



World Journal of Pharmaceutical Science & Technology

Journal homepage: www.wjpst.com

Review Article

A CROSS SECTIONAL STUDY TO IDENTIFY THE AHARA-VIHARA (DIET & LIFESTYLE) IN THE PATIENTS OF ARSHA (HAEMORRHOIDS)

Dr. Durgesh Meena¹, Dr. Anita², Dr. Sarvesh Kumar Agarwal³, Dr. Ashok Kumar⁴

1. P.G.Scholar (Department of Swasthavritta and Yoga),
2. P.G.Scholar (Department of Swasthavritta and Yoga),
3. Associate Professor (Department of Swasthavritta and Yoga)
4. Associate Professor (Department of Shalya Tantra) National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India

Address for correspondence:

Dr. Durgesh Meena, P.G.Scholar (Department of Swasthavritta and Yoga),

E-mail- durgeshmeena81090@gmail.com

Received: 15-3-2022, Revised: 29-4-2022, Accepted: 6-6-2022

ABSTRACT

Arsha is described in all of the *Ayurvedic* classics. *Acharya Sushruta* and *Vagbhata* has mentioned it one among the “*Ashta Mahagada*”. *Mandagni*, the primary etiopathogenic factor of *Arsha*, is characterized by hypo-metabolic functioning, causing constipation and resulting in development of *Arsha*. *Arsha* is one of the diseases caused due to faulty *Ahara* (Diet) and *Vihara* (Lifestyle) and hence a lifestyle disorder that are increasing at an alarming rate in our society, but everyone ignores it because of their busy schedules, western lifestyles, and modern civilization. The diet and life style of people has changed drastically due to rapid industrialization and urbanization. Major cause of haemorrhoids is faulty diet and life style of a person. It is a primary work to prepare a module of *Pathya* and *Apathya Ahara-Vihara* (Diet and life style) for the patients of *Arsha* (haemorrhoids). Keeping this view in the mind this cross sectional study has been designed to identify the diet and life style of the people of Jaipur or outside coming to National Institute of Ayurveda (NIA), Jaipur for the management of haemorrhoids.

KEYWORDS: *Arsha*, *Ahara-Vihara*, *Mandagni*, Haemorrhoids.

INTRODUCTION

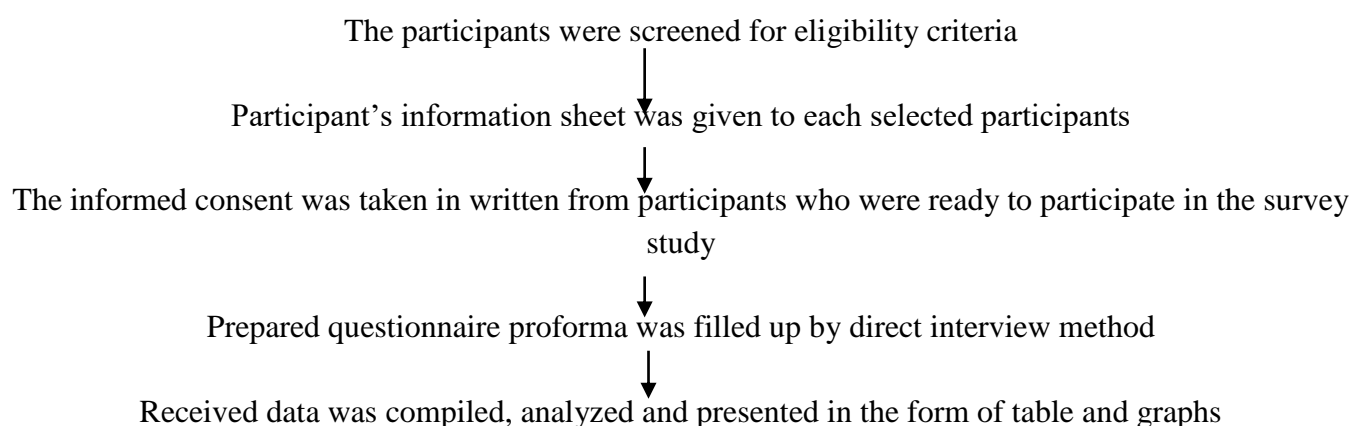
Primary cause of *Arsha* is malfunction of *jatharagni*, which contributes to constipation. Constipation causes raised back pressure into the haemorrhoidal veins, resulting in haemorrhoids. It has been projected that about 50% of the population would have hemorrhoids at some point in their life probably by the time they reach the age 50, and approximately 5% population suffer from hemorrhoids at any given point of time.^{[1][2]} This disease is as old as *Ayurvedic* system of medicine and known as *Arsha* in *Ayurvedic* literature. The causes, symptoms, classification, prognosis of *Arsha* are detailed described in all the major *samhita* of *Ayurveda*. *Ayurveda* always advocates the avoidance of causative factors as first line of treatment in any disease and *Arsha* is one of them. *Acharya Charaka* and *Sushruta* has mentioned *Abhishyandi*, *Shita*, *Guru*, *Madhura*, *Viruddha*, *Vidahi* and *Asatmya Ahara*, use of *Vishama*, *Utkata Asana* and *Prishthayana*, *Vegavidharana*, use of cold water for cleansing anal area, excessive rubbing etc as etiological factors of *Arsha*.^{[3][4]} Haemorrhoids are also known as piles, are a type of ano-rectal disorder. It is collections of inflamed and swollen tissue in the anal canal. Sedentary lifestyle, irregular and inappropriate diet, prolonged sitting or standing posture, and certain medications are among the many causes. The review of literature support that major cause of Haemorrhoids is faulty diet and life style of a person.^[5] Keeping this view in the mind this cross sectional study was designed to identify the diet and life style as a cause and also as part of preventive and conservative management.

