

**COMPARATIVE STUDY OF *TRIPHALA GUGGULU GANDHAK RASAYANA* AND *BALA TAILA MATRA BASTI* IN POST OPERATIVE PAIN MANAGEMENT AFTER HAEMORRHOIDECTOMY**

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**ABSTRACT**

*Arsha* (haemorrhoids) is clinically an engorged condition of haemorrhoidal venous plexues along with abnormally displaced enlarged anal cushion. While we correlate *Arsha* with piles maximum concepts are similar to each other. According to Ayuveda, *Arsha* hampers the normal physiological functions of body. It gives trouble like enemy. Acharya Sushurata has given a unique order the management of *Arsas*. 1) *Bheshja karma* 2) *Kshara karma* 3) *Agni karma* 4) *Shashtra karma*. As these treatment include surgical procedure also surgical procedure are quiet painful. In post operative measurement pain is main criteria to counter. As modern medicine prescribe so many analgesics after haemorrhoidectomy. In this study 60 patients selected divided into 2 groups. In 30 patients control group post operative pain management with analgesic medicine and in other 30 patients trial group post operative pain management done by *Triphala guggulu, gandhaka rasayana and bala tail matra basti*. *bala tail matra basti* 30ml was given patients complains of pain after surgery, followed by once a day for the next 2 post operative days, totally for a period of 3 post operatives days and observations were done for six weeks, patients responses observed and evaluated using paired “t” test to observe the pre-post significance.

**Keywords:** *Arsha, Basti, Triphala guggulu, Haemorrhoidectomy*

**INTRODUCTION:** *Arsha* or Haemorrhoids is found in the majority of the peoples lived in developed/developing countries. Nowadays changes in food habits, stressful work, faster lifestyle made life busy and worst. Fast foods devoid of fibers leads to constipation and loss of appetite (*Agnimandya*) resulting in ano rectal disorders like Fissure in ano, Haemorrhoids, Fistula in ano. Among them Haemorrhoid is the disease which causes is comfort and pain. A wide range of treatments like Cryosurgery, Sclerotherapy, Photocoagulation, Rubber band ligation, Haemorrhoidectomy and other modalities are available .But these modalities have their own advantages and disadvantages.

Acharya Sushruta mentioned *Arshas* under *Ashta mahagada*<sup>1</sup>. It occurs in *Guda Pradesh* which is one of the *sadyapranaharmarma* and requires delicate management. Ayurvedic classics have described various treatment modalities like medicinal, surgical and parasurgical. Acharya Sushruta has explained fourfold treatment modalities in the management of *arsha*: (a)*Bheshaj* (b)*Kshar karma* (c) *Agni karma* (d) *Shashtra karma*<sup>2</sup>. Out of them *shashtra karma* (*Chedana*) i.e. Haemorrhoidectomy is indicated in 3rd & 4th degree of haemorrhoids. Its demerits are severe pain (*Vedana*), bleeding per rectum, itching (*Gudakandu*), burning (*Gudadaha*) and discharge (*GudaSrava*). Even though surgery gives fastest relief from various

diseases, the common outcome is the post operative pain. Post operative pain is inevitable and calls every surgeon for good post operative pain management. One can think of pain management for humanitarians' reasons, but it is well established fact that pain relief has a significant physiological and psychological benefit, including reduction of chronic pain syndromes.

The goal of post operative pain management is to reduce or eliminate the pain up to maximum level along with discomfort arising with pain and this must be achieved with minimum side effects. In Ayurvedic surgical practice the post operative management begins from the day the surgery is performed till the time the patient is mentally as well as physically fit to resume his normal day to day activities. A complete and effective ayurvedic post operative pain management is the need of every ayurvedic surgeon. Pain has been involved with surgery since the time of Acharya Sushruta. Acharya Sushruta has mentioned the use of tikshnamadya before undergoing surgery

to overcome the pain which reflects the importance given to relief from pain associated with surgery since that time<sup>3</sup>. He has also recommended many procedures like *Dhoopana*, *Swedana*, *Raktamokshana*, *Nirvapana*, *Seka*, *Lepa* as well as *Basti* in different chapters. Even though these have been explained but they are not practiced in the post operative cases these days. Taking into account these principles and post operative pain parameters in Ayurvedic surgical practice this study is related to the disease *Arsha* or Haemorrhoids.

