



### Clinical study of add on effect of *kutajadi raskriya* with conservative treatment to reduce the per rectal bleeding in *raktarsha* w.s.r. to internal haemorrhoid

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#### ABSTRACT

Haemorrhoid is a fairly common disease all over the world. Ayurveda plays vital role and having effective methods of treating *Arsha* without having surgical interventions. Many herbal preparations are described by acharyas in ancient texts. Nowadays main etiological factor causing *arsha* is busy lifestyle and unhealthy and fibreless diet causes *agnimadya* and *apan vayu vikriti*. Acharya Charaka has explained two types of *arsha* i.e. *stravi arsha* and *shuksha arsha* in which *raktasha* is explained under *stravi arsha*. Patient having internal haemorrhoid have common problem of per-rectal bleeding. In present study, 64 patients of *raktarsha* were selected in each trial and control group. In trial group *kutajadi raskriya* and in control group *Tb. Ethamsylate* (500mg) is administrated orally along with conservative treatment for 10 days and patients were assessed for the

improvement after 5<sup>th</sup> day and 10<sup>th</sup> day for PR bleeding. Results showed that trial group patients were better improved at constipation and reducing degree of haemorrhoid whereas patients of control group showed improvement at PR bleeding and pain. Overall results shows that 71.88% patients are relieved and 28.13% patients are cured in trial group while 60.94% patients are relieved and 39.06% patients are cured in control group.

**KEY WORDS:-** *Haemorrhoids, Raktarsha, Kutajadi Raskriya*

#### INTRODUCTION

*Ayurveda* described eight life-threatening diseases which affect human health such a group of a disease known as *Mahagada* <sup>[1]</sup>. As the disease is *Dushchikitsya* in nature, *Tridoshaj* and involves the *Marma*, one of which “*Arsha*” is mentioned. Evolution to

the present era, man has developed many special qualities which made him supreme with advantages along with disadvantage which afflicted seriously like haemorrhoids. At present, *Arsha* is a widespread and universal problem which affecting an individual's day to day life having painless and slight discomfort in the anal region as symptoms which is often neglected initially and avoid to take treatment. Due to ignorance, patient lands into later stage causing painless bleeding and protrusion of mass through the anus and further many complications like prolapse, inflamed, and *thrombosed haemorrhoids*. A patient having *Abhyantar Arsha* have a common problem of bleeding per rectal.

In *Ayurveda* initial line of treatment for haemorrhoid is *Bhaijyakarma*<sup>[2]</sup>. *Bhaijyakarma Chikitsa* is indicated for complaints having less duration and minimal complaints and complication. So if haemorrhoids are treated early stage then further complications due to bleeding can be limited such as anaemia. In modern science, much medicinal treatment is available for haemorrhoid and also for haemostasis in bleeding haemorrhoid. *Acharya Charaka* has explained many drug formulations for *Raktarsha*. *Kutajadi Raskriya*<sup>[3]</sup> is one of the formulations explained for *Raktarsha*. All drugs in *Kutajadi Raskriya* are *Katu Vipak* and *Sheet Virya* which causes *Raktasthambhan* and *Raskriya* is easily palatable and convenient to use for the patient. Hence it needs to study alternative ayurvedic medicine with less cost and more effective drug for per rectal bleeding.

## AIM :

- To study of add on effect of *Kutajadi Raskriya* with conservative treatment to reduce the per rectal bleeding in *Raktarsha* with special reference to internal haemorrhoid.

## OBJECTIVES :

- To observe how many days are required to stop per rectal bleeding in *Raktarsh* by *Kutajadi Raskriya* when given in 1 gm dose with conservative treatment.

## MATERIAL AND METHODS:

A randomly selected patient diagnosed with *Raktarsha* has been taken in the trial group and control group. In the trial, *Kutajadi Raskriya* has been given orally along with *Peya* for consecutive 10 days and in control group *Tb. Ethamsylate* (500mg) given. A detailed history of patients has been recorded in the case record format. After a thorough clinical examination along with essential lab, investigations patient had been taken for study. The patient is advised for follow up on 5<sup>th</sup> and 10<sup>th</sup> day for P/R bleeding and 5<sup>th</sup>, 10<sup>th</sup>, and 45<sup>th</sup> day for the degree of haemorrhoids on which observations have been noted.

