

ROLE OF PICCHA BASTI IN THE MANAGEMENT OF RAKTARSHA

Mohammad Rashid¹ Anil Bhardwaj² Kulwant Singh Himaliyan³ Sanjeev Sharma⁴
Ramesh Arya⁵

1. Mohammad Rashid·P.G. Scholar, P.G. Deptt. of Shalya Tantra, Rajiv Gandhi Govt. Ayurvedic College, Paprola- 176115 H.P. (India)
2. Anil Bhardwaj·Sr. Lecturer, P.G. Deptt. of Panchkarma, Rajiv Gandhi Govt. Ayurvedic College, Paprola- 176115 H.P. (India)
3. Kulwant Singh Himaliyan ,Reader, P.G. Deptt. of Shalya Tantra Rajiv Gandhi Govt. Ayurvedic College, Paprola- 176115 H.P. (India)
4. Sanjeev Sharma,Professor, P.G. Deptt. of Shalya Tantra Rajiv Gandhi Govt. Ayurvedic College, Paprola- 176115 H.P. (India)
5. Ramesh Arya·Professor, P.G. Deptt. of Shalya Tantra Rajiv Gandhi Govt. Ayurvedic College, Paprola- 176115 H.P. (India)

ABSTRACT :

Raktarsha is one of the commonest troublesome diseases of modern era. Main etiological factors are faulty food habits and sedentary life style. Patients want quick relief but at the same time not interested for surgery due to severe post operative pain. In such conditions best alternative is *Piccha Basti* , which is a painless simple procedure and relieves the symptoms.Keeping this fact in mind the present study was planned. This clinical study was prospective and unicentral work designed to assess the efficacy of *Piccha Basti* in the management of *Raktarsha*. It was carried out in single group with a sample size of 10 patients. Ethical clearance from IEC was obtained. In this randomized clinical trial, patients with age ranged -from 20-70 years of either sex were selected strictly following the inclusion and exclusion criteria. *Piccha Basti* was prepared and administrated as per the textual guidelines. Standard criteria was set for evaluation. Analysis revealed statistically highly significant results on all the variables of assessment criteria. 90% patients were markedly improved. Percentage relief in Proctorrhagia was 100%.It reveals that *Piccha Basti* has a tremendous role in the management of *Raktarsha*.However, trials on larger sample size are required.

Key words:*Raktarsha, Piccha Basti, Proctorrhagia, Raktastambhana.*

INTRODUCTION:*Arsha* is the congested anal growth. *Acharya Charaka* explains *Arsha* as an abnormal fleshy growth in anorectal region (*Guda*) whereas at other sites it is called as *Adhimamsa*¹. Because of its severity, *Sushruta* considered it as one among the *Ashta Mahagada*².*Acharya Vagbhatta* has given a meaningful description of the disease *Arsha* that when muscles like fleshy projections. kill the life like an enemy and create obstruction in the anal passage,

hence are called *Arsha*. He has also used the word *visasanti* that denotes cutting, slaughtering, dissecting etc³. The prime etiological factor of *Arsha* is *mandagani*⁴ (Poor digestivis power) i.e. hypo functioning of digestive enzymes, which in turn lead to constipation that causes development of *Arsha*. *Sushruta* has discribed four types of treatments viz.

- (i) *Bheshaja Chikitsa*(palliative treatment)
- (ii)*Kshara Karma*(Potential cauterization)
- (iii) *Agnikarma*(Actual cauterization)

(iv) *Shashtra Karma* (Parasurgical and Surgical procedure)⁵. These Parasurgical and Surgical procedure are having many advantages and disadvantages as well. In *Charaka Chikitsa 14 i.e Arsha Chikitsa; Acharaya Charaka* has mentioned the *Piccha Basti* in the management of *Raktarsha*⁶. *Basti karma* is the most important among *Panchkarma* due to its multiple effects. *Pitta* and *Kapha* are dependent on *Vata* as it governs their functions. *Basti* is not only best for *Vata* disorders but is equally effective in correcting the morbid *Pitta*, *Kapha* and *Rakta*⁷. *Charaka* has considered *Basti* therapy as half of the treatment of all the diseases, while some authors consider it as the complete remedy for all the ailments⁸. *Basti* has got multidimensional therapeutic goals i.e. *Lekhana Bhrimhana, Shodhana*⁹.

