



CLINICAL APPLICABILITY OF AVAGAH SWEDA IN LIFESTYLE DISORDERS WITH SPECIAL REFERENCE TO HAEMORRHOIDS

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Abstract

Healthy living and happy culmination are prospect of every individual who knows the top-secret of life. *Panchakarma* is a procedural section of Ayurveda offer many treatment modalities to prevent and treat many diseases which also includes aging and lifestyle disorders. Lifestyle disorders are causing mainly due to wrong habits and sedentary lifestyle. Lifestyle disorders are a big problem for our society and herculean task for medical practitioners. Diabetes, hypertension, obesity, cardiovascular diseases etc considered routinely under this heading but anorectal diseases are directly related to this faulty lifestyle. Haemorrhoids, fissure in Ano, Pruritis, Fistula, Rectal Prolapse and many malignant conditions considered under anorectal diseases and again the major causative factor is faulty lifestyle. Haemorrhoids are enlarged and distal displacement of normal anal cushion caused due to constipation and prolong straining. 75% of the Indian population suffer from anorectal diseases and most of them can be cured or avoided with lifestyle modifications. *Panchakarma* procedures like *Basti*, *Avagah Sweda*, *Mridu virechan*, *Sneha karma*, *Raktamokshan* along with internal medications giving success in treating these diseases. Among these all *Avagah Sweda* is widely used treatment method which gives significant results in symptoms like itching, pain and burning sensation also helping to reduce the swelling at anal region. Hence *Avagah sweda* is noble weapon in treating anorectal diseases.

Keywords: AVAGAH SWEDA, ANORECTAL, HAEMORRHOIDS, LIFESTYLE, PANCHAKARMA

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1. Introduction

Ayurveda is science of life. *Panchakarma* is a specialized area of procedural administration by which the *Ayurveda* eliminates and regulates the *dosha* and body components¹. Healthy living and happy ending are prospect of every individual who knows the top-secret of life. *Panchakarma* is a procedural section of *Ayurveda* offer many treatment modalities to prevent and treat many diseases which also includes aging and lifestyle disorders.² Lifestyle disorders are causing mainly due to wrong habits and sedentary lifestyle. Diabetes, hypertension, obesity, cardiovascular diseases etc considered routinely under this heading but anorectal diseases are directly related to this faulty lifestyle. Variety of treatment modalities available for treating these diseases including medical and surgical methods but preventing aspect through *Ayurveda* and *Panchakarma* is speciality of *Ayurveda*. Lifestyle being major modifiable risk factor plays significant role in preventing anorectal diseases. Among the many anorectal diseases which can be treated like haemorrhoids, anal fissure and fistulas, haemorrhoids account to 48.4%.³

Haemorrhoids –

Haemorrhoids are enlarged and distal displacement of normal anal cushion caused due to constipation and prolong straining. 75% of the Indian population suffer from anorectal diseases and most of them can be cured or avoided with lifestyle modifications.³ *Acharya sushruta* has told that *arsha* is a disease in which vitiated doshas along with *rakta* collects in major vessels in body and goes towards anal canal and create a swelling (*ankura*). Haemorrhoid is very common problem now a days due to faulty lifestyle, irregular food habits, junk food, late night parties, prolong standing, wrong sitting postures, habits like smoking, drinking with systemic diseases like obesity, diabetes etc causing constipation and irregular bowel moments. Straining during defecation exerting more pressure on anorectal vessels causing formation of haemorrhoids.⁴

Types – Internal, interno-external, external first degree, second degree, third degree

Primary, secondary symptoms – mainly mass like structure felt at anal region, occasional bleeding, itching at anal region, mucous discharge, mostly painless, discomfort, constipation

A person having poor digestive capacity and then too indulges in consuming the *ahit aahar* (improper diet) will in long run, end up with disease called *arsha*. The *doshas* which gets vitiated with such activities will move in down-ward direction and vitiation of *Guda* produces mass or growth and this *mamsa ankur* (growths) are called as *arsha*⁵.

Treatment – *BHESHAJ* (*INTERNAL MEDICATIONS*), *KSHAR*(*ALKALI*), *AGNI KARMA*, *SHASTRA*.

