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A Case Study on Effective Management of Arshas by Rajani Lepam



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ABSTRACT

Ayurveda is literally known as science of life aims at maintaining health of body, mind and curing of disease. Ayurvedic approach towards the disease is holistic. Ayurvedic treatment modalities are becoming more and more popular in the modern period because of its preventive, safe, curative and cost effectiveness. Arshas (haemorrhoids) is one among the ano rectal diseases which occurs in Gudapradesha (anus) a Sadhyopranahara Marma. This condition can be correlated with Haemorrhoids in the modern science, Now a days increasing the incidence of Arshas are due to sedentary life style, irregular eating patterns, over indulgence of junk and spicy fast foods, mental stress etc., which results in impaired digestion, constipation, pain, bleeding per rectum etc., despite of many more modern treatments like Rubber band ligation, Sclerotherapy, Photocoagulation, Cryosurgery, Haemorrhoidectomy, etc., Ayurveda is well known for the treatment of Arshas for its negligible rate of recurrence, cost effective, less chances of pain, Haemorrhage, infection and anal incontinence. In Bhavaprakasha madhyama khanda 5th chapter, Arshodikara, RAJANI LEPAM is described in the management of Arshas. In this case study the patient was treated with Rajani lepam and findings were noted and results were shown here.

INTRODUCTION:

Arshas (haemorrhoids) is one among the ano rectal diseases which occurs in Gudapradesha (anus) a Sadhyopranahara Marma. The renowned Indian surgeon "Sushruta," regarded as the "father of surgery," describes Arshas in the second chapter of Sushruta Samhita Nidana Sthana and its Chikitsa in the sixth chapter of Chikitsa Sthana. He regarded Arshas as one of the "Ashta Mahagada,"¹ or diseases that are exceedingly challenging to cure. Arshas is infamous for being a painful enemy that has plagued humanity for countless years. Madhavakara says that the illness known as Arsha is what kills a man like an enemy².

This condition can be correlated with Haemorrhoids in the modern science, in which dilated veins within the anal canal in the sub epithelial region formed by radicals of superior, middle and inferior rectal veins³. Haemorrhoids are engorgement of the Haemorrhoidal venous plexus, characterized by bleeding per rectum, constipation, pain, prolapse & discharge.

It is caused by an imbalance of the tridoshas, particularly the vata dosha, and manifests as bad eating habits, prolonged standing, and poor bowel habits. Annavaha sroto dushti is the outcome of vitiated doshas that localize in gudavali pradhana dhamani & mamsadhara kala. They also vitiate tvak, mamsa, meda, and rakta. These vitiated dosas descend and arrive to the guda, where they cause the guda vali to grow muscles. These sprouts are called Arshas⁴.

Acharya Sushruta has narrated the 4 types of treatment modalities for the successful management of Arshas viz.

1. Bheshaja karma (Internal & External medications)
2. Kshara karma (Caustic cauterization)
3. Agni karma (Thermal cauterization)
4. Shastra karma (Surgical methods)⁵.

This classification makes it abundantly evident that Acharya Sushruta placed a greater emphasis on medicinal and para-surgical methods than on surgery. The amount of lepas and oral drugs prescribed by Acharya Sushruta as part of the conservative treatment for Arshas. Local applications which are simple, effective and least invasive. Lepas can also be used in the persons who are afraid of getting surgery.

Considering the above facts, the present case study has been planned. In Bhavaprakasha madhyama khanda 5th chapter, Arshodikara⁶, RAJANI LEPAM is described in the management of Arshas. The Lepa is prepared by mixing Haridra powder with latex of Snuhi to make it as a paste for local application on pile masses.

AIMS & OBJECTIVE:

1. To evaluate the efficacy of “Rajani Lepam” in the management of Arshas.
2. To develop a simple therapy which is non-invasive and easy to apply.

CASE REPORT:

A 42 years old female patient came to OP at S.V. Ayurvedic Hospital with complaints of bleeding per rectum after defecation with palpable mass and pain in perianal region since 2 months. Patient has history of occasional constipation from last 6 months and now regular constipation from past 3 months. Detailed history taken from patient and per rectal examination done – the case was diagnosed as II degree Arshas at 7’o clock position.

