

# Effectiveness of *Pippalyadi* and *Suranadi* ointment in management of *Arsha* (Haemorrhoids)

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## Abstract

*Arsha* is a common ano-rectal disease so associated with bleeding per anum . It can be compared to Haemorrhoids according to modern science. Haemorrhoids are dilated veins in the anal canal. Through all the modern modalities of treatment in haemorrhoids are universally accepted but all have some or other limitations. In *Ayurveda* various measures have been mentioned for the management of *Abhyantar Arsha* , among which *lepa karma* is one of them . Various study have been done on the application of various *lepa* so prepared have been conducted depending upon the sign and symptoms. In this study the effectiveness of *Pippalyadi* and *Suranadi* ointment were compared which were so mentioned in *bhaishajya ratnawali*. In this preset research work efforts were made to provide the treatment which is non-invasive, easy to implement, effective and not need any hospitalization. In this study 30 patients of *Arsha* were selected as per criteria of selection randomly irrespective of religion, socio-economic status and were divided in 2groups of 15 patients each. Group-A was treated with *Pippalyadi* ointment advised for 15 days twice a day as local application. Group-B allotted *Suranadi* Ointment given twice a day for local application for 15 days and accordingly the result were assessed. *Pippalyadi* and *Suranadi* ointment were prepared according to the texts and the ointment was used for local application on the patients of *Arsha*. Lastly, it was concluded that both the ointments have shown significant results in the patients without any side effects.

**Keywords:** *Arsha*, *Haemorrhoids*, *Pippalyadi* and *Suranadi* ointment, *Lepa*, *Raktastarava*, Degree of prolapse.

## Introduction

Ano-rectal disorders are progressively increasing in the society. Out of many of the causes, some important are sedentary lifestyle, irregular and inappropriate diet, prolonged sitting or standing and certain psychological disturbances too. *Arsha* is one among the ano rectal diseases which occurs in *Gudapradesha*, which is a *sadhyopranahara Marma*<sup>[1]</sup>. In *Arsha* bleeding per anum is the principal symptoms . *Arsha* is a gift of modern

diets and busy lifestyles and many people are suffering from some sort of Ano-rectal disorder, it may be simple constipation to complex carcinoma, in which prominent disorder is *Arsha*. It is manifested due to multifold factors viz. disturbed lifestyle or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation etc. which results in derangement of *Jatharagni* leading to vitiation of *Tridosha*, mainly *Vata Dosh*. These vitiated *Doshas* get localized in *Guda Vali* and *Pradhana Dhamani* which further vitiates *Twak*, *Mansa*, and *Meda Dhatus* due to *Annavaha shrotodushti* leads to development of *Arsha*.

In modern medical science *Arsha* can be compared with haemorrhoids. Hemorrhoid often described as “varicose veins of the anus and rectum”. Hemorrhoid are dilated, tortuous or varicose veins occurring in relation to the anus and originating in the epithelial

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plexus formed by radicals of the superior, middle and inferior rectal veins. While other scientist considered it as displacement of anal cushions. Thomson wrote that it occurs through vascular hyperplasia in the anal sub mucosa, possibly through dysfunction of the shunts. According to the John Goligher pile's seems to be more appropriate for this condition as all hemorrhoid do not bleed.

Haemorrhoids are divided into two categories- internal and external haemorrhoids. Internal haemorrhoids means it is within the anal canal and internal to the anal orifice and the external haemorrhoid is situated outside the anal orifice and is covered by skin. The two varieties

may coexist and the condition is called intero-external haemorrhoids<sup>[3]</sup>.

In the management of Haemorrhoids, the procedures, which are in practice at present in modern surgery, are laser surgery, rubber band ligation, sclerotherapy, bipolar diathermy, infrared photocoagulation, cryosurgery, infra-red coagulation and hemorrhoidectomy, but all procedures have their limitations.<sup>[4]</sup> Though all the modern modalities of treatment in haemorrhoids are universally acceptable but all have some limitations. In ancient *Ayurvedic* compendia various palliative measures have been mentioned in the management of *Abhyantar Arsha*, *lepa karma* is one among them. *Lepa* is one of the type of *abhyantar sneha*. Basically *lepa* is application of paste of medicated plants mixing with oil. According to *sushruta* thickness of the *lepa* should be around 3-5 mm, whereas according to *Acharya charak* it is 1/3<sup>rd</sup> of *Angustha*. *Lepa* is prepared by grinding and crushing the herb together into a fine paste form. If the drugs are in dried form then it is to be made into paste by triturating it into paste with water, milk, ghee or oil.

