

## CLINICAL EVALUATION OF MAHANIMBA BEEJ CHURNA IN THE MANAGEMENT OF RAKTARSHA

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### ABSTRACT :

*Arsha* i.e. Hemorrhoids its name is itself self explanatory to prove its gravity as per as anorectal diseases are concerned. Means *arsha* is so embarrassing disease to human being that it may become fatal in its terminal stage if you ignore it. That's why it is included in *Ashta mahagada* in *ayurveda*. The disease *Arsha* presents with many signs and symptoms. The foremost of which is bleeding per rectum. Rather bleeding per rectum is one of the hallmark of the disease *Arsha*. These bleeding piles are known in *Ayurveda* broadly as *Raktarsha*. As there are number of patients of *Raktarsha* who don't want any invasive method for treatment I took this subject for my research, a study conducted on 60 patients of *Raktarsha*. 60 patients were divided into two groups: Experimental group and Control group. Experimental group is treated with *Mahanimb beej churna* and Control group treated with *Nagkeshar churna* over period of 45 days. Results drawn by applying statistical test to the observed data. Thus by observing the total effect of therapy of the drugs it can be concluded that *Mahanimb beej churna* is slightly more effective than the *Nagkeshar churna* in the conservative management of *Raktarsha*.

**Key words:** *Raktarsha, Agnimandya, Mahanimb Beej Churna, Nagkeshar Churna*

**INTRODUCTION:** While entering in to 21<sup>st</sup> century, human life is running so fast that one can say 'Human life is on wheel'. Due to fast growing economy and unhealthy competition of survival of the fittest, we have no time to follow our natural god gifted biological clock of the body. In fact, we are running away from our basic physiological events of our body. In another words, we are not following *Dinacharya* and *Rutucharya* which is very classically and uniquely described in *ayurvedic samhitas*. Our life becomes so busy that we are not following dietary restrictions or *Aahar vidhi visheshayatana* described in our ancient text. Many times we are ignoring natural alarms of the body to pass urine or stool or to put into other words we doing *vegधारणा* of *adharaniya vegas* in the body. All these account for impaired digestive power or

*Agnimandya*<sup>1</sup> which leads to altered bowel habits mostly constipation. This vicious cycle of these events ultimately results in *arsha*. One can conclude *arsha* is one of the abuses of today's fast life style. The vicious cycle of *arsha* is as follows- Constipation---Strain---*Vata Prakopa*--*Agnimandya*---*Arsha*.

From above statement, *vataprakopa* plays most important role in formation of *arsha*, which is mainly due to *hetusevana* like instant food, decreased use of fibrous matter, *vegvidharana* of *mala* and *mutra* etc. *Vayu* makes the fecal matter dry and unable to expel out i.e. *Malavashtambha*. It again results in excessive *vataprakopa* due to straining during defecation. The term 'haemorrhoid' is derived from the Greek adjective haem-orrhoides, meaning bleeding (haema = blood, rhoos = flowing) and the term 'Pile' derived from the Latin word

pila, a ball, can be aptly used for all forms of haemorrhoids. Dilatation of the veins of the internal rectal plexus constitutes the condition of the internal haemorrhoids which are covered by the mucus membrane. The external haemorrhoidal plexus are also formed in the same way which is placed below the dentate line and around the perianal region, are external haemorrhoids being covered with skin. The union of these two types is known as 'interno-external haemorrhoids. In the treatment of Arsha mainly Deepan, Pachana, anulomak and Raktastambhana karma are expected. Mahanimb beej<sup>3</sup> churna along with Sita acts accordingly and gives significant relief in patients of Raktarsha<sup>2</sup>. So Mahanimb beej<sup>3</sup> churna helps in sampraptibhed of Raktarshathe. The study conducted with 60 patients of Raktarsha among which 30 patients were treated with Mahanimb beej churna and remaining 30 patients were treated with Nagkeshar churna. Result obtained applying statistical test to the observed data.

