



## Case Study

### MANAGEMENT OF SECOND-DEGREE INTERNAL HAEMORRHOIDS (*ARSHA*) BY *KSHARKARMA*

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#### Article info

##### Article History:

Received: 07-10-2025

Accepted: 21-11-2025

Published: 15-12-2025

##### KEYWORDS:

Hemorrhoids,  
*Kshara Karma*,  
*Arsha*, Case Report.

#### ABSTRACT

The incidence of anorectal diseases is rising in society. Haemorrhoids (piles) is one of leading problem in them. Prevalence of haemorrhoids is 4.4% worldwide. Haemorrhoids are dilated veins within the anal canal in the sub-epithelial region formed by radicals of the superior, middle and inferior rectal veins. Acharya Sushruta described four therapeutic modalities for *Arsha* (haemorrhoids) depends on chronicity and presentation of disease, likewise- *Aushadha*, *Ksharkarma*, *Agnikarma*, and *Shashtrakarma*. Thus, when considering its affordability, ease of use, therapeutic effects, and ease of adoption, *Ksharakarma* (chemical cautery by alkali) is the finest modality. **Material and method:** In this case study, A male patient presented with complaints of bleeding P/R (dropwise), feeling of mass per Ano and constipation, diagnosed as *Arsha* (2nd degree haemorrhoids), interevent *Apamarga Pratisarniya Ksharkarma* after routine investigations. **Result & Discussion:** *Kshara* has properties of *Chhedan*, *Bhedhan* and *Lekhana*, and by virtue of these properties, *Kshara* produced shrinking (by coagulating proteins) effect on pile masses. This case study promises beneficial effect of *Ksharkarma* in the management of *Arsha* (haemorrhoids).

#### INTRODUCTION

*Arsha* is regarded as one of the *Ashtamahagada* (the eight dreadful ailment) by Acharya Sushruta.<sup>[1]</sup> *Arsha* (haemorrhoids), according to Acharya Vagbhata, is the term for when flesh-like extensions that resemble muscles murder a man as if he were an adversary and obstruct the *Guda marga* (the Anal Canal)<sup>[2]</sup>. Vascular engorgement of the hemorrhoidal plexuses in the submucosa of the anal canal beneath the mucocutaneous membrane is known as haemorrhoids. This is a rather prevalent anal canal disease that affects people of both sexes.<sup>[3]</sup> The term "haemorrhoid," or *Arsha*, is typically used to characterise the pathological varicosity of the hemorrhoidal vein caused by elevated pressure. An abnormally displaced, enlarged anal cushion with a prolapsed or inflammatory pile mass, as well as a hemorrhoidal venous plexus.<sup>[4]</sup>

*Arsha* is a condition that causes bleeding, mucus discharge, pain, and discomfort. It can be caused by long sitting or standing periods, straining while defecating or moisturizing, obesity, disrupted life style or daily routine, improper or irregular food intake, pregnancy, and sedentary lifestyle. *Jatharagni* and *Tridosha* are the main causes of *Arsha*, with *Tridosha* being particularly vitiated by *Vata dosha* and *Vata dosha* being localized in *Guda Vali*.<sup>[5]</sup> *Vata Dosha* then vitiates *Twaka* and *Mansa*, which in turn vitiates *Meda Dhatu*.<sup>[6]</sup> There are two main types of *Arsha*: internal and external. Internal hemorrhoids form inside the rectum and external one's form under the skin surrounding the anus.<sup>[7]</sup> With proper medical advice and lifestyle changes, dietary changes, and medication, it is possible to manage hemorrhoids, allowing you to regain your comfort and quality of life. More severe cases may require medical procedures like rubber band ligations, sclerotization, or surgical procedures. Acharya Sushruta has described four treatment modalities for *Arsha*: *Bheshajaya*, *Kshar Karma*, *Agni Karmas*, and *Shashtra Karmas* according to the chronicity and manifestation of the disease. Among these, *Bheshajaya Karma* and *Kshar Karmas* have excellent results in the approach to *Arsha*.<sup>[8]</sup> The effect

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<https://doi.org/10.47070/ijapr.v13i11.3900>

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of *Kshara Karma* is highly commendable. It can replace the functions of *Shastra Karma* in the same way as *Chedana Karmas*, *Bhedana*, and *Lekhana Karmas* without the use of *Shastras*. It can be used effectively in people who are afraid to undergo surgery as a substitute for surgical operations.

