

## **EFFICACY OF DHUPAN KARMA IN THE MANAGEMENT OF BAHYA ARSHAS W.S.R TO EXTERNAL HAEMORRHOIDS**

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### **ABSTRACT**

Present time is the era of changing food, sedentary lifestyle and mental stress, all these factors disturbs the digestive system resulting into many diseases. Among them Arshas are quite common in the society. Management of Arsha through surgical procedure has become notorious due to post-operative pain associated with it. And surgery is not possible in cases like extremes of age, surgically unfit persons, pregnancy etc. So, this study was conducted to evaluate the effectiveness of Dhupana karma with indigenous drugs (Godhum,Hing,Suddha Bhallataka) in Bahya arshas. For the present study, 30 diagnosed patients of Bahya Arshas were selected and divided into two equal groups. In trial group, patients were treated with Dhupana Karma and control group patients were treated with Triphala Kwath sitz bath for 10 days and assessment was made on 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> & 10<sup>th</sup> day during treatment. The patients were assessed on the basis of subjective and objective parameters before treatment, during and at the end of the treatment. There was one follow up after 1 month.The treatment with Dhupana karma have shown effective results during and post follow up of treatment in reducing signs and symptoms. After the total course of intervention the data obtained towards the results indicated that Dhupana karma was effective than Triphala kwath sitz bath therapy in the management of Arshas. Dhupana karma showed good result in patients who were unfit for surgery or did not go for surgery.

**KEY WORDS:** Dhupan karma, Triphala kwath sitz bath.

### **INTRODUCTION**

“Arsha” is a disease afflicting mankind for thousands of years with increasing incidence and is found to be a

frequent problem in day to day clinical life. Popularly correlated with “Haemorrhoids” of western medical texts the very word “Arsha”symbolises

a sense of agony and a torture some situation to a sufferer<sup>2</sup>.

The disease 'Arsha' which is also synonymous with the Sanskrit term 'Durnama' was well known during the Vedic period ; 'Atharva-Veda' contains references where the disease 'Durnama' was found to be treated with a sacred herb 'Prishni Parni'. Description of similar conditions are also available in other ancient medical literatures of world<sup>3,4</sup>.

Ayurvedic stalwarts of ancient era (Samhita Yuga) gave vivid description of this disease in their works. Both sushruta and Vagbhata described 'Arsha' as a 'MAHAGADA'<sup>1</sup> i.e. a disease which by its nature is difficult to cure. Charaka, the pioneer of 'Medical School of Ayurveda' (Atreya Sampradaya) believes involvement of all three 'doshas' and all five of their individual components in the pathogenesis of 'Arsha'.

Western School of Physicians attribute hereditary lack of valves in ano-rectal veins as the major cause of 'Haemorrhoids', apart from this they also hold the view that 'Haemorrhoids' are secondarily cause by conditions like infection, prolonged increased

abdominal pressure like abdominal tumors, constipation, and rarely as a sequel of cirrhosis of liver.

Inspire of being so common a disease, a great deal of controversies appear while diagnosing a case of 'Arsha' or 'Haemorrhoids' ; this is mainly due to reluctance of the physician to peep into the patients ano-rectum i.e. to perform 'proctoscopic- examination', which often leads to fatal consequences<sup>2</sup>.

Most procedures in surgical practice are expensive and also invasive. However various conservative treatments are in practice, but the management through dhupana karma is a new therapeutic aspect. For the first time dhupana karma with various combination was mentioned in Yogaratnakara. Among them the combination Bhallataka, Hingu, Gavedhuka<sup>5</sup> was selected as this combination was economical, non-invasive, easy to implement and doesn't need any hospitalization. Thus, an effort has been made in this dissertation work to assess the scientific significance of the line of treatment mention in the ancient medical text.

## **AIM AND OBJECTIVES**

1. To evaluate the efficacy of Dhupana karma with indigenous drugs in the management of Bahya Arshas.
2. To evaluate the comparative effect of Dhupana karma and Triphala kwath sitz bath in the management of Bahya Arshas.