**Aim:** To evaluate the efficacy of Mahanimb Beej Churna in Raktarsha.

#### **Objective:**

1. To do a comprehensive study on ayurvedic and modern aspect of raktarsha.
2. To study the haemostatic action, as a one of predominant action of MahanimbBeejChurna in raktarsha.

#### **MATERIALS OF STUDY:**

A) Patients- Patients of first and second degree hemorrhoids with following complaints as- Sadaha Malpravritti, Sarakt Malpravritti, Sashula Malpravritti, Gudkandu, Malavashtambh

B) Ingredients

- For study group – MahanimbBeejChurna

1. MahanimbBeej<sup>3</sup> (*Melia Azedarach linn*)

2. Sita (Rock candy/Rock sugar)

For control Group: Nagkeshar churna  
Nagkeshar<sup>3</sup> (*Mesua ferrea*)

#### **METHODOLOGY:**

##### **Method:**

1) MahanimbBeejChurna<sup>4</sup>:

MahanimbBeejChurna was prepared as per Sharangdhar Samhita under guidance of experts from the department of Rasashastra and Bhaishajya Kalpana ayurved hospital. And was standardized in research lab.

2) Sita churna: was taken directly from market

3) Nagkeshar churna: Prepaid Nagkeshar churna taken from market

**Selection Criteria:** Randomly selected 60 patients of Raktarsha Roga from O.P.D. and I.P.D. of Shalyatantra Dept. of A.S.S. ayurved mahavidyalaya, Nashik, Maharashtra.

##### **Inclusive Criteria:**

Patient having following symptoms included for study.

1. Age: 20-60 years irrespective of sex and marital status.
2. Sadaha Malpravritti: Burning defecation.
3. Sarakt Malpravritti: Per rectal bleeding.
4. Sashula Malpravritti: Painful defecation.
5. Gudkandu: Perianal itching
6. Malavashtambh: Constipation

##### **Exclusive Criteria:**

Patient having following symptoms excluded for study.

1. Crohn's disease
2. Ulcerative colitis
3. Carcinoma of -Large intestine, anal canal and rectum
4. Rectal Polyps
5. Uncontrolled Diabetic Mellitus
6. Fistula in ano

7. Pregnant woman
8. Severe anaemic patient, Blood dyscrasia
9. Patient taking anticoagulant eg.aspirin, heparin

**Clinical Methods:**The patients selected were divided in experimental and control group randomly.

**Group A (Experimental Group):**30 patients was treated with *Mahanimb beej churna* with *sita churna*

**Kala:***Apankala* (before the meal)

**Matra:** 5gm of *mahanimb beej churna* with 2.5 gm of *Sita churna* twice in a day

**Anupana:** Koshana jala

**Follow up:** D15, D30 and D45

**Group B (Control Group):**30 patients were treated with *Nagkeshar churna*

**Kala:***Apankala* (before the meal)

**Matra:** 5gm twice a day

**Duration:** 45days

**Anupana:***Goghrita*

**Follow up:** D15, D30 and D45.

**Criteria for assessment of result:**

A) Subjective criteria:

### 1.GUDGATA-RAKTASTRAV:

Sign	Grade
Absent	0
Microscopic hemorrhage	+
Bleeding visible to naked eyes	++
Massive bleeding	+++

### 2.GUD-SHOOL:

Sign	Grade
Absent	0
Pain while defecation only	+
Pain for 1hr after defecation	++
Continuous pain	+++

### 3. GUD-DAHA:

Sign	Grade
Absent	0
Burning while defecation only	+
Burning for 1hr after defecation	++
Continuous burning	+++

### 4. GUD-KANDU:

Sign	Grade
Absent	0
Itching while defecation only	+
Intermittent itching	++
Continuous itching causing local excoriation of skin	+++

### 5. MALAVSHTAMBHA:

Sign	Grade
Absent	0
No requirement of laxatives only diet modification	+
Requires laxative	++
Not reliving by laxatives	+++