### Case Presentation

A 43-year-old male patient attended the Anorectal Outpatient Department on March 17, 2025. He presented with complaints of a mass protruding from the anus during defecation, which reduced spontaneously, along with occasional bleeding during bowel movements for the past three years. Proctoscopic examination revealed second-degree internal hemorrhoids located at the 3 o'clock position.

The patient had been receiving Allopathic treatment for these complaints and had not tried any other system of medicine. A detailed clinical history revealed several contributing factors described in classical Ayurvedic texts, including prolonged daily two-wheeler riding, frequent intake of spicy, sweet, and cold foods, irregular dietary habits, and habitual straining during defecation. The condition was identified as a primary disease (*Svatantra Vyadhi*), with impaired digestive fire (*Agnimandya*) considered the underlying cause.

As the patient was unwilling to undergo conventional surgical management, he opted for Ayurvedic treatment. Based on the clinical presentation, *Kshara Karma* was selected as the treatment modality. This decision was made considering the features of *Raktarsha* (bleeding piles), characterized by a soft, elevated, and well-defined hemorrhoidal mass with active bleeding, which was also observed during proctoscopic examination. Classical Ayurvedic texts, including *Ashtanga Hridaya*, recommend *Kshara Karma* for the management of *Raktarsha*.

Prior to initiating the procedure, routine investigations such as complete blood count and other relevant tests were conducted to exclude anemia, clotting disorders, infectious diseases, diabetes mellitus, HIV, and hepatitis, ensuring the patient was fit for the planned intervention.

### MATERIAL AND METHOD

After antiseptic painting and draping, *Kshara Karma* (application of a caustic alkaline paste) was performed using a slit-type proctoscope under local anesthesia. The alkaline paste was carefully applied to the internal hemorrhoids located at the 3 o'clock position. After 100 *Vakamatra* (one minute) of

application on each hemorrhoidal mass, the *Kshara* was neutralized and removed using lemon juice. Following the procedure, a visible reduction in the size of the pile mass was observed, along with a characteristic color change to blackish-brown, described in classical texts as *Pakva Jambu Phalavarna* within *Shatamatrakala*. (Figure-1)

Subsequently, the proctoscope was withdrawn, and the anal canal was gently irrigated with medicated oil. An anal pack was placed, and the patient was kept under observation for three hours. As there were no postoperative bleeding or other complications, the patient was discharged on the same day.

The patient was advised to attend the surgical outpatient clinic once weekly for four consecutive weeks for follow-up anal examinations. Dietary and lifestyle modifications were recommended, with emphasis on maintaining these changes for at least one year. To manage postoperative pain and inflammation and to support wound healing, the following medications were prescribed for one month:

#### Oral medications

- *Chiruvilwadi Kashayam* – 15ml diluted with 40ml of lukewarm water, twice daily on an empty stomach.
- *Triphala Guggulu* – 250mg twice daily before meals.
- *Panchsakar Churns* - 5gm with warm water at bed time.

#### Per rectal medication

- *Jatyadi taila* – 5ml twice daily

In addition, the patient was advised to take a lukewarm sitz bath after each bowel movement.

After completion of the one-month postoperative regimen, medications aimed at correcting impaired digestion (*Agnimandya*) were prescribed for a further three months:

#### Oral medications

*Abhayarishhta* – 20ml with 40ml of lukewarm water, twice daily after meals.

During each follow-up visit, clinical signs and symptoms were systematically evaluated. At the first and second follow-ups, the patient reported mild to moderate pain, tenderness, inflammation, and brownish-black discharge. By the third and fourth follow-up visits, there was complete resolution of pain, tenderness, discharge, and inflammation. No anal stricture was observed, and the internal hemorrhoids had resolved completely.