In modern science treatment principle is life style modification, laxatives, analgesics and surgical management like haemorrhoidectomy, Barron's band ligation, laser ablation, sclerotherapy etc.

Avagah Sweda

*Avagah*⁶ means dipping, immerse

Swedana means sudation, steaming, sweating,

Its one among *saagni sweda – drava sweda*

The person whom *avagah sweda* is given made to sit in a tub filled with medicines upto navel height. Tub should be filled with *siddhajala, kwatha or ushnodaka*. Temperature of *swedan dravya* should be around 38-42°C.

Duration 15-20 min.

In early stage of the disease, conservative management by local drug administration along with palliative herbal drugs internally is initial line of treatment.

2. Methodology

This is a single case study, where in a patient having grade-II internal haemorrhoid was treated with specific regimen - *Panchavalkala + triphala kwath avagah sweda* with internal medication *Erandbhrishta haritki churna* 5gm Hs for 35 days. Periodic assessment of prognosis was observed. Proper counselling, written informed consent was recorded after explanation of proposed line of treatment.

Case Report

In this case study 64year old male patient, who was normal 1year back had developed mild pain at the anal region, hard stool, occasional per rectal bleeding and habitual constipation for 4+ years and as symptoms aggravated, he came to *Shalya tantra* OPD of Parul Ayurveda hospital for ayurvedic management.

Chief Complaints

- Hard stool on and off (taking allopathic laxative on & off)
- Pain at anal region during and after defecation
- Per rectal bleeding 1-2 times/week (specifically after eating spicy food)

All above complaints since last 1year

- Habitual constipation for 5+ years

H/O Past illness – k/c/o type 2 Diabetes mellitus (5yrs) in control with Rx + obesity

Drug history – Tab metformin 500mg 0---1---1 after food

For constipation he was taking laxative (duphalac 30ml) occasional and tab Syl 250mg sos for P/R bleeding advised by GP. Both these medicines kept hold during ayurvedic management.

Family history - No relevant family history

Personal history –

Diet: Non veg
Time of food intake: Regular
Appetite: Good
• Sleep: disturbed
• Addiction: smoking 2-3 cigarette daily
• Micturition: 4-5 times per day
• Bowel: Irregular, constipation

Previous surgical history - No surgical history

General Examination:

Pallor – Absent, **Icterus** – Absent, **Clubbing** – Absent, **Cyanosis** – Absent,
Oedema– Absent, **Lymphadenopathy** – Absent,
Weight-80kg, **Height** – 166cm

Vitals: Pulse – 80/min, **Respiratory Rate** – 15/min,
B.P. – 130/80 mm of Hg.

Local Examination:

Inspection–Bulge seen at anal verge at 3 and 11 O’ clock position.

Palpation -

Per rectal examination:
Sphincter tone – tight
No active bleeding
No discharge is seen.
No fissure at anal region

Proctoscopy: Grade II internal haemorrhoid seen at 3 and 11 O’clock position.

Investigations:

CBC, Blood Sugar (Fasting & PP), BT-CT, LFT, HbA1C, URINE RM test results were within normal limit. HIV, HBsAg, HCV test results were non-reactive and negative.

Final Diagnosis - Grade II internal Haemorrhoids (*Abhyantar Gudarsha*)

Treatment -

The diagnosis was confirmed clinically as Internal Haemorrhoid and treatment of choice was- *Panchavalkala + Triphala Kwath Avagah Sweda* 2 times day

Erandbhrishta haritki churna 5gm bedtime with warm water.

Pathya-Apathya - Patient was also asked to stop smoking. He reduced it to 1-2 cigarette daily. Oily, spicy food, junk food, cold drinks, tea advised to reduce. Proper sleep and daily 2km walking advised.

