	<0.0001	H.Significant
	AT	0.9667	0.7649	0.1396		
Pain A/D	BT	2.2	0.8867	0.1619	<0.0001	H.Significant
	AT	0.9667	0.7184	0.1312		
Degree Of Hemorrhoids	BT	1.4	0.4983	0.09097	0.1608	N.Significant
	AT	1.333	0.4795	0.08754		

**Table 3:** Statistical analysis of group B by using paired t-test.

Clinical feature	Day Of Treatment	Mean	S.D	S.E	P value	Result
Bowel Habbits	BT	0.7333	0.8683	0.1585	<0.0001	H.Significant
	AT	0.2	0.4068	0.07428		
Itching	BT	2.13333	0.7303	0.1333	<0.0001	H.Significant
	AT	0.2333	0.4302	0.07854		
Burning Sensation	BT	2	0.7878	0.1438	<0.0001	H.Significant
	AT	0.0233	0.4302	0.07854		
Bleeding P/R	BT	1.967	0.7184	0.1312	<0.0001	H.Significant
	AT	0.1667	0.379	0.0692		
Pain D/D	BT	1.767	0.8976	0.1639	<0.0001	H.Significant
	AT	0.1667	0.379	0.0692		
Pain A/D	BT	1.867	0.7761	0.1417	<0.0001	H.Significant
	AT	0.1667	0.379	0.0692		
Degree of Hemorrhoids	BT	1.667	0.4795	0.08754	<0.0001	H.Significant
	AT	1.1	0.3051	0.05571		

**Table 4:** Analysis of the comparative study between Group ‘A’ and Group ‘B’ by usiang unpaired ‘t’ test

Clinical feature	Day Of Treatment	Mean	S.D	S.E	P value	Result
Bowel Habbits	A.T A	0.03333	0.1826	0.03333	0.6472	N.Significant
	A.T B	0.2	0.4068	0.07428		
Itching	A.T A	1.033	0.7649	0.1396	<0.0001	H.Significant
	A.T B	0.2333	0.4302	0.07854		
Burning Sensation	A.T A	1.3	0.7022	0.1282	<0.0001	H.Significant
	A.T B	0.0233	0.4302	0.07854		
Bleeding P/R	A.T A	1.333	0.5921	0.1081	<0.0001	H.Significant
	A.T B	0.0166	0.379	0.0692		
Pain D/D	A.T A	0.9667	0.7649	0.1396	0.398	N.Significant
	A.T B	0.1667	0.379	0.0692		
Pain A/D	A.T A	0.9667	0.7184	0.1312	0.3764	N.Significant
	A.T B	0.1667	0.379	0.0692		
Degree Of Hemorrhoids	A.T A	1.333	0.4795	0.08754	<0.0001	H.Significant
	A.T B	0.1	0.3051	0.05571		

In general, According to mean change evaluation the **Group B** treatment shows a marked relief of symptoms as compared to **Group A** treatment.

**B.T1<sup>ST</sup>DAY**



**A.T 45<sup>TH</sup>DAY**



**4. Discussion: Incidence**

In this present clinical study, the incidence of hemorrhoids was seen more in the age group between 40-60 yrs(48%). In this study, acute complaints of hemorrhoids are noted in 53.33% and chronic complaints regarding hemorrhoids are noted in 46.66%. The present clinical study revealed that 58.33 % male population is affected in sample size and 41.66 % female population. In the distribution of patients based upon socioeconomic status out of 60 patients 44

patients (73%) belong to the middle class, 14 (23%) belong to a poor class and 2 (6%) belong to the rich class. This may be due to the population distribution of the geographical area. Distribution based upon diet shows that maximum incidence of hemorrhoids is seen in Mixed diet patients (veg and non-veg diet) – 36 number (60%) than a veg diet- 24 number (40%). This may suggest that a non-vegetarian diet causes more constipation and leads to anorectal pathologies like hemorrhoids, fissures, etc. Distribution based on the position of hemorrhoids out of 60 patients shows that

maximum is seen at 7'O clock position(31.66%) then at 3'O clock position(25%) then 11'O clock position (16.66) rest hemorrhoids seen in multiple positions. In this study of 60 patients, 46patients (76.66 %) had complaints of passing hard stools, this data supports the theory of constipation induced hemorrhoids and associated pain complaints.

#### Effect of treatment:

In this present study, Kasisadi Taila Basti is used as a conservative line of management of Arshas.