## **MATERIALS AND METHODS**

### **METHODOLOGY:**

### **SOURCES OF DATA**

The present open clinical study was conducted on 30 patients on the basis of simple sampling procedure. Patients of Bahya arshas were selected according to the signs and symptoms based on different ayurvedic samhitas and modern literature and a case proforma was prepared

### **SELECTION OF CASES:**

Patients were selected from O.P.D. & I.P.D. of shalya tantra department of Sri Siddharoodha Charitable Hospital attached to N.K.J.Ayurvedic Medical College & P.G.Centre, Bidar.

## **SELECTION CRITERIA**

### **INCLUSION CRITERIA**

1. Irrespective of Age, Sex, Religion, Occupation, Economical status.
2. Diagnosed cases of Bahya arshas.

### **EXCLUSION CRITERIA**

1. Patients associated with TB, Crohn's disease, Ulcerative Colitis, rectal prolapse, CA rectum and those sensitive to the Dhupana karma.

### **STUDY DESIGN**

A total of 30 patients were randomly selected for the study. They were divided into 2 groups of each 15 patients.

### **TREATMENT PATTERN:**

#### **Group 1 (Trial group)-**

15 patients were treated with Dhupana karma with indigenous drugs (ShuddhaBhallataka, Hingu, and Gavedhuka). The fumes were exposed to the Bahya arshas daily for 10 minutes twice daily for 10 days. Patients were assessed on day 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup>.

#### **Group 2 (Control group)-**

15 Patients were advised to take Hot Sitz bath with Triphala Kashaya for 10 minutes, twice daily for 10 days.

### **FOLLOW- UP:**



Follow up was after one month of treatment.

### **MATERIALS**

1. **Dhupana yantra:** It contains 2 parts, upper and lower which is made by iron. This lower part has a three stand. In the base of the lower part contain some pore to expel out the ash from the lower part or the yantra. Upper part fix with the pipe which help to release fume.
2. **Dhupana yoga:** Godhuma curna one pala (50grams), Hingu two grams, and Shodita Bhallataka four seeds, all these should be combined and used for dhuma.
3. **Ghrita :** Go ghrita was used for local application of arshas before exposure of fumes during dhupana karma.
4. **Upalas (cowdung cakes):** upalas were used instead of charcoal due to their property of quick ignition of fire and can retain temperature for prolonged time as needed for dhupana karma as long for 10 mins.
5. **Commode chair:** A specially designed chair with a hole on the sitting plate so that fumes coming from Dhupana yantra kept under the chair get in contact with pile mass was used.

**6. Miscellaneous:** match box, funnel, sterile cotton swabs, spatula and disposable gloves

### **METHOD OF COLLECTION OF DATA**

The study is an open clinical Study in which 30 patients were selected on the basis of Simple Random Sampling procedure and were divided in two equal groups.

**GROUP 1 (TRIAL):** Patients were treated with Dhupana karma with drugs [Godhum, Hing and Suddha Bhallataka – ( 50gm, 2gm, 4dana respectively )]. The fumes were exposed to the Bahya arshas twice daily for 10 minutes (depending upon seasonal variation and tolerance of patient to temperature) for 10 days. Patients were assessed on 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> day.

**GROUP 2 (CONTROL):** Patients were advised to take Hot Sitz bath in tub containing Triphala Kashaya for 10 minutes, twice daily for 10 days, Patients were assessed on 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> and 10<sup>th</sup> day.

In both the groups, after procedure, the local area was wiped clean and dried to avoid further irritation.

**Pathya:** All patients would be advised to follow mrudu and snigdha anabhishandi ahara, exercise.

### **METHODOLOGY**

The whole procedure can be explained in the following lines as:

- i) Purva Karma
- ii) Pradhana Karma
- iii) Pashchata Karma

### **Purvakarma:**

1. A patient prepared who was considered as fit for procedure.
2. Patients were counselled and explained about the procedure.
3. Make them mentally aware about the events of treatment.
4. Written Consent of the patients taken.
5. Agropaharaniya –

Group 1: Before starting the procedure the ghrita, dhupana drugs, commode chair and dhupana yantra with red hot upalas were all kept ready.