MATERIAL AND METHODS

To identify the predominant disease causing/aggravating as well as disease alleviating *Ahara-Vihara* (Diet and life style) in the patients of *Arsha* (haemorrhoids) and to prepare a module of *Pathya* and *Apathya Ahara-Vihara* (Diet and life style) in the patients of *Arsha* (haemorrhoids) on the basis of and observations of the study and literature available.

A cross sectional study with purposive sampling of 300 haemorrhoids patients was selected from OPD of Shalya, NIA Hospital, Jaipur

Plan of Study



Eligibility Criteria

Inclusion criteria

- Age between 18-60 years
- Irrespective of gender, religion and occupation
- All patients of haemorrhoids irrespective of degree and chronicity

Exclusion criteria

- Patient not willing to participate in the study
- Known cases of chronic illness like diabetes mellitus, hypertension, IHD, thyroid disorders etc.
- Patients taking regular medicine (more than 1 month) for any diseases except piles or GIT disorders

Diagnostic criteria

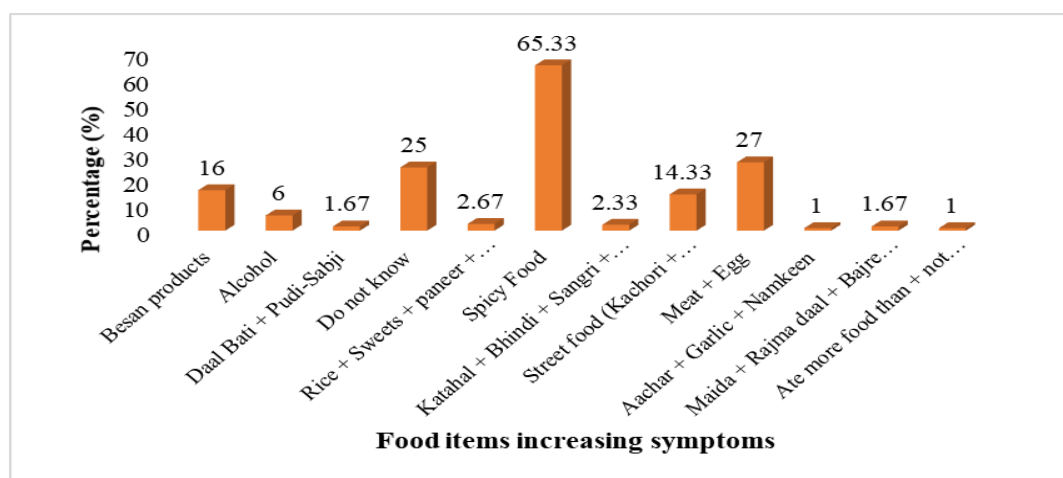
- Clinically on the basis of inspection in the cases of external pile masses
- Digital rectal examination and proctoscopy in internal piles

Observation and Results

Observations found in this study have been presented into following four categories.