Acharya Charaka has defined the *Basti* as the procedure in which the drug prepared is administered through the anus which ultimately reaches up to the *NabhiPradesha* (umbilical region) *Kati* (lumbar region), *Parshva* and *Kukshi* (flanks). It churns the accumulated *Dosha* and *Purisha* (stool) and spreads the unctuousness (potency of the drugs) all over the body. Afterwards it comes out along with the churned *Purisha* (stool) and *Doshas* is called *Basti*¹⁰.

AIMS AND OBJECTIVES:

1. To assess the efficacy of *Piccha Basti* in the management of *Raktarsha*.
2. To assess the acceptability of *Piccha Basti* by the patients.

MATERIALS AND METHODS: This study was unicentral, open and prospective clinical trial in single group with Sample size of 10 patients and was approved by Institutional Ethical Committee. Trial was conducted in the Deptt. Of *Shalya Tantra* at R.G.G.P.G. Ayu.College hospital

Paprola, (H.P.). Patients from 20 – 70 years age of either sex were selected for trial. After counseling, informed written and witnessed consent was received from the patients. Willing Patients then were registered as trial subjects and a trial code was given to each subject. Patients willing for trial and ready to give informed & written consent of age group 20 to 70 years of either sex with the complaints of non complicated bleeding hemorrhoids of first and second degree (*Raktarsha*) were included in study.

EXCLUSION CRITERIA: Patients not willing to undergo trial or not ready to give informed & written consent, age less than 20 and more than 70 years, with evidence of malignancy, uncontrolled systemic disorders like–Diabetes mellitus, tuberculosis, uncontrolled hypertension, ischemic heart disease, any type of endocrinal disorders, HIV and Hepatitis B/C positive patients and rectal polyp in association with crohn's disease, ulcerative colitis.

Subject withdrawal criteria: Voluntary withdrawal by the research subject with or without information, uncooperative patient, complication of the procedure or appearance of any ailments during the trial requiring medical or surgical intervention.

Follow-up: After 2 months.

METHODOLOGY OF PICCHA BASTI KARMA

Prior to *Piccha Basti* procedure *Sthanika Abhyanga* (*Kati Pradesha* to *Janu Sandhi*) and *Sthanika Nadi Swedana* was done. *Pradhan karma* included *Basti Pranidhana*, *Basti Pratyagamana* and observing the *Samyaka yoga*, *Ayoga* and *Atiyoga Lakshana*. Patient was asked to pass his natural urges before *Basti Pranidhana* and not to laugh, cough,

sneeze and take the yawning while administering Basti.

After performing *Abhyanga* and *Nadi Sweda*, the patient was asked to lie down in the left lateral position on the *Basti* table. Then *Sukhoshna Sneha* is to be applied in the anal region and on the *Basti Netra*. Then introduced the *Basti Netra* gradually first in the direction of the axis of the anal canal i.e. upward and downward toward the patient umbilicus until $\frac{1}{4}$ part of the *Netra* nearer *Karnika* got fixed over the anus. After this press it was pressed gradually with the constant pressure, neither too fast nor too slow, without trembling the hand. By asking the patient to breath in. *Basti Dravya* pushed into the rectum till a little quantity remained in the *Putaka* to prevent *vayu* to enter into the *Pakvashaya*, and then withdrew the *Netra* gradually. Then the patient was asked to lie down in the supine position gradually and after this the patient is asked to lie in a comfortable position with a pillow below the hips till he gets the urge for defecation and when patient gets the urge ask him/her to sit in squatting position and pass the urge¹¹.

Paschata Karma, a keen observation was done so as to evaluate the proper function of *Basti*. Certain things were strictly prohibited during the *Basti* course. Even after the *Basti* course for a time period of twice the time *Basti* has been given (*Parihara Kala*). The things to be avoided are as follows:¹² *Atyasana, Asthanasana, Ativachana, Atiyana, Divasvapana, Maithuna, Vegarodhana, Shitopachara, Atapasevana, Shoka and Krodha*. Amount of *Piccha Basti* approx. 640 ml¹³

Duration: – 30 days

One *Muhurta* (48 min) is the maximum period of time in which the *Pratyagamana* of *Basti* should occur. If it

does not occur then it causes untoward consequences like even death.

Hence if it did not come out within the stipulated time period certain measures were to be undertaken for the *Basti Pratyagamana* like administration of the *Tikshna Basti, Phalavarti, Swedana* over the pelvic region, until the *Pratyagaman* took place, the physician should observe the patient¹⁴.