*Triphalaguggulu*, *GandhakRasayana* orally and *TriphalaKshaya* sitz's bath are well studied drugs in post operative wound and pain management but at times they are not enough. Also, Oral administration has a limitation in immediate post operative period.

Hence *Bala taila matrabasti* is used as an addition in this study to establish a complete Ayurvedic pain management combination in post operative phase of haemorrhoidectomy.

**Table No. 1:- Inclusion and Exclusion Criteria**

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"> <li>• Patients who underwent surgery for elective haemorrhoidectomy.</li> <li>• Both males and females.</li> <li>• Age between 20 to 70 years</li> </ul>	<ul style="list-style-type: none"> <li>• Patients suffering from systemic diseases like Diabetes mellitus Hepatitis Tuberculosis and HIV infection</li> </ul>

**MATERIAL AND ETHOD**

**SOURCE OF DATA:** Minimum of 60 patients undergoing elective surgery for haemorrhoidectomy was selected from.OPD and IPD of Jammu Institute of Ayurveda and Research Jammu Nardani, Jammu

1. Jammu Institute of Ayurveda and Research Urban wing janipur Jammu.

**Method of collection of the data:**

30 patients of either sex who have undergone elective surgery for Haemorrhoidectomy was randomly selected and grouped in 2 groups i.e.

Group A and Group B and subjected for treatment.

- In Group A: i.e. control group.
- Tab. *TriphalaGuggulu* - 450 mg TDS after food.
- Tab. *GandhakaRasayana* 250 mg TDS after food.
- *Triphala Kashaya* ‘Sitz’s bath’ after defecation and before going to bed.
- If necessary analgesic was administered if patient complain of post-operative pain and such incident was recorded•

- In Group B: i.e. trial group.
- Tab. *TriphalaGuggulu* - 450 mg TDS
- Tab. *GandhakRasayana*-250mg TDS
- *Triphala Kashaya* ‘Sitz’s’ bath after defecation and before going to bed.

• *Balatailamatrabasti* 30 ml was given when patient complains of pain after surgery, followed by once a day for the next 2 post-operative days, totally for a period of 3 post-operative days.

- Analgesics was administered if patient complains of post-operative pain even after 30 min. of *Bala tail matrabasti* administration and such incident was recorded.

- **Duration of Treatment:**

- Group A : Administration of oral medication for 10 days.
- Group B : Administration of oral medication for 10 days. *Bala taila matrabasti* will be was administrated when patient complains of post-operative pain once a day for 3 days.

**Observation period:**

- The patients will be observed and assessed daily for 3 days.
- Follow up of the patient will be carried on the 10 th day of post-operative period.

**Subjective:**

- Pain
- Itching
- Burning Sensation
- Pain during defecation
- Ease of passing stools

**Objective:**

- *Srava*
- Face pain rating scale [while putting catheter for *basti* ]
- McGill Questionnaire.

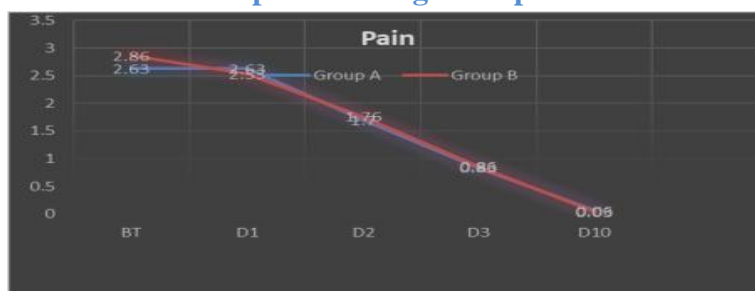
**RESULT**

**Pain:** In Control group before treatment mean of pain was 2.63 and after treatment it was reduced to 0.06. In Trial group before treatment mean of pain was 2.86 and after treatment it was reduced to 0.03

**Table No. 2- Results of Pain**

Group	Follow up	BT	D1	D2	D3	D10
Control (n=30)	Mean	2.63	2.63	1.700	0.83	0.06
Trial (n=30)	Mean	2.86	2.53	1.76	0.86	0.03

