

## **Management of Internal Haemorrhoids with Panchasam Vati Orally and Daruharidra Nimba Malhar Locally: A case study**

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**Abstract:** Haemorrhoids is well known diseases found in proctology. Haemorrhoids have symptoms such as pain and bleeding from anal region along with prolapse of anal cushion. In Modern Medicine, established treatments includes diet lifestyle modification, Sclerotherapy, Cryosurgery and surgery such as excision of Haemorrhoids, DGHAL etc in advanced stage. In Ayurvedic perspective, Haemorrhoids are similar to Gudarsha. Acharya Sushruta describes four different treatment modalities like Bheshaj, Agnikarma, Ksharkarma and Shastra karma Chikitsa.

In this case study, 38 years old female patient was diagnosed with Gudarsha (Grade 2-internal haemorrhoids). She was given specific regimen such as PanchasamVati 500 mg 4-tab BD(Orally) for 28 days and Daruharidra -Nimba Malhar at anal region (Locally) 2 times for 2 weeks. During assessment, symptoms such as pain at anal region, bleeding, size and colour of the pile mass and constipation were observed.

After completion of treatment, patient showed remarkable improvement in the symptoms. This therapeutic interventional case study revealed that Panchasam Vati (Orally) along with Daruharidra -Nimba Malhar (Locally) provided significant relief in symptoms of Grade II Internal Haemorrhoids w.s.r. Abhyantar Gudarsha.

**Keywords:** *Internal Haemorrhoids, Arsha, PanchasamVati, Daruharidra Nimba Malhar*

### **INTRODUCTION**

Haemorrhoids are enlarged dilated blood vessel with anal cushionprolapse contain muscle and tissue of anal canal. [1]. It may have bleeding and pain at anus [2]. Etiological factors are obesity, eating junk and spicy food, hard stool, absence of valves, alcohol, suppression of urges pregnancy etc [3,4]. There is splash of blood in pan post defecation which is bright red in colour with prolapse, mucus secretion and no pain. Classically, they occur in 3, 7 and 11 o 'clock position

with the patient in lithotomy position [5]. Hemorrhoids are one of the most common anorectal disorders with a reported prevalence of 4.4% up to 36.4% of general population [6]. The peak prevalence occurs between 45 and 65 years of age [7,8]. Approximately one-third of patients affected by hemorrhoids seeks medical advice [9,10]. Different studies showed that about 5%-10% of patients suffering from hemorrhoids do not respond to conservative treatments, so surgical procedures become the treatment of choice in such cases [11]. In Ayurveda, Haemorrhoids can be co-related with Gudarsha. Acharya Sushruta includes Arsha as one of the Astamahagada [12]. As per Ayurvedic classical text, Arsha is developed due to indulgence of unsalutary food habits and activities. Further, dosha get aggravated with blood – spread out and travelling through main dhamani in downward direction- reach Guda – produces masspraroha in Gudavali named as Arsha. Sushruta has classified Gudarsha into 6 types such as – Vataj, Pittaj, Kaphaj, Sannipataj, Raktaj and Sahaj (Congenital). Arsha is also classified into Shushkarsha (Dry or non-bleeding hemorrhoids) and Raktarsha (Bleeding hemorrhoids) as per clinical manifestation [13].

Acharya Shushruta mentioned 4 different treatment modality such as Bheshaj (palliative herbal drugs), Agnikarma (Heat burn), Ksharkarma (alkali paste), and Shastra karma (Surgery) [14]. Similarly, Ayurvedic conservative management includes Agni Deepan- Pachan (improving digestion), Vata Anuloman (pacifying bowel movements), Malsarak Chikitsa (Laxatives), Rakta shodhan (blood purifier) and stambhan Chikitsa (Hemostatic medicines) Orally along with lepa application (Arshoghana) at locally.

## **METHODOLOGY**

In the present case study, a patient diagnosed as Grade-II internal haemorrhoid was treated with Panchasam Vati orally along with Daruharidra Nimba Malhar locally at anal region. Before therapeutic intervention, proper counselling of patient and written informed consent was taken.