## Trial group – (Group A)

In this group, *Kutajadi Raskriya* will be given for 10 days along with Conservative treatment. The dose is as follows:-

Trial group:-

Drug :- *Kutajadi Raskriya*

Route :- Oral

Dose :- 1 gm twice a day with  
*Peya(Tandul)*

Time :- after meal

- Duration :- For 10 days  
*Kutajadi Raskriya* will be given for 10 days and if bleeding P/R persists then the patient will be shifted to on Tab. Sylate with conservative treatment as above.

### Control Group (Group B) –

In this group Conservative treatment will be given –

Drug :- Tab. Sylate (500mg)

Route :- Oral

Dose :- 1 tab. Twice a day.

Time :- after meal

- Duration :- For 10 days

Conservative treatment for trial and control group are as follows : Sit'z bath with lukewarm water.

Laxative powder 3gms

*Arshoghna Vati* – 2 tabs. Two times in a day  
*Acharya Charaka* has explained *Kutajadi Raskriya* in *Arsha Vyadhi* in *Chikitsasthan* which contains the following ingredients : *Kutaj, Manjishtha, Lajjalu, Priyangu, Mocharas*

**Sample Size:** 128

**Study Design:** Randomized, controlled, clinical trial

### INCLUSION CRITERIA

1. The patient will be selected irrespective of gender,

socioeconomic status will be selected randomly for the study.

2. Patients of age group between 18 – 60years.
3. A patient diagnosed by classical sign and symptoms and proctoscopy examination of
4. *Raktarsha*.
5. Patients having Hb % above 10 gm%
6. Patients having first & second degree internal haemorrhoids with bleeding will be selected for the study.

### EXCLUSION CRITERIA

1. Haemorrhoids caused by other diseases.
2. Carcinoma of the rectum.
3. Pregnancy.
4. Difficulty in micturition due to stricture urethra or an enlarged prostate.
5. Haemorrhoids with pelvirectal, ischiorectal abscesses.
6. Patients suffering from any systemic disease. e.g. uncontrolled HTN and DM, Asthma, TB, CVS disorders, HIV +ve.
7. Patients on treatment Anticoagulant drugs.
8. Patients having Hb below 10 gm%.
9. Patients below 18 yrs. and above 60 yrs.
- Patients having 3rd degree internal haemorrhoids

### INVESTIGATIONS

- Hb - CT - BT
- BSL – R - HIV – I and II - HbsAg

### ASSESSMENT CRITERIA:

#### A. Per rectal bleeding

**Table No. 1: Showing Assessment Criteria For PR Bleeding**

1.	Severe (+++ )	It will be considered to be severe if bleeding is profuse either in the form of a stream or drops amount in more than 20drops / bowel habit
2.	Moderate (++)	It will be considered moderate if the bleeding is in drop form amounting between 10 to 20 drops
3.	Mild (+)	It will consider being mild if the bleeding is streaking to stool or less than 10 drops
4.	Absent (0)	It will be considered to absent if the patient will have no bleeding during defecation.

**B. Degree of Haemorrhoid:**

**Table No. 2: Showing Assessment Criteria For Degree Of Haemorrhoid**

1.	I <sup>0</sup>	Slightly projecting in the lumen of the anal canal during the effort of defecation only.
2.	II <sup>0</sup>	The haemorrhoids mass prolapsed out of the anal verge on straining but return spontaneously to the anal canal when motion has been passed and the defecation effort has ceased.
3.	III <sup>0</sup>	The prolapsed haemorrhoids al mass doesn't reduce spontaneously even after cessation straining. It needs reduction manually.
4.	IV <sup>0</sup>	Completely irreducible haemorrhoids usually these are long-standing and acquire a component of skin.

**C. Pain during defecation:-** Present – 1,  
Absent – 0

**D. Constipation:**

1) Mild            2) Moderate    3) Severe

**E. Haemoglobin percentage HB%**

For the sake of objective assessment of bleeding per rectum the HB% before treatment and at the last follow up has been recorded.

**Overall Effect of Therapy (Overall Assessment Criteria):**

**I. Cured:-** When there is no bleeding & haemorrhoid disappeared on 10<sup>TH</sup> days then the patient will be considered as 'Cured'

**II. Relieved:-** When there is a decrease in the degree of bleeding & degree of haemorrhoid on 45<sup>th</sup> days then Patient will be considered as 'Relieved'.

**III. Not-Cured:-** When there will be no decrease in bleeding & degree of haemorrhoid after 45 days then the patient will be considered as 'Not Cured'.