In this present research work efforts were made to provide the treatment which is non- invasive, easy to implement, effective and were not need any hospitalization. To fulfil the above criteria the present research study were conducted to compare effects of *Pipplyadi lepa* and *Suranadi lepa* mentioned in *Bhaishajya Ratnavali* in the management of *abhyantar Arsha*. *Acharya Sushruta* has mentioned four treatment modalities to combat this condition i.e *Bhesaja*, *Kshara*, *Agni* and *Shastra*. *Bhaishaja chikitsa* is mentioned

mainly for *abhyantar Arsha* in their earlier stages when involved *doshas*, symptoms and complications are not severe<sup>[5]</sup>. Keeping in view above mentioned point a clinical study is planned to compare the effects of *Pipplyadi lepa* and *Suranadi lepa* in management of *abhyantar Arsha*, which are described in *Bhaishajya Ratnavali* 9<sup>th</sup>

Chapter<sup>[6]</sup>. Application of *lepa* over internal haemorrhoids and its preparation were a difficult job therefore in order to make that easy, ointments were prepared out of the same ingredients.

## Aim and Objective

- To evaluate the efficacy of *Pipplyadi* Ointment in management of *Arsha*.
- To evaluate the efficacy of *Suranadi* Ointment in management of *Arsha*.
- To compare the effects of *Pipplyadi* Ointment and *Suranadi* Ointment in management of *Arsha*

## Materials and Methods

### Drug Review

*Pippalyadi ointment* and *surandai* ointment were prepared according to classical reviews so mentioned. The preparation has been described in detail and pharmaceuticals analysis is given below.

### Pharmaceutical analysis:

The raw materials were collected from reliable source and were authenticated from Department of *Dravayguna* and it were analysed in Pharmaceutical Laboratory, Sawangi Wardha and the findings are as follows:

#### 1) *Pippalyadi* ointment

§ Loss on drying at 105°C : 1.053

§ Spreadability: 4.7gm.cm/sec

§ pH : 5.7

§ Peroxide value: 5.82

§ Iodine value: 17.28

#### 2) *Suranadi* ointment

§ Loss on drying at 105°C :1.21

§ Spreadability : 6.5 gm.cm/sec

§ pH :6.12

§ Peroxide value : 6.28

§ Iodine value : 15.37

Organoleptic characters

**1) Pippalyadi Ointment**

§ Color : Greenish

§ Texture : Smooth

§ Odour: Characteristic

**2) Surandai ointment**

· Colour : Yellowish

· Texture : Smooth

· Taste: Characteristics

Clinical Study

In this study total 30 patients of *Arsha* were selected and divided in two groups and *Pippalyadi* and *Suranadi* ointment were administered. Group A was treated with *Pippalyadi* ointment for 14 days twice daily as local application whereas Group B were given *Suranadi* ointment for 14 days as local application.

Inclusion criteria

§ Diagnosed without any major systemic

disorder's cases of first and second degree internal haemorrhoids.

§ Age group of 20 to 50 years, irrespective of their sex, occupation, & economic.

Exclusion criteria

§ Haemorrhoids that are thrombosed , third degree and fourth degree.

§ Haemorrhoids associated with fissure in ano, fistula in ano, perianal abscess, rectal polyps, rectal prolapse and rectal CA.

§ Patients having tuberculosis, AIDS & Hepatitis, Ulcerative colitis, Crohn's disease & Pregnant women.

Diagnostic criteria

Diagnosis was made on the basis of physical examinations by performing thorough P/R examination i.e inspection, palpation, digital and proctoscopic examination.

Investigations

Routine hemogram, blood sugar, routine and microscopic examination of urine and stools were carried out.

Grouping and posology

In this present study total 30 patients were take which were further divided into two groups,

GroupA and GroupB each containing 15 patients by using simple randomisation method. In this study 30 patients of *Arsha* were selected as per criteria of selection randomly irrespective of religion, socio-economic status. All these patients were diagnosed with the help of criteria of diagnosis. Patients attending O.P.D of the hospital were examined prior to the start of treatment with respect to the *Performa*. The treatment protocol comprised of. Application of paste. In both the groups. In GroupA *Pippalyadi lepa* Was applied where as in Group B. *Suranadi lepa* was applied.

The total duration of the treatment was 4 weeks with regular follow up at 7th day, 15th day and 30th day. All the patients were advised to take light and easily digestible diet and avoid incompatible foods.