- 1) Effect of treatment with Kasisadi Taila Basti on bowel habits shows that the p-value is <0.0001, which is highly significant. It suggests that treatment is effective in managing constipation.
- 2) Effect of treatment with Kasisadi Taila Basti on bleeding PR shows that the p-value is <0.0001, which is highly significant and effective in reducing PR bleeding.
- 3) Effect of treatment shows that the p-value is <0.0001, which is highly significant in the reduction of anal itching.
- 4) In the case of burning sensation, the p-value is <0.0001, which suggests the treatment is highly significant in the reduction of burning sensation.
- 5) Effect of treatment with Kasisadi Taila Basti on pain during defecation & pain after defecation shows that p-value is <0.0001 which is statistically highly significant.
- 6) Effect of treatment with Kasisadi Taila Basti on the degree of hemorrhoids shows that the p-value is <0.0001 which is highly significant, to downstage the disease.

**Probable Mode of Action:** Kasisadi Taila is a unique combination of ushna, tikshna, shitavirya medicine with ksharan and shothagna properties. Kasisadi tail, when used as Abhyang (Basti), has an action like kshar by its ksharanguna it destroys the Arsha but it does not harm the Gudawalis [8]. It is dominant in tikta, katu rasa dravya which has antimicrobial activities. With the help of its gunas it helps in relieving sphincter spasm and rectal tenderness, so it helps to reduce pain component. It helps in relieving associated complaints of hemorrhoids like itching and burning sensation probably due to its antimicrobial properties and taila facilitates smooth passage of stool through the anal canal.

- 1) Sonamukhi Churna helps in anuloman and bhedan of the hard stool. It doesn't cause many troublesome effects like dehydration, pain in the abdomen, etc. It also improves appetite and digestion thereby prevents constipation and thus breaks the samprapti.
- 2) Basti is a good mode of treatment. It is less expensive than operative procedures. It does not have morbidity like operative procedures for hemorrhoids. This procedure does not need anesthesia so it is again credited to be safe.

## 5. Conclusion

- 1) Internal Hemorrhoids I<sup>ST</sup> & II<sup>ND</sup> degree can be managed without the help of surgical management.
- 2) Most of the patients with hemorrhoids complain of constipation.
- 3) The age group between 40-60 years is more prone to hemorrhoids.

- 4) Kasisaditaila showed a significant effect in relieving burning sensation, anal itching, bleeding PR, pain during defecation, pain after defecation, and degree of hemorrhoids. It was analyzed scientifically by standard statistical method.
- 5) Effect Sonamukhi Churna seen to regulate bowel habits.
- 6) This study requires further research with the help of investigative methods.

## References

- [1] Sardinha TC, Cormann ML. Hemorrhoids. The Surgical clinics of North America. 2002 Dec 1;82: 1153-67.
- [2] Kulkarni NH, Patil SN. Clinical evaluation of leeching and surgical excision in the management of external thrombosed hemorrhoids. Int. J. Ayur. Pharma Research. 2015;3:60-5.
- [3] Anonymous, Susruta Samhita with English translation of text and Dalhana's commentary along with critical notes, Sharma P V, Reprint, 2005. Chowkhamba Visvabharati, Varanasi: Sutra Sthana, Chapter 33, Sloka 4; p.163
- [4] Anonymous, Susruta Samhita with English translation of text and Dalhana's commentary along with critical notes, Sharma P V, Reprint, 2005. Chowkhamba Visvabharati, Varanasi: Nidan Sthana, Chapter 2, Sloka 18; p.309
- [5] Agnivesha, Charakasamhita text with English translation and critical exposition based on Chakrapanidatta's 'Ayurvedadipika', Sharma R K, Dash B. Reprint, 2009. Chowkhamba Sanskrit Series Office, Varanasi: Chikitsasthan 14 Sloka 6p.313
- [6] Anonymous, Susruta Samhita with English translation of text and Dalhana's commentary along with critical notes, Sharma P V, Reprint, 2005. Chowkhamba Visvabharati, Varanasi: Chikitsa Sthana, Chapter 6, Sloka 3; p.46
- [7] Vd.V.M.Gogate, Dravyagunavidnyana. vol I, Page No 57
- [8] Shailaja S. Jiwanprada, Hindi Commentary, Sharangdhar Samhita Madhyam Khand, Chaukhamba Orientalia Varanasi, Reprint 2011. 9/142-145. Pg-223.
- [9] Shailaja S. Jiwanprada, Hindi Commentary, Sharangdhar Samhita Madhyam Khand, Chaukhamba Orientalia Varanasi, Reprint 2011. 9/145. Pg-223.