*Samyaka Yoga Lakshana*¹⁵ *Samyaka Pravrat* of *Mala, Mutra and Vayu; Laghuta, Ruchi, Agnidipti, Ashaya Laghuta, Rogoprashaman. Ayoga Lakshana*¹⁶ *Shiro-Hrit-Guda- Basti- Medhra Vedana, Shotha, Pratishyaya, Parikartika, Hrillasa, Vatasanga, Mutrasanga, Swasakrichchhrata, Alpa Vega, Alpa Basti Pratyagamana, Alpa Mala – Anila Pratyagamana, Aruchi, Gaurava. Atiyoga Lakshana*¹⁷. These *Lakshanas* are similar to that of *Virechana Atiyoga* i.e. *Angasupti, Angamarda, Klama, Kampa, Nidra, Daurbalya, Tamapravesha, Unmada, Hikka. In Atiyoga, Grahi, Dipana, Pachana Aushadhi*

ASSESSMENT CRITERIA: Assessment was done on subjective criteria i.e. Proctorrhagia, Prolapse and Discomfort or Heaviness in anorectal region. Each variable of the criteria was graded according to the severity.

In this clinical study, total 10 patients were registered and all the 10 patients completed the trial which were analyzed statistically to obtain the result of therapy. Maximum number of patients in the present study belonged to the age group 41-50 years (50%), Male (90%), Hindu (100%), Married (80%), resident of Rural area (70%), Field work with physical labour (30%) and belonged to middle income group (50%) addition of both

smoking and alcohol (60%), satisfactory local hygiene (90%), Educated upto metric level (40%) and Sedentary lifestyle (50%). Mixed diet (70%), Hard stool consistency (80%), Hard irregular bowel habit (60 %). Chronicity of 1 to 5 years(50 %)patients. 20% were having family history of

haemorrhoids and the clinical features found in Patients were Proctorrhagia (100%), Prolapse (70%), Heaviness in anorectal region (80%)

RESULTS: Paired T test¹⁸ was used for the statistical analysis of the observation

Table No. - 1 Effect of Piccha Basti on clinical criterion after completion of the trial:

Parameters	N	Mean		D	%age Relief	SD ±	SE±	t value	p value	Results
		BT	AT							
Proctorrhagia	10	2.3	0	2.3	100	0.823	0.2603	8.8	<0.001	HS
Prolapse	7	1.10	0.20	0.9	81.8	0.737	0.233	3.8	<0.05	S
Heaviness in Anorectal region	8	1.30	0.2	1.1	84.6	0.737	0.233	4.7	<0.001	HS

Markedly improved-9, Moderate improvement- 1, Mild improvement-0 Patient

DISCUSSION: Arsha is a vata dominant tridosaja vyadhi. Arsha on excessive haemorrhage become dominant in vatadosha even with vitiation of kapha & Pittadosha; hence vata should be known as predominant dosha¹⁹. The clinical features simulate with disease termed as Haemorrhoid in the modern medical science haemorrhoids are dilated veins occurring in relation to the anus²⁰. Bleeding as the name haemorrhoid implies, is the principal and earliest symptom. At first the bleeding is slight; it is bright red and occurs during defecation²¹.

Basti is not only best for Vata disorder is also equally effective in correcting the morbid Pitta, Kapha and Rakta doshas²² and the ingredient of piccha Basti owing to their properties like kshaya rasa, picchila guna and sheet veerya, which act as a Pakwasayasodhka, Vatanulomaka, Vatshamaka, Rakta-srava-avrodhaka and vranaropaka. So the Piccha Basti helps to check the bleeding by its Skandana and Sandhana action; which are main

procedure for raktastambhan mentioned in sushruta .

PROBABLE MODE OF ACTION:

Ayurveda Aspect: Piccha Basti directly exerts its effect both locally and systemically.

Possible actions of Piccha Basti are –

- Vata- Pitta Shamaka
- Raktastambhaka
- VranaRopaka
- Anulomana
- Agnideepaka

The exact mode of action is not described in any of the Ayurvedic text. On the basis of the properties of Piccha Basti, the probable mode of action is as follows:

1. Dosha Theory: In Raktarsha the cardinal feature is bleeding per anum and Pitta is the dominating dosha. Pitta and Rakta are of same nature (sadharmi). Madhura, Tikta and kshaya Rasa of the ingredients of Piccha Basti are Pittashamaka²³. So it (Piccha Basti) directly acts and pacifies vitiated Pitta dosha and Rakta as well²⁴. This ultimately results in to the breakdown of the pathogenesis (Samprapti Vighatana).