**Graph no. 1- degree of pain**



**Table No. 3 - Efficacy of treatment on pain**

Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
Control (n=30)	2.6	0.06	2.54	0.504	.092	77.89	(P = <0.001)
Trial (n=30)	2.86	0.03	2.83	0.379	0.692	40.94	(P = <0.001)

Gradual reduction in pain was observed during the follow-up period. The magnitude of pain is reduced with the treatment upto the great extent in both

groups. There is statistically significant change in both the groups (P=<0.001, P=<0.001)

**Table No. 4 - Result of Treatment on Pain**

Grade	No. of patients			
	BT		AT	
	Control group(n=30)	Trial group (n=30)	Control group (n=30)	Trial group (n=30)
3	19	26	00	00
2	11	04	00	00
1	00	00	02	01
0	00	00	28	29

Before treatment of all 30 patients of both the groups complained of pain. In Control group out of 30 patients 2 patient having mild pain , and 28 patients had no pain at the end of treatment.

In trial group out of 30 patients, 01 patients having complaint of mild pain at the end of treatment.

#### MODE OF ACTION OF DRUG:

##### Probable action of *triphala guggulu*.<sup>4</sup>

Chakradatta while explaining the properties of *TriphalaGuggulu* denotes that, it reduces *kleda, paaka, putigandha, shotha* along with remarkable reduction of pain in *vranas*.

##### Probable action of *gandhakarasaayana*.<sup>5</sup>

*Katu, tikta rasa* present in *GandhakaRasayana* helps in *vranavasadana*, thus helping in early wound healing and significant reduction in the pain and it is also a *rasayana*.

##### Probable action of *balatailamaatrabasti*.

<sup>6</sup>Pain is produced due to *Vatadosha*.

Management of pain should consider regulation of *Vata*. *Sneha Dravyas* have *Drava, Sara, Snigdha, Picchila, Guru, Sheeta, Mrudu and Manda Guna* predominantly. Here the properties of *balataila*, control the aggravated *VataDosh*a and acts as a *Brumhana*.

#### DISCUSSION

**Pain** In control group 30 patients required Diclofenac due to severe pain.

In trial group all patients are treated with *balatailamatrabasti*, and no patient required any analgesic.

In Control group before treatment mean of pain was 2.63 and after treatment it was reduced to 0.06. In Trial group before treatment mean of pain was 2.86 and after treatment it was reduced to 0.03

In control group, parameter of pain, 't' values was 77.89 (P=<0.001). Where as in trial group, 't' value was 40.94 (p=<0.001) which implies statistically significant change in both the groups.

As I already mention that S.O.S analgesics was administered if patient complains of post-operative pain even after 30 min. of *Bala tail matrabasti* administration but none of my patient complaint of as much pain after *basti* so that he/she needs any analgesic. So I didn't prescribe any analgesic to any patient.

**CONCLUSION:** *Kshara sutra* ligation to *Arsha* cause pain in post operative period and this pain has to be managed for better acceptance of the procedure. *Shastra karma* performed to treat the surgical diseases will cause *aghata* to the tissues resulting into *vedana* and management of this *vedana* is most important. *Vatadosha* is the prime factor for manifestation of *vedana*. Hence *Vatashamanmaupaya* are to be adopted for *vedanasthapana*. Diclofenac sodium is used in group-A as the well known analgesics used in modern medical science in pain management. Haemorrhoids is primarily a painless condition but patients do complain of pain after surgery which varies from patient to patient. The trial group-B was designed for management of postoperative pain after haemorrhoidectomy using *balatailamatrabasti* along with internal medication. Results show that there is a definite and statistically significant advantage of addition of *balatailamatrabasti* over the conventional post-operative pain treatment protocol which included administration of internal medication alone. So, it can be firmly concluded that pain in post operative cases of haemorrhoids can be effectively managed by a combination treatment

protocol including *Triphalaguggulu*, *GandhakRasayana*, orally *triphalakshaya* sitz's bath and *balatailamatrabasti*. It can also be concluded that if the above said combination is followed then administration of any variety of analgesics is not required for pain management in operated cases of haemorrhoids.

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