- Distribution of participant according to demographic characteristics
- Distribution of participant according to general examination
- Distribution of participants according to chief complaints in the patients of *Arsha* (Haemorrhoids).
- Distribution of participants according to *Ahara-Vihara* (diet and life style) in the patients of *Arsha* (haemorrhoids)

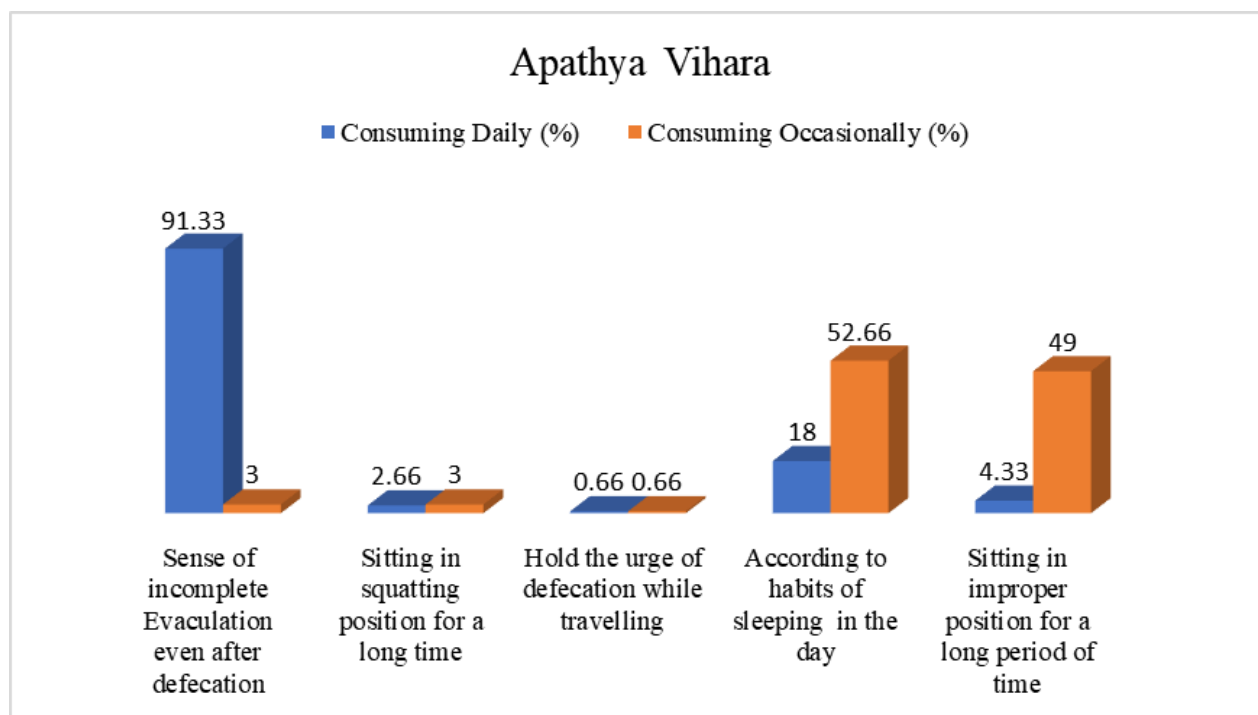
Table 1: Graphical distribution of Participants according to some specific *Apathya Ahara*



Maximum responses of regarding Food items increasingsymptoms of *Arsha* disease were spicy food (65.33%), followed by meat + egg (27%), do not know (25%), besan products (16%), street food (kachori + samosa +

chaat pakaude + pani puri) (14.33%), alcohol (6%), rice + sweets + paneer + vegetable ghee + kheer (2.67%), katahal + bhindi + sangri + potato + oily vegetables (2.33%), mainda + rajma daal + bajre ki roti (1.67%), daal bati + pudi-sabji (1.67%), aachar + garlic + namkeen (1%) and ate more food than + not digesting food + heat in stomach (1%).