## **Patient Information**

In present case study, a 32 years old female patient (UHID NO.252630) having chief complaints of pain at the anal region, bleeding per rectum- on and off and constipation since 5 months. Further, pain at the anal region and per rectal bleeding aggravated from last 10 days. She had

taken treatment outside private clinic but didn't get relief. (Details not available). So, she visited Shalyatantra (Surgery) department of DYPAH for Ayurvedic conservative management.

The personal history of patient revealed non-vegetarian diet, good appetite with regular time, normal sleep pattern, bowel habit was regular and 2 times in a day. Micturition was normal. Patient had no past surgical history. Patient had no any allergy and addiction. Menstruation was normal and regular.

The patient was hemodynamically stable having Pulse: 76/min, Respiratory rate: 18/min, Blood pressure: 110/70 mm of Hg.

In general examination- pallor, icterus, clubbing, cyanosis, oedema, and lymphadenopathy was absent. His Prakruti was Pitta Pradhan Kapha.

**Local Examination:** At anal verge, bulgingseen at 3 O' clock.

In rectal examination, spasm and tenderness was absent. No active bleeding and discharge were seen. Proctoscopy showed- Grade II Internal Haemorrhoid present at 3, 7 and 11 O'clock [Image -1].

**Investigation:** Routine test as Complete blood count, Blood sugar level before and after eating, Bleeding and Clotting time and Liver function test were found in normal range.

**Diagnosis-** On the basis of physical examination and clinical findings, the patient was clinically diagnosed as Abhyantar Gudarsha (Grade II Internal Haemorrhoid).

**Timeline:** Details of the therapeutic intervention timeline are mentioned in Table 1.

## **THERAPEUTIC INTERVENTIONS**

After explaining the proposed line of treatment, written informed consent was recorded. Patient was treated with Panchasam Vati 500 mg 4 Tablet BD with luke warm water (Orally) for 28 days along with Daruharidra Nimba Malhar at anal region (Locally) BD with the help of applicator for 14 days. During this treatment, patient was also advised to take sitz bath for 10 minutes BD.

For the therapeutic evaluation, assessment of parameters such as pain at anal region, rectal bleeding colour and size of the pile mass and constipation were done before, during, and after the

completion of treatment [Table.7]. During proctoscopy, Vedio Proctoscope was used to take images.

**Table 1: Timelines**

Date	Therapeutic Intervention
27 October 2022	Initial assessment and diagnosis
27 October 2022 to 24 November 2022	<b>Internal medicine :</b> Panchasam Churna vati 500 mg 4 BD AF with luke warm water for 28 days
27 October 2022 to 10 November 2022	<b>Local application:</b> Daruharidra Nimba Malhar at anal region twice a day with the help of applicator for 14 days

### ASSESSMENT PARAMETERS

The parameters assessed to record the efficacy of treatment were per rectal bleeding (Table2), size of pile mass (Table 3) and colour of pile mass (Table 4) on proctoscopy [15]. For assessment of constipation, we used Victoria Bowel Performance Scale (Table 5). We also used Visual Analogue Scale for pain assessment (Table 6).

**Table 2. Gradation criteria of rectal bleeding**

Rectal bleeding	Grade
Baseline	+++
50% of baseline	++
75% of baseline	+
No bleeding	0

**Table 3: Assesment criteria of size of pile mass ( Vedio Proctoscope)**

<b>Size of pedicle</b>	<b>Grade</b>
Size resembling the of groundnut or larger than groundnut	+++
Size resembling the size same as pea nut	++
Size resembling the size smaller than peanut	+
No of pile visualized	0

**Table 4: Gradation criteria of colour of pile pedicle (On Vedio Proctoscope)**

<b>Colour of pile pedicle</b>	<b>Grade</b>
Bluish or Blackish colour	+++
Reddish colour	++
Pinkish colour	+
Colour resembling that of Mucosa	0

**Table 5: Constipation (Victoria Bowel Performance Scale)**

PARAMETER	GRADATION	SCORE	
CONSTIPATION	Minimal or no straining to defecate	0	0
	Mild effort or straining required to defecate	1	+
	Moderate effort or straining required to defecate	2	++
	Unable to defecate despite maximum effort or straining	3	+++

**Table 6: Pain (Visual Analogue Scale)**

PARAMETER	GRADATION	SCORE	
PAIN (As per VAS Scale)	No Pain	0	0
	Mild	1-3	+
	Moderate	4-6	++

	Severe	7-10	+++
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**Drug Profile:**

Pachsam Vati was prepared by standard method from Panchsamchurna as mentioned in Sharangdhar Samhita, madhyam khanda in adhyay 6 'Churna Kalpana'[16].