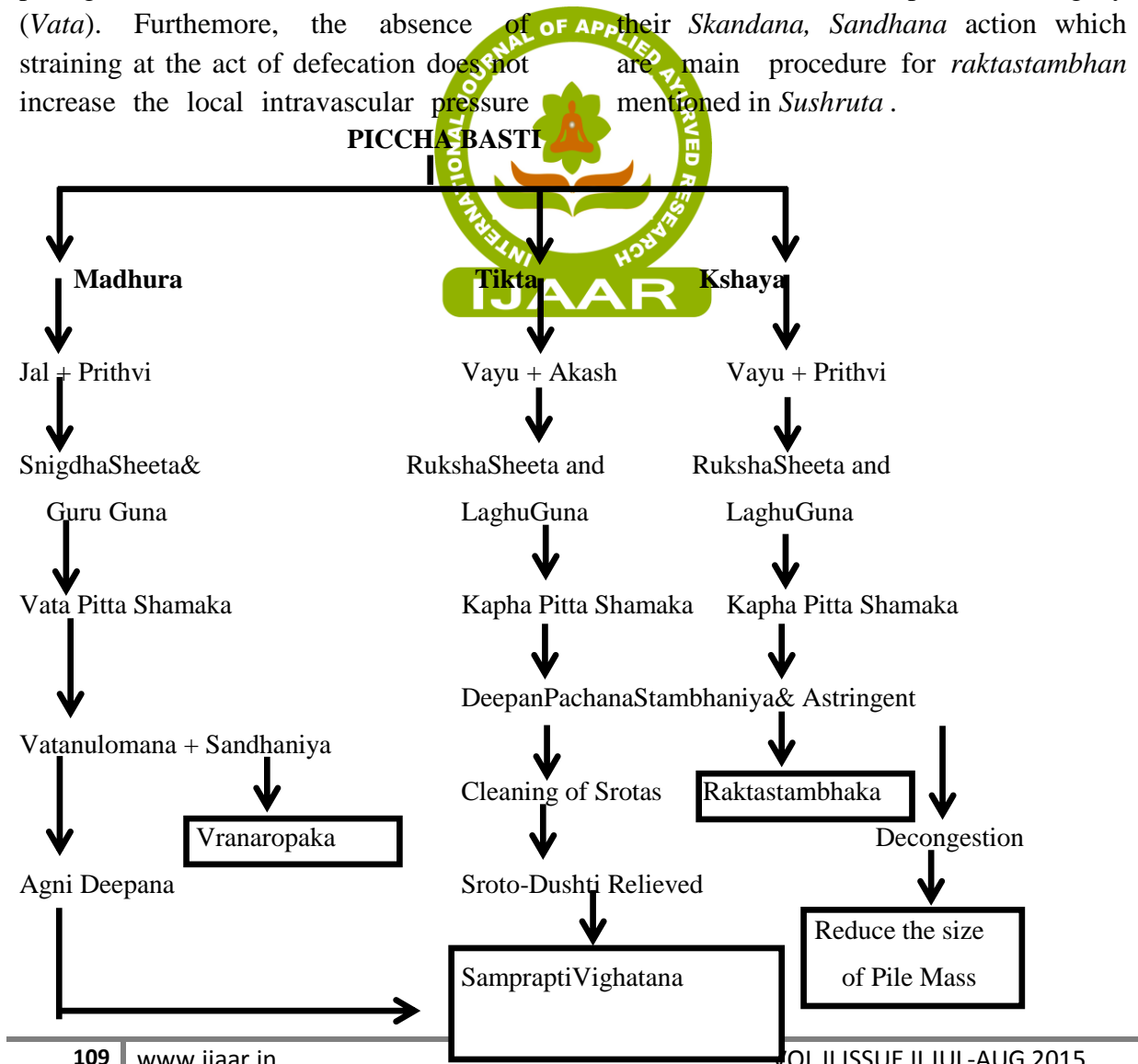
2. **Dushya Theory:** Main *dushya* are *Twaka*, *Mamsa* and *Meda* and the main local clinical feature is formation pile mass (*Mamsankura*). *Piccha Basti* locally exerts an astringent action on pile masses and shrinks the size of same due to its *kshaya rasa* and also exerts a *shothahara* action due to its *rasa*, so it has direct *Vrana Ropaka* effect²⁵.

