CONSERVATIVE TREATMENT OF ARSHA WITH SPECIAL REFERENCE TO BASTI

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Abstract: The prevalence of arsha (hemorrhoids) is becoming more common due to sedentary life style, faulty eating habits, late night jobs etc. People with this changing life style are ignoring their health but it doesn’t mean that they are not vigilant about their ill health. So, they approach doctors from the very beginning for the medical support. And so, at this time conservative measures requires more attention rather than surgical. Arsha is the disease of gudvali and five types of vata are taking part in the pathogenesis of arsha, so as far as the site and dosha predominance is concerned basti is the best treatment. If hemorrhoids are bleeding, then by using haemostatic drugs in anuvasan basti, we can check the bleeding. Basti is also described as half of all the treatments mentioned in the texts.

Key words: arsha, dosha, basti, gudvali, vata

Aim and objective
To discuss the importance and effect of basti karma in the management of aushadh sadhya arsha.

Introduction
The haemorrhoidal masses by obstructing the anal region give pain like enemy does, that’s why called as arsha1. In the management of arsha kshar (alkali), agni (fire) and shatra (sharp instruments) use is advocated by Acharya Sushruta. Applying caustic alkali, fire and sharp instruments into the anus should be done with great care and skill. Improper way of these therapies will produce impotence, swelling, burning sensation, toxicity, fainting, gurgling noise in the abdomen, flatulence, diarrhoea, or even death2. Basti is devoid of all these hazardous complications and hence can be administered safely.

Importance of basti
Among therapies like oleation etc. enema therapy is the most important because it contains combination of different kinds of drugs which produces elimination and mitigation of aggravated doshas and maintains the doshas in equilibrium. Properly administered basti promotes growth and complexion of the body, augments strength, health and life span3. Because all the five types of vata are taking part in the pathogenesis of arsha and sneha is the most effective treatment for vata4. Vata is the chief cause for aggravation of the disease; when aggravated it destroys the body. To control vata, there is no other treatment except basti to control it5.

Indications of basti in arsha
Acharya Charaka and Acharya Vagbhata divided the arsha in two major divisions for the ease of treatment-6

1. Shuska arsha (Vata and kapha doshas are predominant)
2. Rakta / aadra arsha (pitta and rakta are predominant)

1. In shuska arsha
When patient is suffering with udavarta, his body gets raksha, vilom apanavata with pain then we should go for anuvasan basti6. Patients suffering from vata-kaphaja arshas, niruha basti of dashmool decoction mixed with cow’s milk, cow’s urine, ghee/oil, rock salt and madanphal (Randia spinosa) etc. should be given7.

2. In rakta arsha
Piccha vasti mixed with ghee, honey and sharkara and anuvasana basti is given8. In vata dominant rakta arsha, anuvasana basti added with lukewarm ghritmand should be employed promptly or piccha basti is given at proper time9. In vata dominant arsha with bleeding, anuvasan basti is administered to check bleeding10.

3. In sravi arsha
In sravi arsha, when bleeding exceeds, it leads to aggravation of vata dosha, so mostly sravi arsha are vata dominant. To mitigate this aggravated vata; we should go for anuvasan basti. Acharya Charaka also recommends the administration of basti, after the vitiated rakta has been expelled out. When pure blood is coming out from the arsha, then the above mentioned basti should be administered11.

4. When varti and medicated powder do not provide relief to arsha patient having udavarta, tikshana sneha basti (powerful lubricatory enema) should be given12.

Mode of action
Acharya Sushruta has told that the virya of basti drug reaches all over the shrotas in the same way as the water poured at the root of the plant reaches up to leaves. He has further explained that even though basti drugs quickly comes out with mala and their virya acts all over the body by the action of apan vayu and other vayu. Acharya Parashar has also highlighted the importance of guda (anal region) by saying that guda is root for all the siras in the body; hence the medicine administered through guda reaches up to head and nourishes the body.

Absorption of basti
The most distal portion of large intestine, the rectum, can be used directly as a site of drug administration. This route is especially useful where the drug may cause gastric irritation, after gastrointestinal surgery, during protracted vomiting, and in uncooperative patients (e.g.
children) or unconscious ones. Dosage form includes solutions and suppositories. Although the surface area available for absorption is not large, absorption can still occur, owing to the extensive vascularity of the rectal mucosa. Absorption of drugs from gut occurs by passive diffusion. Drugs which are lipid soluble are mostly transferred by passive diffusion. A basti drug is prepared by mixing of sneha with other ingredients up to homogenous mixture.

**Effects of oil enema**

The first oil enema administered properly lubricates the urinary bladder and groins, the second enema mitigates vata localized in the head, the third enema bestows strength and color; the forth lubricates rasa dhatu; the fifth lubricates rakta; the sixth lubricates mansa; the seventh medas; the eighth and ninth asthi and majja respectively and eighteen enema properly given cures all disorders of sukra.

**Conclusion**

Because of excessive bleeding in hemorrhoids and vitiation of pitta-kapha, vata dosha is increased to a great extent. In this way predominance of vata is accepted in arsha. Easy administration of basti and its therapeutic benefits to the whole body, it is useful in vata predominance conditions like arsha. Importance of basti is also appreciated by Acharya Sushruta in the management of arsha. In vata predominant arsha, therapies such as oleation, sudation, emesis, purgation, decoction enema and oil-enema can be administered.

**References**

[7] Ibid, 14/137, p-533
[8] Ibid, 14/228, 229, p-545-546
[9] Ibid, 14/224, p-545
[10] Ibid, 14/183, p-538