Similarly, DaruharidraNimba Malhar was prepared according to Snehapak Vidhi and Malhar Kalpana[17,18,19].

**Panchasam-vati[For internal use]**

**Ingredients:** - Sunth, Haritaki, Pippali, Trivrit, Sauvarchala lavana

**Dose:** Panchasam Vati 500 mg 4 Tablet BD with luke warm water.

**Duration:** For 28 days.

**Daruharidra-Nimba Malahar [For local application]**

**Ingredients:** Daruharidra Kand, Nimba leaves, Til Taila, Bee wax and Water

**Dose:** Daruharidra Nimba Malhar at anal portion locally 2 times in a day.

**Duration :** 2 week.

**OBSERVATION AND RESULT**

The patient was clinically diagnosed with Abhyantar Gudarsha (Grade 2 Internal haemorrhoids) and was treated with Panchasam Vati 500 mg 4 tablet BD with luke warm water Orally for 28 days along with Daruharidra Nimba malahar locally at anal region BD for 14 days.

For clinical assessment of parameter, patient was called on 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> day and thereafter on weekly upto 28<sup>th</sup> day and prognosis were recorded(Table .7).

On day 1, P/R bleeding was severe (baseline), which was reduced to 50% of baseline on Day 3 and bleeding was completely stopped on Day 7. The size of the pedicle was pea nut size on 1<sup>st</sup>

day (Image-1), which was reduced to smaller than peanut size on Day 14<sup>th</sup> of treatment. Similarly, colour of pile mass was bluish in colour on Day 1 which turned to reddish on Day 7. On Day 14, it was pink in colour (Image-2) and further resembled to colour of mucosa on Day 21. For, constipation parameter, patient required moderate straining for defecation on Day 1 which reduced to mild on Day 7. Patient got complete relief from constipation on Day 14. The present case study showed that Panchasam Vati orally along with Daruhaaridra Nimba Malhar locally at anal region was effective in relieving symptoms like pain at anal region, rectal bleeding, constipation, reducing size and colour of pile mass (Image-3) and also proved safe and user friendly.

**Table :7-OBSERVATION AND RESULT**

SYMPTOM	0	1 <sup>ST</sup> DAY	3 <sup>RD</sup> DAY	5 <sup>TH</sup> DAY	7 <sup>TH</sup> DAY	14 <sup>TH</sup> DAY	21 <sup>ST</sup> DAY	28 <sup>TH</sup> DAY
BLEEDING PR	+++	+++	++	++	+	0	0	0
SIZE OF PILE MASS	++	++	++	++	+	+	+	+
COLOUR OF PILE MASS	++	++	++	++	++	+	0	0
CONSTIPATION	++	++	++	+	+	0	0	0
PAIN	++	++	++	++	+	0	0	0

**Images: Showing prognosis of therapy.**



Image - 1: Before treatment status



Image-2: On Day 14<sup>th</sup> size of Pile mass



Image- 3: After completion of treatment

**DISCUSSION**

In this present observational case study, patient was diagnosed with Abhyantar Gudarsha w.s.r. Grade 2 Internal Haemorrhoid and was treated with PanchasamVati 500 mg 4 tablets with luke

warm water Orally for 28 days along with Daruharidra Nimba Malhar at anal region locally for 14 days.

In spite of various available treatment modalities including palliative and surgical treatment, we find certain limitation in satisfactory prognosis in Grade II Internal haemorrhoids. Thenon-surgical day-care procedure (sclerotherapy, rubber band ligation) have definite untoward effect and reoccurrence. Similarly, Surgery is also having risk and poor acceptability among the patient. More over these treatment modalities may lead to complication such as shool, gudshof, ati raktstrav and even guda bhransh.