Table 2: Graphical distribution of Participants according to some specific *Apathya Vihara*



Maximum responses regarding sense of incomplete evacuations even after defecation were consuming daily (91.33%) followed by consuming occasionally (3%); maximum responses regarding sitting in squatting position for a long time were consuming daily (2.66%) followed by consuming occasionally (3%); maximum responses regarding hold the urge of defecation while travelling were consuming daily (0.66%) followed by consuming occasionally (0.66%); maximum responses regarding according to habits of sleeping in the day were consuming daily (18%) followed by consuming occasionally (52.66%); maximum responses regarding sitting in improper position for a long period of time were consuming daily (4.33%) followed by consuming occasionally (49%).

DISCUSSION

Maximum food items taken by participants were *Guru* (heavy), *Ushna* (hot in potency), *Vishtambhi*, *Abhishyandi*, *Vidahi* in nature aggravating *pitta* and *kapha*; finally results in *Arsha*. Mostly participants of study were not doing any type of physical activity in their daily routine, hence having sedentary lifestyle contributing to manifestation of *Arsha*. Sitting or driving continuously for long duration regularly may loosen the elasticity of veins around the anus & rectum. Straining during defecation causes dilation of sphincters, thus resulting in *Arsha*. [6,7]

CONCLUSION

Predominant disease causing/aggravating *Ahara* (Diet) were very hot and spicy food, fast food, street food (kachori, samosa, chaat pakaude, pani puri), daal bati, poori-sabji, bajre ki roti, rajma daal, katahal, bhindi, sangri, potato, garlic, oily vegetables, aachar, namkeen, besan products, maida products, vegetable ghee, rice, sweets, paneer, kheer, meat, egg, alcohol, overeating. Disease causing/aggravating *Vihara* (life style) were sitting in squatting position for a long time, low or no physical activity, sedentary nature of work, long distance driving/travelling continuously, hard stool or straining during defecation, withholding/postponing the urge of defecation in routine or during travelling, driving on rough roads, daytime sleeping and sitting in improper position for a long time.

Module of *Pathya* and *Apathya Ahara-Vihara* (Diet and life style) in the patients of *Arsha* (haemorrhoids) on the basis of observations of study and literature available.

Diet (*Ahara*) and Lifestyle (*Vihara*) for the patients of *Arsha* (Haemorrhoids)

	Frequently use or regularly	Occasionally use or not use
Cereals	Wheat, Rice, Barley	Great millet, Finger millet, Maize, Barnyard millet, Oats, Pearl millet
Pulses	Lentil, Red gram, Green gram, Horse gram, Dew gram	Dry pea, Bengal gram/Chickpea, Cow pea/Black eyed beans, Black gram, Soya been
Vegetables	Bottle gourd, Fenugreek, Ridge gourd, Amaranthus, Spinach, White brinjal, Chenopodium, Cabbage, Ivy gourd, Turnip, Apple gourd, Pointed gourd, Carrot, Radish, Indian Goose berry, Tomato, Sengari pods, Onion, Yam, Aloe vera, Mint leaves	Bitter gourd, Lady finger, Pumpkin, Potato, Jack fruit, Mustard leaves, Lotus stem, Cauliflower, Drumstick flowers, Spiny gourd, Cranberry, Peas, Mushroom, Taro root, Indian butter beans, Cluster beans, Yam, Potato palm, Sweet potato, Garlic, Mustard greens, Ceylon spinach, Khejri pods, Bengal gram leaves
Salads	Onion, Tomato, Cucumber, Armenian Cucumber (Kakadi), Carrot, Radish, Beetroot, Lemon	Sprouts
Fruits	Pear, Orange, Grapes, Musk Melon, Chikoo, Papaya, Water melon, Indian Gooseberry, Sweet lime, Pomegranate,	Mango, Coconut, Banana, Black berry, Pine apple, Water chestnut, Wood apple