3. **Srotas Dushti Theory:** Main *srotas* involved in *Raktarsha* are- *Annavaha*, *Purishvaha*, *Raktavaha*. *Piccha Basti* is having the property of *Vatanulomana*. Due to *anulomana* property of *Piccha Basti* the *sroto dushti* of *Annavaha* and *Purishvaha srotas* is relieved. That means their will be easy passage of Stool (*Mala*) as well as of flatus (*Vata*). Furthermore, the absence of straining at the act of defecation does not increase the local intravascular pressure

which results in to less haemorrhage in *Raktarsha*. In this way *Piccha Basti* also acts upon the *Raktavaha srotas* and helps in the cure of the disease.

4. **Agni Theory:** *Mandagni* is directly responsible for production of the various disease including *Raktarsha*. Here, the *Mandagni* means the improper digestion or the hard stool (*koshtabaddta*). *Anulomana* property of the *Piccha Basti* directly acts upon the *Jathragni* and improves the and cured the disease. Thereby alleviates the root cause of the disease.

5. **Raktastambhaka Theory:** Ingridients of *Piccha Basti* owing the *Kshaya rasa* and *sheet veerya* which act as *raktastambhaka* and stop the bleeding by their *Skandana*, *Sandhana* action which are main procedure for *raktastambhan* mentioned in *Sushruta*.



CONCLUSION: *Piccha Basti* has shown statistically significant results in all the variables of assessment criteria. It reveals that *Piccha Basti* has a definitive role in the management of *Raktarsha*.

REFERENCES:

1. Charaka Samhita Part II Chikitsa Sthana Chapter 14 Shaloka 5 Elaborated Vidyotni Hindi Commentary by Pt. Kashinath Shastri, Dr. Gorakh Nath Chaturvedi. Reprint. Chaukhambha Bharati Academy Varanasi, 2007, P-416.
2. Sushruta, Sushruta Samhita Part I Sutra Sthana Chapter 33 Shaloka 4, Ayurveda Tatva Sandipika by Dr. Ambikadatta Shastri. Reprint. Chaukhambha Sanskrit Sansthana Varanasi, 2008, P-126.
3. Astanga Hridya Nidana Sthana chapter 7 Shloka 1 Elaborated Vidyotni Hindi Commentary by Kaviraja Atrideva Gupta, Edited By Vaidya Yadunandana Upadhyaya Reprint. Chaukhambha Prakashana Varanasi, 2011, P-331.
4. Sushruta, Sushruta Samhita Part I Nidana Sthana Chapter 2 Shaloka 4, Ayurveda Tatva Sandipika by Dr. Ambikadatta Shastri. Reprint. Chaukhambha Sanskrit Sansthana Varanasi, 2008, P-237.
5. Sushruta, Sushruta Samhita Part I Chikitsa Sthana Chapter 6 Shaloka 2, Ayurveda Tatva Sandipika by Vaidya Priyavritta Singh. Reprint. Chaukhambha Sanskrit Sansthana Varanasi, 2008, P-35.
6. Charaka Samhita Part II Chikitsa Sthana Chapter 14 Shaloka 225-228 Elaborated Vidyotni Hindi Commentary by Pt. Kashinath Shastri, Dr. Gorakh Nath Chaturvedi. Reprint. Chaukhambha Bharati Academy Varanasi, 2007, P-447.
7. Sushruta, Sushruta Samhita Part I Chikitsa Sthana Chapter 35 Shaloka 6, Ayurveda Tatva Sandipika by Vaidya Priyavritta Singh. Reprint. Chaukhambha Sanskrit Sansthana Varanasi, 2008, P-153.

8. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 1 Shaloka 39, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-163.
9. Sushruta, Sushruta Samhita Part I Chikitsa Sthana Chapter 35 Shaloka 19, Ayurveda Tatva Sandipika by Vaidya Priyavritta Singh. Reprint. Chaukhambha Sanskrit Sansthana Varanasi, 2008, P-154.
10. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 1 Shaloka 40, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-164.
11. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 3 Shaloka 17-19, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-212.
12. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 1 Shaloka 54, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-171
13. Charaka Samhita Part II Chikitsa Sthana Chapter 14 Shaloka 226 Elaborated Vidyotni Hindi Commentary by Pt. Kashinath Shastri, Dr. Gorakh Nath Chaturvedi. Reprint. Chaukhambha Bharati Academy Varanasi, 2007, P-447.
14. Astanga Hridya Sutra Sthana Chapter

19 Shloka 47 Elaborated Vidyotni Hindi Commentary by Kaviraja Atrideva Gupta, Edited By Vaidya Yadunandana Upadhyaya Reprint. Chaukhambha Prakashana Varanasi, 2011, P-166.

15. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 1 Shaloka 41, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-164.

16. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 1 Shaloka 42, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-165.

17. Agnivesha, Charaka Samhita Part VI Sidhi Sthana Chapter 1 Shaloka 43, Text with English Translation & Critical Exposition Based on Chakrapani Dutta Ayurveda Dipika by R.K. Sharma, Bhagwan Dash. Edition 2nd. Chaukhambha Sanskrit Series Office, Varanasi, 2005, P-165.

18. B.K. Mahajan, Methods in Biostatistics For Medical Students and Research Workers, Chapter 9, Revised by Arun Bhadra Khanal. Edition 7th, Jaypee Brothers Medical Publishers, New Delhi; 2010, p-127-137.

19. Charaka Samhita Part II Chikitsa Sthana Chapter 14 Shaloka 212 Elaborated Vidyotni Hindi Commentary by Pt. Kashinath Shastri, Dr. Gorakh Nath Chaturvedi. Reprint. Chaukhambha Bharati Academy Varanasi, 2007, P-445.

20. Bailey & Loves, Short Practice of Surgery, Chapter 61, Edition 23rd, Edited by R.C.G. Russell, MS, FRCS, N.S.

Williams M.S. FRCS, C.J.K. Bulstrode, MA, FRCS, Published in 2000 by Arnold, a member of the Hodder Headline Group 338 Euston Road, London NW1 3BH, P-1128.

21. Bailey & Loves, Short Practice of Surgery, Chapter 61, Edition 23rd, Edited by R.C.G. Russell, MS, FRCS, N.S. Williams M.S. FRCS, C.J.K. Bulstrode, MA, FRCS, Published in 2000 by Arnold, a member of the Hodder Headline Group 338 Euston Road, London NW1 3BH, P-1129.

22. Sushruta, Sushruta Samhita Part I Chikitsa Sthana Chapter 35 Shaloka 6, Ayurveda Tatva Sandipika by Vaidya Priyavritta Singh. Reprint. Chaukhambha Sanskrit Sanstana Varanasi, 2008, P-153.

23. Agnivesha. Charaka Samhita Part I Sutra Sthana Chapter 1 Shaloka 66 Elaborated Vidyotni Hindi Commentary by Pt. Kashinath Shastri, Dr. Gorakh Nath Chaturvedi. Reprint. Chaukhambha Bharati Academy Varanasi, 2009, P-39.

24. Astanga Samgraha of Vrddhav Bhagbhatta, Sutra Sthana Chapter 1 Shloka 34 Edited with Saroj Hindi Commentary by Dr. Ravi Dutt Tripathi Reprint. Chaukhambha Sanskrit Pratishthan New Delhi, 2005, P-14.

25. Agnivesha. Charaka Samhita Part I Sutra Sthana Chapter 26 Shaloka 43 Elaborated Vidyotni Hindi Commentary by Pt. Kashinath Shastri, Dr. Gorakh Nath Chaturvedi. Reprint. Chaukhambha Bharati Academy Varanasi, 2009, P-507.

ACKNOWLEDGEMENT: Authors are highly thankful to Prof. Y.K. Sharma, Principal of , R.G.G.P.G Ayurvedic College, Paprola (Kangra) H.P for his administrative and technical help in providing all the necessary facilities for this trial. We are also sincerely thankful to the Medical Superintendent of R.G.G.P.G

Ayurvedic Hospital, Paprola (Kangra) H.P, for his support. We pay our gratitude and thanks to all the Departments of the Institution for their timely cooperation and generous support throughout the work. And last but not the least, I cannot forget the patients of my clinical study, who in spite of all their sufferings, co-operated me to

carry forward this clinical trial.

Corresponding Author : Dr.Mohammad Rashid P.G. Scholar, P.G. Deptt.of ShalyaTantra, Rajiv Gandhi Govt. Ayurvedic College, Paprola- 176115 H.P. (India)

Email: rashidmohammad1984@gmail.com