Ayurvedic treatment includes Bheshaj, Ksharkarma, Agnikarma and ShastrakarmaChikitsa. In Bheshaj Chikitsa, various palliative herbal drugs are used for conservative management. These drugs have agnideepan, Pachan, Vatanuloman, raktashodhan, stambhan and Malsarak properties.

### **Probable mode of action**

#### **Panchasam Vati:**

It contain equal quantity of Sunth, Haritaki, Pippali, Trivrit, Sauvarchala lavana, This Panchasam Churna is very useful in relieving the Shool, Aadhaman, Udarvikar, Arsha. Sunth has Arshoghna, Deepan-Pachan, Rochan, Shoolprashaman, Vatanuloman, Aampachak. Properties [20]. Haritaki is panchakarma (Kashaya Pradhan)having Deepana Pachana, Anuloman, Krimighna, Mrudurechan properties [21]. Pippali is Laghu, Snigdha, Teekshna, having Madhur vipak and acts as Deepan, Vatanuloman, Krimighna, Raktashodhak [22]. Trivrit has sukhavirechan properties[23]. Sauverchal lavana is Hridya, Ruchipradm, Deepaniya[24].

Overall, Panchasam Vati (Orally) helps in relieving constipation, agnimandya which is the root cause of haemorrhoids. Ultimately, it helps to break the pathogenesis (Samprapti).

#### **Daruharidra Nimba Malhar:**

It contains Daruharidra and Nimba. Daruharidrahas tikta-kashay rasa and having Raktastambhana, Shothahara, Vedanasthapana, Vranashodhana properties [25]. Similarly, Nimba has tikta-kashay rasa and having Vranashodhana, Vranapachan, Dahaprashtaman, Kandughanna properties [26]. These helps in relieving symptoms such as pain at anal region, rectal bleeding, size and colour of pilemass.

## **CONCLUSION**

This present study, patient was diagnosed and treated with combination of specific regimen as PanchasamVati Orally alongwith Daruhaaridra Nimba Malhar at anal region locally.

These regimens significantly helped in relieving symptoms such as P/R bleeding, anal region pain, size and colour of pile mass and constipation.

It is proved establish treatment modality which have acceptability in patients, no any side effects and also a cost-effective treatment. Also, unnecessary surgical intervention can be prevented.

This observational study proved that; we can use these effective regimens as palliative medicinal treatment in primary stage of bleeding haemorrhoids.

## **REFERENCES**

1. John Goligher, Author (fifth edition) surgery of Anus Rectum & colon, vol. 1 chapter 4, A.I.T.B.S. Publishers, Delhi-India:2004; P99-106.
2. [https://www.glowm.com/section\\_view/heading/Common%20Anorectal%20Problems/item/71](https://www.glowm.com/section_view/heading/Common%20Anorectal%20Problems/item/71)(last accessed on 23/4/2019).
3. A concise textbook of surgery by Somen Das, fourth edition-2006, published by S. das. Calcutta- India, chapter 54, page no 1078-1082.
4. Dwivedi Amarprakash, Pathrikar Anaya, Amitabh Kumar, and Shukla Mukesh. (2019). "A Comprehensive Review On Management Of Hemorrhoids (Gudarsha) - An Integrated Approach." International Journal of Research - Granthaalayah, 7(7), 310-320.
5. R.C.G. Russell, Norman S Christopher J. Keditors. Bailey & Love's Short Practice of Surgery. The anus and anal canal. 24<sup>th</sup> edition. New York: Oxford University Press; Edward Arnold Publishers; 2004. p.1256.
6. Loder PB, Kamm MA, Nicholls RJ, Phillips RK: Hemorrhoids: pathology, pathophysiology and aetiology. Br J Surg. 1994;81:946-954.
7. Johanson JF, Sonnenberg A. The prevalence of hemorrhoids and chronic constipation. An epidemiologic study. Gastroenterology. 1990;98:380-386.
8. LeClere FB, Moss AJ, Everhart JE, Roth HP. Prevalence of major digestive disorders and bowel symptoms, 1989. Adv Data. 1992;24:1-15.
9. Cataldo P, Ellis CN, Gregorcyk S, Hyman N, Buie WD, Church J, Cohen J, Fleshner P, Kilkenny J, Ko C. Practice parameters for the management of hemorrhoids (revised). Dis Colon Rectum. 2005;48:189-194.