Assessment parameter

1. Pain at anal region
2. Colour of pile pedicle (on proctoscopy)
3. Stool consistency
4. P/R Bleeding

1. Pain at anal region (as per patient complaints)

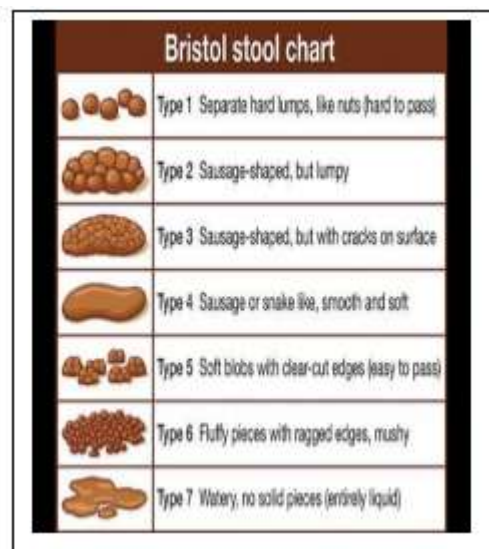
Pain at anal region	Grade
Severe pain	3
moderate	2
Mild pain	1
No pain	0

2. Colour of pile pedicle (on proctoscopy)

Colour of pile pedicle	Grade
Bluish or blackish colour	3
Reddish colour	2
Pinkish colour	1
Colour of anal mucosa	0

3. Stool consistency – Bristol stool chart (IMAGE 1)

Stool consistency	Grade
Type 1	7
Type 2	6
Type 3	5
Type 4	4
Type 5	3
Type 6	3
Type 7	1



4. Bleeding per rectum

P/R BLEEDING	GRADE
DAILY	5
ALTERNATE DAY	4
TWICE A WEEK	3
ONCE A WEEK	2
OCCASIONAL	1
NO BLEEDING	0

Procedure –

Patient was advised to sit in *Panchavalkal* + *Triphala kwath* moderate temperature around 38-42°C in a tub for 15 min twice daily for 35days. (Patients daughter took care as patient was known diabetic and old aged so chances of burn were there). Two days patient came to hospital for *avagah sweda*, understood the procedure and later came weekly on fixed day for follow ups. Patient was advised to clean and dry the area with soft cotton cloth. Internal medication as advised along with regular diabetic medications.

Observations

There was remarkable relief in per pain, hard stool and bleeding per rectum. Examination after 7th day revealed change in pile pedicle colour and on 14th day revealed change in colour and size of pile pedicle. Hard stool complaint found relief within 7days and surprising P/R bleeding noticed only once since the treatment started as patient also followed strict *Pathya-apthya* and avoided spicy and non veg food as much as possible.

Parameter	DAY 0	7 TH DAY	14 TH DAY	21 ST DAY	28 TH DAY	35 TH DAY
PAIN AT ANAL REGION	2	1	1	0	0	0
COLOUR OF PEDICLE	2	2	2	1	1	1
STOOL CONSISTENCY	6	4	4	4	4	4
P/R BLEEDING	3	2	0	0	0	0

3. Discussion

In this study, *Panchawalkal* + *Triphala Aavgah Sweda*⁷ was given for 35days twice daily with internal medication to the patient with grade II internal haemorrhoids based on symptoms and clinical assessment. Treatment showed significant results and relief in the symptoms given by patient. With help of internal medication and *avagah sweda* with proper *pathya* gave good result. *Avagah sweda* is helpful because sitting in a warm water/*kashaya* for short period encourage blood flow to the anal area. Also helps to relax sphincter muscles, which promotes healing, soothes constipation, and eases overall discomfort. Plants in *Panchawalkala*⁸ and *Triphala*⁹ phytochemically predominant in phenolic group components like flavonoids, tannins which mainly responsible for its excellent antiseptic, anti-inflammatory, immunomodulatory, antioxidant, antibacterial, antimicrobial and wound purifying as well as healing, astringent properties. Along with medicinal interventions we also advised *pathya-apathaya* which is most significant way to treat/avoid lifestyle disorders.

4. Conclusion

The case study *Avagah Sweda* with *Panchawalkala+Triphala kwath* and internal medicines with *pathya* proved effective in management of haemorrhoids. The prescribed combination regimen proved effective, cost effective, safe and easy to follow. More number of patients need to be treated with same regimen in different anorectal and also without *pathya-apathya* to know exact role of *avagah sweda* in treating anorectal conditions.

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