**B) Investigation:** Hb, Microscopic examination of stool for occult blood

**OBSERVATION AND RESULTS:**

**Gudagat Raktastrav( Per rectal bleeding)**

Days	$\chi^2_{cal}$	Df	Table $\chi^2$ value	Probability	Result
D 15	7.916	2	5.99	P< 0.05	Significant
D 30	7.908	2	5.99	P< 0.05	Significant
D 45	5.276	1	3.84	P< 0.05	Significant

**Gudshul(Painful defecation)**

Days	$\chi^2_{cal}$	Df	Table $\chi^2$ value	Probability	Result
D 15	7.256	2	5.99	P< 0.05	Significant
D 30	8.368	2	5.99	P< 0.05	Significant
D 45	6.58	2	5.99	P< 0.05	Significant

**Guddah( Burning defecation)**

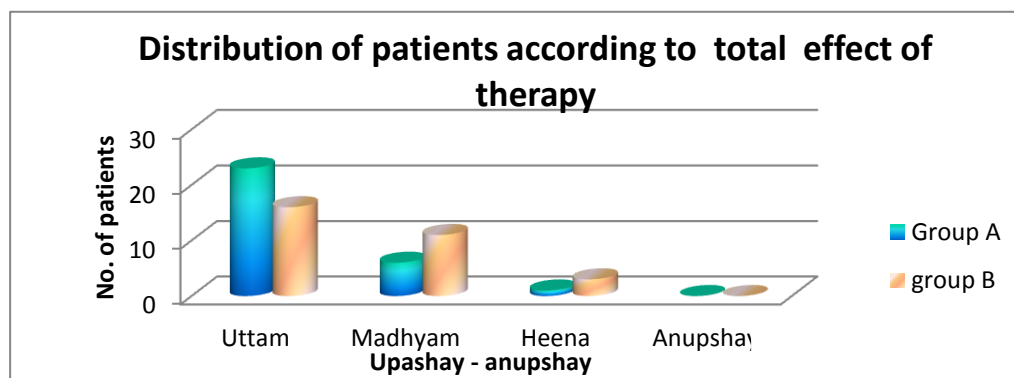
Days	$\chi^2_{cal}$	Df	Table $\chi^2$ value	Probability	Result
D 15	9.618	2	5.99	P< 0.05	Significant
D30	6.886	2	5.99	P< 0.05	Significant
D 45	6.908	2	5.99	P< 0.05	Significant

**Gudkandu ( Perianal itching)**

Days	$\chi^2_{cal}$	Df	Table $\chi^2$ value	Probability	Result
D 15	0.0762	1	3.84	P> 0.05	Not significant
D 30	2.954	1	3.84	P> 0.05	Not significant
D45	2.954	1	3.84	P> 0.05	Not significant

**Malavashtambha(Constipation)**

Days	$\chi^2_{cal}$	Df	Table $\chi^2$ value	Probability	Result
D 15	15.02	1	3.84	P< 0.05	Significant
D 30	15.00	1	3.84	P< 0.05	Significant
D 45	10.58	1	3.84	P< 0.05	Significant



Relief	Upashay-anupshay	Group A	Group B	Total
75% and above	Uttam	23	16	39
50% to 75%	Madhyam	6	11	17
25% to 50%	Heena	1	3	4
0% to 25%	Anupashay	0	0	0
	Total	30	30	60

## DISCUSSION:

### Discussion regarding effect of therapy:

The aim of the study is to do comparative clinical evaluation of *Mahanimb beej churna* with *Nagkeshar churna* in *Raktarsha*. All the patients of study group and control group showed improvement in signs and symptoms of *Raktarsha*. These were assessed by statistical methods applied on subjective criteria like Per rectal bleeding (*Sarakt malpravrutti*), Burning defecation (*Sadah malpravrutti*), Painful defecation (*Sashul malpravrutti*), Perianal itching (*Gud kandu*), Constipation (*Malavashtambh*). Statistical analysis of the efficacies of study drug *Mahanimb beej churna* and Control drug *Nagkeshar churna* in *Raktarsha* was done by applying 'Chi' Square test. The results are as follows:

**Effect over per rectal bleeding :** There was statistically significant difference in the symptom per rectal bleeding same in both the groups. *Mahanimb* possesses *laghu*<sup>3</sup> and *ruksha guna*<sup>3</sup>, *Tikt*, *Katu*, *Kashay Rasa*<sup>3</sup>, *katu vipaka*<sup>3</sup> and *ushna virya*<sup>3</sup>. It also has special property i.e it acts as *arshoghna*<sup>3</sup> by virtue of its *prabhava*. *Mahanimb* through its *Tikta* and *Kashay Rasa*, *Ruksha guna* acts as *Raktsangrahaka*. *Tikta Rasa* and *Laghu guna* act as *Deepak* and *pachak* which help in treating the *mandagni* and also helps in improving the general health of the patient by improving the digestion process. hence

it is more useful than the *nagkesharchurna* which only acts as *raktastambhaka*.

The seeds of *mahanimb* have anti-hemorrhoidal and purgative action. Hence reduces the symptom like per rectal bleeding.

**Effect over Painful defecation:** There was statistically significant difference in the symptom Painful defecation (*Sashulmalpravrutti*), more in control group. Pain (*sashul malpravrutti*) in *raktarsha* is due to *vatdosha prakopa*, with the help of *ushna virya* of *mahanimb beej churna*, *vatdosha shaman* takes place and gives relief from painful defecation. Seed of *Mahanimb* possesses anti-inflammatory action, so acts as analgesic and relieves the pain. Also *mahanimb beej churna* in combination with *sita* relieves the constipation and hence reduces the painful defecation.

**Effect over Burning defecation :** There was statistically significant difference in the Burning defecation, same for both the groups. As *mahanimb beej* possesses laxative property, when used in combination with *sita* relieves the constipation, thus reduces the straining and ultimately reduces the burning defecation. It also possesses anti-inflammatory property which helps in reducing the symptom i.e burning defecation.

**Effect over Constipation :** There was statistically significant difference in constipation (*Malavashtambha*), more in study group. *Mahanimb beej* possesses



laxative property as well as we use *sita* (*Khadisakhar*) in combination, which also acts as *Sarak* (laxative). Hence relieves the constipation

**Effect over Peri-Anal itching (*Gud kandu*)** There was no statistically significant difference in the symptom perianal itching.

**Hemoglobin:** The values of the hemoglobin in before and after treatment were not that significant in both control as well as in trial group.

### Discussion regarding Total effect of Therapy:

**Study Group:** After studying all the data thoroughly it was observed that out of 30 patients in trial group 23 (76.66%) received *Uttam Upashay* 6 (20%) received *MadhyamUpashay* and 1(3.33%) *Heenaupashaya*.

**Control Group:** Whereas in control group 16(53.33%) patients got *Uttam Upashay*, 11(36.66%) *Madhyam Upashaya*, 3(10%) received *Heena Upashaya*. None of the patients under study showed any unexpected complication due to the prescribed therapy. There were 12 defaulters. Limitations of our study were that, it was for short period and on small sample size. Therefore we feel that, it is necessary to study this topic for a longer duration and on larger sample size.

**Further scope of studies:** Long duration study to assess recurrence of disease should be done. Since the patients showed improvement in signs and symptoms of *Raktarsha* and comparative study between both the groups is done, the aim and objective of the study is achieved.

**CONCLUSION:** The study "Clinical evaluation of *Mahanimb beej churna* in the management of *Raktarsha*" has following conclusion: On the basis of statistical tests

of significance, *Mahanimb beej churna* has slightly more improvement than *Nagkeshar churna* in reducing the symptom *Malavashtambha*. While there was slightly more improvement in the symptom *Gud shul* with control group than in experimental group. Where as *Gud dah* and *Gudgat raktastrav* has reduced in both the groups equally. And lastly there was no improvement in the symptom *Gud kandu*. Thus from above results and result of total effect of therapy of the drugs it can be concluded that *Mahanimb beej churna* is slightly more effective than the *Nagkeshar churna* in the conservative management of *Raktarsha*.

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Declared