**Table 1: Follow-Up**

Parameter	1 <sup>st</sup> Visit	2 <sup>nd</sup> Visit	3 <sup>rd</sup> Visit	4 <sup>th</sup> Visit
<b>Patient's Symptoms</b>				
Pain	Moderate	Mild	Nil	Nil
Pus	Nil	Nil	Nil	Nil
Mucus	Mild	Mild	Nil	Nil
Bleeding	Mild	Nil	Nil	Nil
Itching	Nil	Mild	Mild (occasional)	Nil
Burning sensation	Moderate	Mild	Nil	Nil
<b>Surgeon's Findings</b>				
Discharge	Mild	Mild	Nil	Nil
Sloughing	Mild	Nil	Nil	Nil
Tenderness	Moderate	Mild	Nil	Nil
Inflammation	Moderate	Mild	Nil	Nil
Discoloration	Red	Red	Scar color	Scar color
<b>Proctoscopic Findings</b>				
Findings	Mucosal ulcer	Healthy granulation	Pile mass disappeared	Normal

**Figure-1- Procedure (Ksharkarma at 3 O` clock)**

Hemorrhoid at 3 o` clock



Kshara Application at 3 o` clock



After 100 Vakamatra



Pakwa Jambu varna after Ksharkarma



**Figure-2- Follow Up****DISCUSSION**

According to the disorder presentation and chronicity, Acharya Sushruta recommends four exceptional sorts of remedy for *Arsha*: *Bheshaja*, *Ksharkarma*, *Agni karma*, and *Shashtra karma*. Two highly famous remedies for haemorrhoids, *Kshara Sutra* remedy and *Kshara Karma*, have been advanced on the strong foundation of Ayurvedic Samhitas. Internal haemorrhoids of the first and second degrees are the primary situations that *Kshara Karma* indicated. *Teekshna Pratisaraneeya Kshara* rapidly cauterizes the internal hemorrhoids, turning the pile mass black within seconds. It causes coagulation, tissue necrosis, and subsequent fibrosis of the hemorrhoidal plexus, leading to adhesion of mucosal

layers. [9] This prevents further venous dilatation and prolapse, resulting in permanent obliteration of hemorrhoids. *Kshara* exerts many actions such as *Chhedan*, *Bhedhan* and *Lekhan*, and because of these properties, *Kshara* produces shrinking effect on pile masses. [10] In current clinical practice, *Kshara* application has been shown to be a safe, effective, and economical treatment option for internal hemorrhoids as observed in this case study. [Table-2] However, further compilation of case reports and well-designed clinical studies is necessary to standardize treatment protocols and establish clear outcome measures. Such efforts would help in developing comprehensive and evidence-based treatment guidelines.

**Table 2: Observation**

Time period	Surgeon's observation	Patient's observation
Immediately (within 1 min)	Coagulation and black discoloration of hemorrhoid.	Mild pain, mild burning
Day 2	Edema and beginning of sloughing	Pain, swelling
After 1 week	Sloughing and necrosis	Blackish discharge, pain, burning
After 14 <sup>th</sup> day	Mucosal ulcer; no mass	Mild-moderate burning, slight bleeding
After 30 days	Scar formation; complete obliteration	No symptoms

**CONCLUSION**

*Pratisaraneeya Teekshna Kshara* successfully achieved complete obliteration of the hemorrhoidal mass within 30 days of application. The patient was kept under regular follow-up from march 2025 onwards, with proctoscopic examination performed at each visit, and no recurrence of hemorrhoids was detected. This case is reported after an eight months follow-up period, confirming sustained relief without recurrence.

The patient required active treatment for only three months, while dietary modifications were maintained for an additional year. This case demonstrates that a comprehensive approach involving *Kshara Karma*, supportive conservative therapy (*Samana Aushadhis*), dietary regulation, and lifestyle modification over a defined duration is effective not only in resolving the hemorrhoidal mass but also in preventing long-term recurrence.

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### Cite this article as:

Awadhesh Rathod, Yogesh Badwe, Vyasadeva Mahanta. Management of Second-Degree Internal Haemorrhoids (Arsha) by Ksharkarma. International Journal of Ayurveda and Pharma Research. 2025;13(11):59-63.

<https://doi.org/10.47070/ijapr.v13i11.3900>

**Source of support: Nil, Conflict of interest: None Declared**

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