Observations were recorded and noted as follows:

1) Total number of patients recruited in the Study	-	35
2) Number of patients who completed study	-	30
3) Number of patients who had taken Pippalyadi Lepa	-	15
4) Number of patients who had taken Suranadi Lepa	-	15

Preparation of ointments Preparation of *Pippalyadi* ointment:

Grade 1	No prolapsed. Just prominent blood vessels.
Grade 2	Prolapsed upon bearing down but spontaneously reduce.
Grade 3	Prolapsed upon bearing down and require manual reduction.
Grade 4	Prolapsed and cannot be manually reduced.

All the drugs viz. *Pippali*, *Saindhav*, *lavan*, *Kushta*, *Shirish* and *Snuhi* are made into a fine powder. *Til tail* is taken into clean stainless vessel and placed over mild heat until it starts foam appearing. Then beewax is added to 1/5<sup>th</sup> of *til tail*, when all the wax is completely melting in oil, it is filtered and kept in another vessel. It was used as base for preparation of ointment called as *siktha tail*. In this *tail* fine powder of all above drugs were added and stirred. This mixture then attains thicker consistency as wax cool down and made into a soft paste.

#### Preparation of *Suranadi* ointment:

All the drugs viz. *Suran*, *Haridra*, *Chitrakmool*, *Sudhha Tankan* and *Guda* are made into a fine powder. *Til tail* is taken into clean stainless vessel and placed over mild heat until it starts foam appearing. Then beewax is added to 1/5<sup>th</sup> of *til tail*, when all the wax is completely melting in oil, it is filtered and kept in another vessel. It was used as base for preparation of ointment called as *siktha tail*. In this *Siktha tail* fine powder of all above drugs along with *Guda* were added and stirred. This mixture then attains thicker consistency as wax cool down and made into a soft paste.

Mode of action

#### Mode of action of *pippalyadi* ointment:

Assessment criteria

**Subjective Criteria-** presence of clinical signs and symptoms of *abhyantar Arsha*.

1. Constipation

#### 1) Subjective Criteria

Sr.no	Grade	Explanation
1	0	Absent
2	1	Present

#### 2. Bleeding per rectum

Sr.no	Grade	Explanation
1	0	Absent
2	1	Present

#### Objective criteria

#### Statistical Analysis

Subjective symptoms were statistically analyzed by applying nonparametric test like 'Wilcoxon Sign Rank test' within group to compare the results before and after treatment results. For the comparison between the group for subjective criteria 'Mann Whitney U' test was applied. Level of significance were taken at 5%.

#### Assessment of Results

Assessment of the result was done based on the relief of signs and symptoms i.e bleeding per rectum, pain, constipation, degree of prolapse, discharge and reduction of pile mass.

#### Observation and Result

It was so observed that out of the total 30 patients which were further divided in two groups of 15 each. The first group i.e Group A in which *pippalyadi* ointment was used showed a significant difference in the condition when the follow up was taken on Day 7, Day 14 and Day 30. The ointment showed gradual improvement in the symptoms including bleeding (*raktastrava*) and the degree of prolapse on the Day 30 as compared to that on Day

0. Whereas when comparison was done within each follow up in the case of constipation (*malavastambha*) no significant improvement was observed in Group A.

Looking over the second group i.e Group B in which *suranadi* ointment was used it showed the same results,

stating much improvement in the symptom of bleeding . Further showing a bit less improvement in the degree of prolapse as compared to the Group A in the followups. And in the case of constipation this ointment showed very slow response and stating lesser improvement in the Day

14 and Day 30 followups. This could be better understood by the table so given below

**Pippalyadi ointment -Group A**

Symptoms	7 <sup>th</sup> day	14 <sup>th</sup> day	30 <sup>th</sup> day
Bleeding (Raktastrava)	18.2 %	45.5 %	90.9 %
Constipation(Malavastambha)	36.4 %	27.3 %	45.5 %
Degree of prolapse	28.9 %	55.3 %	57.9 %

**Suranadi Ointment -Group B**

Symptoms	7 <sup>th</sup> day	14 <sup>th</sup> day	30 <sup>th</sup> Day
Bleeding (Raktastrava)	0 %	54.5 %	90.9 %
Constipation(Malavastambha)	20 %	30%	30%
Degree of prolapse	26.5 %	38.2 %	50%

**Discussion**

The number of patients so found were more among the lower economic group.It was also found that they had irregular dietary habits and were consuming spicy food on regular basis. It was

It was also observed that Out of 30 Patients in the study, 05[16.7%] patients were doing moderate nature of work,13[43.3%] patients were having sedentary work, while 12[40%] patients were having strenuous work in nature.