Group 2: Luke warm triphala kwatha, a sitz bath tub and sterile cotton swabs.

6. Patient after thorough examination-

Group 1: Patients were made to lie down and exposed pile masses were smeared with Goghrita. Then the patients were taken to pradhana karma.

Group 2: after prepare Luke warm triphala kwath patient was asked to go for pradhan karma.

### **Pradhana karma:**

Group 1: Patient was made to sit on the comode chair comfortable and in a way that the pile mass must be well exposed. The dhupana yantra which was already with red hot upalas was kept under the chair. Now the dhupana yoga was sprinkled over the hot upalas. The yantra was well adjusted again so that the fumes arising from the yantra was exposed to the pile mass. Dhupana yoga was sprinkled again and again to get dense fumes for 10 mins twice/day depending on the seasonal variation and tolerance of patient for 10days.

Group 2: patient was asked to sit in bath tub containing triphala kwath for 10 mins twice daily for 10 days.

### **Pashchata karma**

In both the groups immediately after completion of procedure patients were advised to keep the area dry, clean, avoid exertion, and unwholesome diet. During the procedure, patients were carefully observed for any untoward complications.

**Progress and follow up:**

The patients were assessed thoroughly about pain, its intensity, tenderness, other clinical features and any untoward effects or complications and progress were noted in the specially prepared case sheet. The observations were analyzed on the basis of assessment parameters (Subjective and Objective) critically and clinically on 0 day, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup> & 10<sup>th</sup> day. The duration of the study will be 10days in maximum. Patients were called for follow up after one month.

**ASSESSMENT CRITERIA:**

**SUBJECTIVE CRITERIA**

- Pain
- Itching

**OBJECTIVE CRITERIA**

- Size of the mass
- Colour changes

**GRADING OF PARAMETERS**

**ACCORDING TO SEVERITY**

**Pain:**

Grade 0 – Nil or no pain

Grade 1 – No pain normally, mild pain during defecation.

Grade 2 – Mild pain normally, moderate pain during & after defecation.

Grade 3 – Moderate pain normally, severe pain during defecation and difficulty in sitting and walking.

**Itching/pruritis:**

Grade 0 – No pruritis.

Grade 1 – Mild pruritis.

Grade 2 – Moderate pruritis.

Grade 3 – Sever pruritis.

**Size of the pile mass**

**(circumferential length):**

Grade 0 – complete regression of the pile mass.

Grade 1 – 0.5-2 cm

Grade 2 – 2.1-4 cm

Grade 3 – 4.1-6 cm

**Colour change of the pile mass:**

Grade 0 – normal skin colour

Grade 1 – Blackish

Grade 2 – Reddish black

Grade 3 – pale/ reddish brown

**ASSESSMENT OF RESULTS:**

All the parameters were assessed statistically before, after treatment and follow up to assess the total effect of therapies and they have following criteria.

**Cure** – 100% free from cardinal sign and symptom, these are pain, itching, size of pile mass, colour change of mass.



**Max. Improvement** – >75% improvement of the above mentioned cardinal sign and symptom.

**Moderate Improvement** – 50% to 74% improvement of the above mentioned cardinal sign and symptom.

**Mild Improvement** – 25% to 49% improvement of the above mentioned cardinal sign and symptom.

**No. Improvement** – <25% improvement of the above mentioned cardinal sign and symptom.

Grading & grouping according to the assessment criteria and measurement scale concerned to each item categorically differentiated the findings among the patients in the clinical study. And finally the assessment as a whole was presented in percent value.

In order to present the study in a scientific manner the statistical assessment of the result was done by using Paired t-test in consultation with Bio- Statistician.