Past History: Patient underwent caesarean section 12 years back, non-diabetic, non-hypertensive, and no known co-morbidities.

Personal History:

Diet	Mixed
Appetite	Medium
Micturition	Normal
Bowel	Constipated
Sleep	Disturbed
Addictions	Nil

General Examination:

Built	Moderate
Height	5'5 feet
Weight	61kgs
Blood pressure	120/80 mm hg
Pulse rate	79bpm
Respiratory rate	15/ min

Per rectal examination:

II degree internal haemorrhoid at 7'o clock position seen on straining.

No skin tags.

Sphincter tone – normal.

Perianal region – normal.

Investigations Done – CBC, CT, BT, RBS, ESR, HIV, HbsAg – normal. (within range)

Methodology: Application of **RAJANI LEPAM** up to 5 sittings on patient for every 3rd day (i.e; 1st day,4th day,7thday ,10th day,13th day)and follow up after 15 days from the completion of treatment (i.e; 30th day).

Poorva karma- After checking all the reports thoroughly patient was advised to consume light diet on the day of treatment & clear evacuation of bowels.

- All required materials were kept ready.
- On first day, procedure was explained to patient well in advance.
- The patient was placed in the lithotomy position.
- The part was cleaned by using sterile gauze with normal saline and sterile cotton swabs were used to mop the part.

Pradhana karma-

- Patient was maintained in lithotomy position during the procedure.
- Haemorrhoidal mass circumference is measured with thread.

- Clean the pile mass with gauze piece.
- Rajani lepa was applied over the pile mass using back of the B.P handle.
- Lepa is retained for 5 minutes in site.

Paschat karma-

- After 5 minutes lepa is removed using cotton swabs with distilled water.
- T bandage will be done.
- Advise patient to take rest for 1 hour.

RESULTS: This patient took four sittings to completely reduce the pile mass and other symptoms. Within 12 days, they were completely relieved and no longer had any issues. After 15 days, a follow-up was conducted, and by then, she was fully recovered.

A) BEFORE TREATMENT

B) DURING TREATMENT

C) AFTER TREATMENT



DISSCUSION:

The application was done to relieve the inflammation and indurations of the pile masses. The lepa's application shrinks Arshas without damaging the normal structures of Guda. Apart from this, it is observed that it also relieves pain, constipation, arrests the local bleeding and relieves from other symptoms.

Properties of drugs in the present study	Symptoms relieved
Ushna, teekshna, snigdha and lekhana guna	Reduces the size of the mass
Snigdha guna	Constipation
Ushna, teekshna, katu properties	Itching sensation
Tikta rasa of haridra	Burning sensation
Vedanahara property of lepa	Pain

CONCLUSION:

Arshas can be effectively managed with the use of Rajani lepa. It was strongly advised for people who are afraid to have surgery. This was an extremely straightforward, low-cost surgery that could be completed at the outpatient department level without the need for hospitalization. There were no complications occurred during the study and no other adverse reactions reported in the study due to the procedures applied in the clinical trial.

REFERENCES:

1. Prof. K. R. Srikantha Murthy, Susruta Samhitha, volume – I, Sutra Sthana, Chaukhambha Orientalia, Varanasi, Reprint Edition – 2017, page num – 233.
2. Sri Vijaya Rakshita and Srikanthadatta, Edited by Prof. Yadunandana Upadhyaya, Madhava Nidhana – with Madhukosha, 25th Edition, published by Chaukhambha Sanskrita Samsthana, Varanasi, page num – 194.
3. Dr.S.Das; A Concise Textbook of Surgery ; published by Calcutt'a, 3rd Edition June 2001,page num – 1076.
4. Prof. K. R. Srikantha Murthy, Susruta Samhitha, volume – I, NidanaSthana, Chaukhambha Orientalia, Varanasi, Reprint Edition – 2017, page num – 476.
5. Prof. K. R. Srikantha Murthy, Susruta Samhitha, volume – II, Chikitsa Sthana, Chaukhambha Orientalia, Varanasi, Reprint Edition – 2017, page num – 77.
6. Dr. BulusuSitaram , Bhavaprakasha of Bhavamisra , volume-II, (Madhyamakanda) Chaukhambha Orientalia, Varanasi, Reprint Edition – 2017,page num – 134.