	Guava, Apple, Cherry/Plum peach, Custard apple, Mulberry, Plum, Strawberry	
Dry fruits	Current (Kishmish), Dates, Cashew, Raisins, Date palm, Fig	Almond, Coconut, Chironji, Walnut, Fox nut, Pea nut, Pistachio
Milk products	Cow/Goat/Camel milk, Buttermilk, Clarified butter (Ghee), Fresh butter, Shrikhand, Churned curd with water	Buffalo milk, Milk/Curd skin, Indian cottage cheese, Sour curd/Solid curd
Meats	Mutton (Chevon), Chicken (Kukkuta)	Egg, Fish, Beef, Pork
Oils	Mustard oil, Sesame oil	Groundnut oil, Refined oil, Coconut oil, Linseed oil
Condiments & Spices	Cumin, Fenugreek seeds, Ginger, Coriander, Fennel, Clove, Turmeric, Asafoetida, Lemon, Dry ginger, Carom seeds, Cardamom, Black pepper, Table salt, Bay leaf, Rock salt, Black salt, Ripe kokam, Long pepper	Black mustard seeds (Rye), Red chilli, Amachoora, Cinnamon bark
Drinks & Beverages	Coconut water, Fruits juice, Sharbat, dal and vegetables Soups, Kanji, Dhaniye ka panna	Cold drinks, Tea, Coffee, Sugarcane juice, Cold water, Canned drinks,
Food preparations	Daliya, khichadi, Bran flour/ Bejad ki roti, Chaval ka bhat, Fibers rich food, Manasaras (meaty), Peeled lentils	Kheer, Namkeen, Pao bhaaji, Kachori, Khaman, Idli, Dosa, Samosa, Pani puri, Papad, Toast, Chutney, Biscuit, White bread, Chaat, Chocolate, Sweets, Patties, Burger, Pastry, Cake, Pizza, Momos, Besan vada, Halwa, Malpua, Chana roti, Packed food, Brown bread, Bada-pao, Pudi, Puffed rice, Raw or fried meat

Life style (*Vihara*)

1. Eating on time and when feeling hungry; food in proper quantity.
2. Drink appropriate amount of water, especially after waking up in the morning and drink lukewarm water.
3. Seasonal fruits and vegetables to be taken.
4. Always eat freshly prepared food.

5. Stale food (kept for the night), highly spicy, fried, heavy, food causing excessive burning, excessively hot and salty, highly sweet food should be avoided.
6. Do not use products made up of maida, gram flour.
7. Avoid bidi, cigarette, tobacco, gutkha, zarda, khaini, pan masala, betel nut, opium, alcohol etc.
8. Exercise regularly, practice yoga under the supervision of a yoga practitioner.
9. Do not suppress the urge of defecation, avoid over straining or sitting for long during defecation.
10. Avoid using mobile or reading newspaper during defecation.
11. Do not sit at one place for long time, avoid day sleeping, do indulge overtly in sexual activities.
12. Do not take long rides of car-scooter, bus, truck, camel, elephant, horse etc.
13. Avoid excessive sun exposure.

REFERENCES

1. Sushrut Samhita, Nibandhasamgraha commentary by Dalhana, Yadavji Trikamji Acharya editor, Chaukhamba Orientalia, Ed, 2015, Su.Ni.2/4. pg. 306
2. Lohsiriwat V (2012) Hemorrhoids: from basic pathophysiology to clinical management. World J Gastroenterol 18 (17): 2009–2017
3. Mounsey AL, Halladay J, Sadiq TS. Hemorrhoids. Am Fam Physician. 2011; 84(2): 204–210.
4. Charaka Samhita commentary by Pandit Kashinath Panday and Dr. Gorakhanath Chaturvedi Chaukhambha Bharati Academy Varanasi, Ch.chi. 14/9-20 pg. 419-423.
5. Susruta samhita Commentary by Kaviraj Ambikadutta Shastri Chaukhambha Sanskrit Sansthan, Varanasi, Su.nid.2/4, pg. 306
6. Charaka Samhita commentary by Pandit Kashinath Panday and Dr. Gorakhanath Chaturvedi Chaukhambha Bharati Academy Varanasi, Ch.chi. 14/9-20 pg. 419-423.
7. Susruta samhita Commentary by Kaviraj Ambikadutta Shastri Chaukhambha Sanskrit Sansthan, Varanasi, Su.nid.2/4, pg. 306