### OBSERVATIONS AND RESULT

**Table no 3: showing statistical data presentation of before and after treatment in trial and control group.**

Sr. No.	Criteria	Group	Mean		SD		SE		W	p-value	significant
			BT	AT	BT	AT	BT	AT			
1	PR bleeding	Trial	2.31	0.22	0.73	0.45	0.09	0.06	-1953	<0.0001	significant
		Control	2.59	0.66	0.55	0.59	0.07	0.07	-2080		
2	Degree of Haemorrhoid	Trial	1.59	0.8	0.49	0.75	0.06	0.09	-1378	<0.0001	significant
		control	1.69	0.86	0.46	0.68	0.06	0.09	-1352		
3	Constipation	Trial	1.17	0.34	0.6	0.51	0.07	0.06	-1088	<0.0001	significant
		Control	1.12	0.46	0.74	0.64	0.09	0.08	-561		

**Table no. 04: Showing statistical data presentation in between trial and control group**

	Criteria	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
1.	PR Bleeding	Trial	64	56.75	3632.00	1552.000	0.008
		Control	64	72.25	4624.00		
2.	Degree of haemorrhoid	Trial	64	65.09	4165.50	2010.500	0.801
		Control	64	63.91	4090.50		
3.	Constipation	Trial	64	72.46	4637.50	1538.500	0.006
		Control	64	56.54	3618.50		

**Table no 05: Showing Statistical data presentation of HB%**

HB%		Mean	N	SD	SE	Z-Value	P-Value	% Change	Result
Trial Group	BT	11.42	64	0.84	0.15	0.47	p>0.05	0.59	NS
	AT	11.49	64	0.83					
Control Group	BT	11.48	61	0.95	0.16	0.44	p>0.05	0.53	NS
	AT	11.54	61	0.88					

Group	N	Mean	SD	SE	Z-Value	P-Value
Trial	64	0.07	0.33	0.07	0	p>0.05
Control	64	0.07	0.45			

**Table No. 06: Showing Statistical analysis of pain**

Pain	Trial Group				Control group			
	BT		AT		BT		AT	
	N	%	N	%	N	%	N	%
Absent	23	35.94	56	87.5	27	42.19	60	93.75
Present	41	64.06	8	12.5	37	57.81	04	6.25
TOTAL	64	100	64	100	64	100	64	100
	$\chi^2 = 36.01$ df-1, p< 0.001				$\chi^2 = 39.08$ df-1, p< 0.001			

**Table No. 07: Showing Overall Assessment of Treatment**

Result	Trial Group		Control Group	
	N	%	N	%
Cured	18	28.13	25	39.06
Relieved	46	71.88	39	60.94
TOTAL	64	100.00	64	100.00

## DISCUSSION

This is a trial formulation used in the study to see the efficacy in PR bleeding in *Raktarsha*. *Kutajadi Raskriya* consists of *Kutaj*, *Indrayava*, *Manjistha*, *Lajjalul*, and *Mocharas*.

- The main ingredient of *Kutajadi Raskriya* is *Kutaj Twak*<sup>[4]</sup> and seeds of *Kutaj* i.e. *Indrayava* having *Tikta* and *Kashaya Rasa* and *Shita Virya* and *Kapha-Pitta Shaman* properties. Due to these medicinal properties revealed that it will directly palliate pitta and *Sthambhan* property of *Kashaya Rasa* will help to stop bleeding.
- Manjistha*<sup>[5]</sup> has medicinal properties like *Tikta*, *Kashaya Rasa*, *Katu Vipaka* and *Kapha-*

*Pittashamak*, *Raktshodhak* as well as *Shothahar* which help to reduce PR bleeding as well as the size of haemorrhoids.

- Lajjalul*<sup>[6]</sup> has *Tikta*, *Kashaya Rasa* and *Shit Virya*, *Sangrahi* properties also it helps in constriction of capillaries which helps to reduce bleeding.
- Mocharas*<sup>[7]</sup> is a gum of *Shalmali* tree which has *Kashaya Rasa*, *Shita Virya*, *Grahi* properties. Due to these properties, it causes *Shonitsthapan* and *Sangraha Karma*.

## CONCLUSION:

From statistical analysis, it was concluded that oral administration of *Tb. Kutajadi Raskriya* with conservative

treatment is effective in the reduction of all symptoms of 'Raktarsha' (bleeding internal haemorrhoids)

Tb. Ethamsylate with Conservative treatment is effective in the reduction of all symptoms of 'Raktarsha' (bleeding internal haemorrhoid)

Tb. Ethamsylate with conservative treatment has a significant effect in concern of PR bleeding in early two follow up i.e. 5<sup>th</sup> and 10<sup>th</sup> day than Tb. Kutajadi Raskriya with Conservative treatment.

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