Most common symptoms of *Arsha* includes *Agnimandya, Vankshana Shool, Swara Krishata, Asarata,Klama, Jwara, Shotha,Vaman, Peenasa, Arochak , Angamarda* and many more<sup>[7]</sup> .The basic line of treatment for *Arsha* includes *Ksharkarma, Bheshajchikitsa , Agnikarma and Shastrakarma* <sup>[8]</sup>

Applicaton of various ointment including *Kasis, hartaala, saindhav, karvir, vidang, karanj, krutvedhan, jambuk, arka, bhumiamalaki, danti, chitrak, alark, snuhi siddh tail* are used<sup>[9.V</sup>egadharana, atistreesanga, uttkatukasana, prushtayana, atapasevana, atijalapana, vamana, basti, poorva desha vayu sevana, viruddha dravya in rasa, veerya, vipaka these things should also be avoided to maintain good health and prevent

also observed that most of the patients had unsound sleep which disturbs the normal health of the individual. Majority of the patients belong to labour class because of their work so leading to vitiation of *apan vayu* hence leading to *Arsha*. Tobacco chewing was also found in most of the patients so causing *agnimandya*.

Out of 30 Patients in the study, maximum number of Patients were found having Mixed type of diet as they were 21 [70%], while 09[30%] were purely vegetarian. Out of 30, 19[63.3%] were indulging spicy food while 11[36.7%] were having regular die

Also, Out of 30 Patients in the study, 10[33.3%] were having once a day regular bowel habit while 04[13.3%] having irregular once a day habit. 04[13.3%] patients having twice a day bowel habit regularly while 05[16.7%] having it irregularly. 05 [16.7%] patients were having more than twice bowel habit regularly while 02[6.7%] having it irregularly.

further complications.

*Pipplyadi Ointment* contains *Pippali* having *Laghu, Snigdha, Tikshna guna* and *madhura, katu rasa* which is acts as *Vatakaphashamaka*. It is also having properties like Antibacterial, Antifungal, Anthelmatic. *Saindhav lavan, Kushta* is having properties like *Kaphavatajita, Raktashodhaka. Shirish* acts as *Shothahara, Tridosahara*. *Shirish* and *Snuhi* are having properties like *kashay rasa* and astringent by nature immediately helps in stopping bleeding due to its *Rakta Stambhana Karma*. So due to combine effects of all drug bleeding,

inflammation, pain is stopped due to this Ointment which was act locally to relive the pain and bleeding in *arsha*.

*Suranadi Ointment* having *Suran, Haridra, Chitrakmool, Sudhha Tankan and Guda*. Surana is having properties like *Raktapittakara, Deepana, Kaphahara, Ruchya* having *katu* and *kashay ras* which stop bleeding in hemorrhoid. *Haridra* is

*Kushtaghna, Lekhaniya, Kandughna, Vishaghna. Chitrak is Shothahara, Kaphavatahara, Arshohara, Shulahara*; locally act as *shoolhara* and relive pain and stop the bleeding.

Statistical analysis shows that both the ointments

i.e *Pippalyadi* and *Suranadi* were found to be effective in treating the Degree of prolapse, *Raktastrava* and all the other symptoms of *Arsha*.

### Conclusion

The prevalence of Haemorrhoids are progressively increasing in the society due to various factors like disturbed lifestyle, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation.

Modern treatment in hemorrhoids are universally acceptable but all have some limitations and chances of recurrence of hemorrhoid are often more. In ancient Ayurvedic texts comforting measures have been mentioned in the management of *Abhyantar Arsha, Lepa karma* is one among them. It can be concluded that *Arsha* could be healed by the application of *Pippalyadi* and *Suranadi Ointment*. Effect of Intervention of *Pippalyadi ointment* seen significant on Day 30 as compare to Day 0 for Bleeding (*Raktastrava*) and Degree of prolapsed. It was observed that there is no significant difference statistically found in constipation among the follow up i.e. Day 7,14 and Day 30. Similarly, *Suranadi Ointment* has also found effective in Bleeding (*Raktastrava*) and Degree of prolapsed and not observed significant in constipation. It was found to be effective in treating various symptoms and the notable point was that there

were no adverse effects of the drugs after treatment.

Yet there are few limitations of the study. This study can be done more sample so that the results can be generalized. Along with this intervention of local application, few additional oral drugs can be added to obtain better results, as *arsha* has also treated with *deepan, pachan* drug to improve *agni* of patients and other modern modalities could also be kept in mind.

**I.E.C- Permission is taken from committee ref no. is DMIMS(DU)/IEC/2017-18/7252**

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