**Fig no 1. Dhupana Yantra**



**Fig no 2. Indigenous drugs for Dhupana**

(Bhallataka, Hingu, Gavedhuka)



**Fig no 3. (Upalas Cowdung cakes)**



**Fig no 4. Ghrita (For Abhyanga locally)**

**DISCUSSION**

In the present study, the effect of the therapy was assessed on each sign and symptom of Arshas, being scored before and after treatment and were assessed statistically for the level of significance.

**Effect on pain:** - Pain was reduced by 68.57 % in Group A & 56.29% in Group B. Both the groups showed improvements with significance p-value of < 0.001.

Pain was there in all patients. The severity of pain is mainly due to pravrudha vata and kapha doshas. In external pile mass the main pathology for pain is the combination of dilatation of venous plexus, thrombosis and inflammation.

The exposure of Dhupana karma to Bahya Arshas in Group A has resulted in reduction of pain when compared BT and AT. This may be because: Drugs used for dhupanakarma has properties of vedana shamaka and vata-kapha shamaka. As Dhupana is type of swedana, ushna guna promotes quick

perfusion of blood in the dilated veins by removal of waste metabolites locally. Hingu due to its laghu, tikshna and ushna guna is vata-kaphahara, sulahara, shothahara (anti-inflammatory) etc may have relieved the pain. Bhallataka is laghu, tikshna, and ushna guna it also vata-kaphahara, and it also acts as a anti-inflammatory and analgesic in nature. Gavedhuka due to their snigdha, and sita virya reduces the pain immediately. removed, pain may have reduced.

The treatment with Triphala kwath sitz bath to external pile mass in Group B has also showed improvement in reduction of pain due to its tridosahara, vedanasthapaka and shothahara properties.

**Effect on pruritis:** - It showed significant reduction in Group A up to 82.35% & in Group B up to 74.21%. Results of both the groups were highly significant.

In Group A it may be because of presence of Anacardic acid, cardol, calechal, anacardol in drug Bhallataka and Apinene, phellandrene, butylprophenyl disulfide, kamalonal, in hingu. There compounds show



significant anti-fungal activities against dermatophytes. Extract showed broad spectrum anti-bacterial activity against both gram-positive and gram-negative bacteria. Thus, may have reduced purities efficiently.

In group B kaphavatahara and krimighna properties of Triphala may have reduced the pruritis in Bahya Arshas.

**Effect on colour of pile mass:** - Normalcy of skin colour was established by 61.82 % in Group A and 68.53% in Group B.

In Group A normalcy was established much late, it may be because of presence hot potency of bhallataka which caused skin pigmentation where as in Group B as soon as the pathology of inflammation was resolved, there was early restoration of normal skin colour.

**Effect on size of pile mass:** - Pile masses were reduced by 62.13 % in Group A and 45.32% in Group B.

Drugs in Group A due to their vata-kaphaghna, vata-pittaghana and shothahara propertis and anti-inflammatory properties of bhallataka and hingu may have relieve odema of

bhahya arsha resulting in reduction of piles mass.

As procedure of Dhupana include exposure of haemorrhoids to hot fumes causes the external haemorrhoidal plexus to shrivel, harden, removes stasis of vitiated dosas and reduces blood flow to the haemorrhoid, eventually causing reduction of pile mass. This procedure in one or the other way acts on the principle of infrared coagulation of pile mass.

## **CONCLUSION**

The dissertation carried out on "Efficacy of Dhupana Karma in the management of Bahya Arshas w.s.r to external haemorrhoids" can be concluded by mentioning the following important points.

- Arshas is found to be occupational hazard as more number of sedentary lifestyle patients was found in this study. Mandagni was the prime cause noticed in patients of arshas.
- After 1 month follow up it was found that most of the patients had very negligible recurrence of symptoms. In almost all the patients, skin colour on pile mass was normalized after 1

month which did not responded immediately after the procedure.

In conclusion, Dhupana karma was effective in the Management of inflamed Bahya Arshas and hypothesis behind the study was found to be correct.

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