10. Madoff RD, Fleshman JW. American Gastroenterological Association technical review on the diagnosis and treatment of hemorrhoids. *Gastroenterology*. 2004;126:1463-1473.

11. Arroyo A, Pérez F, Miranda E, Serrano P, Candela F, Lacueva J, Hernández H, Calpena R. Open versus closed day-case haemorrhoidectomy: is there any difference? Results of a prospective randomised study. *Int J Colorectal Dis.* 2004;19:370-373.

12. Susruta Samhita; with its Nibandha Sangraha Commentary of Sri Dalhaṇa Acarya; reprint edition, edited by Jadavaji Trikamji Acarya, Varanasi; Caukhamba Orientalia publishers; 2003; pp 824, pg no- 144, (su, su 33/10).

13. Prof. K R Sri Kantha M, editor. *Susruta Samhita, Nidan Sthana, Ch. 2*, Vol 1, 2nd edition, Varanasi: Chaukhamba Orientalia; 2004. p.476.

14. Prof. K R Sri Kantha M, editor. *Susruta Samhita, Chikitsa Sthana, Ch. 2*, Vol 2, 2nd edition, Varanasi: Chaukhamba Orientalia; 2004. p.77.

15. Archana Kumari, Dwivedi Amarprakash, Management of Internal haemorrhoids by 'Pippalyadi taila matrabasti' (Ayurvedic medicated enema) - a case study, *The International journal of analytical and experimental modal analysis*, Volume XII, Issue VIII, August/2020 Page No:1721-1730.

16. Dr. Bramhananda Tripathi, Sharangdhara Samhita Hindi Commentary, Churna Kalpana, Ch. 6, Madhayam Khanda, Chaukhamba Surbharti Prakashan, Varanasi, p.544.

17. Dr. Bramhananda Tripathi, Charaka Samhita Hindi Commentary, Arsha Chikitsa, Ch. 14, Vol-2, Chaukhamba Surbharti Prakashan, Varanasi, p.544.

18. Dr. Anant Ram Sharma, Sushruta Samhita Hindi Commentary, Snehopiyogik Chikitsa, Ch. 31, Chikitsasthana, Vol-2, Chaukhamba Surbharti Prakashan, Varanasi, p.407.

19. Aacharya Siddhinandan Mishra, Bhaishajayakalpana-Vidnyan, Vividha Kalpana, Ch. 10, Chaukhamba Surbharti Prakashan, Varanasi, p.299.

20. Prof. P. V. Sharma, Dravyaguna-Vijnana, Deepanadi Varga, Ch. 5, Vol-2, Chaukhamba Bharti Academy, Varanasi, p.331-335.

21. Prof. P. V. Sharma, Dravyaguna-Vijnana, Jwaraghanadi Varga, Ch. 9, Vol-2, Chaukhamba Bharti Academy, Varanasi, p.753-758.

22. Prof. P. V. Sharma, Dravyaguna-Vijnana, Chedanadi Varga, Ch. 4, Vol-4, Chaukhamba Bharti Academy, Varanasi, p.275-279.

23. Prof. P. V. Sharma, Dravyaguna-Vijnana, Deepa Nadi Varga, Ch. 5, Vol-2, Chaukhamba Bharti Academy, Varanasi, p.419-422.

24. Dr. Anant Ram Sharma, Sushruta Samhita Hindi Commentary, Annapanavidhiradhaya, Sutrasthana, Ch. 46, Vol-1, Chaukhamba Sur Bharti Prakashan, Varanasi, p.425.

25.Prof.P. V. Sharma,Dravyaguna-Vijnana, Arshoghanadi Varga,Ch.6,Vol-2,Chaukhambha Bharti Academy,Varanasi,p.537-539.

26.Prof.P. V. Sharma,Dravyaguna-Vijnana, Chakshushyadi Varga,Ch.2,Vol-2,Chaukhambha Bharti Academy,Varanasi,p.149-152.