



Case Study

TOPICAL APPLICATION OF *TRIPHALA* - *KUMARI KALKA* IN EXTERNAL HAEMORRHOIDS

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ABSTRACT

External haemorrhoids, referred to as *Bahya Arsha* in Ayurveda, are a prevalent anorectal condition manifesting as pain, bleeding, itching, and local discomfort. *Triphala-Kumari Kalka*, a topical formulation composed of *Triphala (Amalaki, Haritaki, Bibhitaki)* and *Kumari (aloe vera)*, is traditionally applied for its anti-inflammatory, wound-healing, and soothing properties. **Case presentation:** A 42-year-old male patient presented with a two-week history of painful perianal swelling associated with burning sensation, pruritus, and difficulty during defecation, along with a prolapsed swollen mass at the anal verge. Local examination revealed multiple lobulated external haemorrhoidal masses (three distinct nodular swellings) at the anal verge. The lesions were skin-covered, hair-bearing, edematous, and congested associated with local inflammatory changes. The masses were located below the dentate line, confirming the diagnosis of external haemorrhoids (*Bahya Arsha*). **Intervention and outcomes:** The patient was managed conservatively with topical application of *Triphala-Kumari Kalka* applied locally twice daily and retained for approximately one hour, along with minimal appropriate internal Ayurvedic medications and dietary and lifestyle regulation. Marked regression leading to clinical resolution of the external haemorrhoidal masses, along with complete remission of symptoms, was observed within 15 days of intervention, without any reported adverse effects. **Conclusion:** This case report highlights the potential of topical *Triphala-Kumari Kalka* as a conservative treatment for external haemorrhoids (*Bahya Arsha*). The observed improvement in symptoms and regression of the lesions suggests its therapeutic promise, while emphasizing the need for larger clinical studies to confirm its efficacy.

INTRODUCTION

Haemorrhoids are among the most common anorectal disorders, characterized by symptomatic enlargement and distal displacement of the normal anal cushions, leading to symptoms such as bleeding per rectum, prolapse, pain, pruritus, and discomfort during defecation^[1]. Globally, haemorrhoids affect a significant proportion of the adult population, with prevalence estimates ranging from 4–36%, particularly in individuals with sedentary lifestyle, chronic constipation, prolonged straining, pregnancy, and dietary insufficiency of fibre^[2]. External haemorrhoids, arising from the inferior haemorrhoidal plexus below the dentate line, are

often associated with pain, inflammation, thrombosis, and perianal discomfort, thereby considerably impairing quality of life^[3].

According to Ayurveda, haemorrhoids are described as *Arsha*, a disease resulting from derangement of the *Doshas*, leading to the formation of abnormal fleshy growths in the *Gudapradesha*. The classical *Samprapti* of *Arsha* originates from indulgence in *Mithya Ahara* such as *Guru, Abhishyandi, Ruksha, Ushna, and Tikshna* food articles, along with *Mithya Vihara* including prolonged sitting, excessive straining during defecation, suppression of natural urges (*Vegadharana*), and sedentary lifestyle practices. These etiological factors impair *Jatharagni* and vitiate *Apana Vayu*, resulting in *Malavibandha* and increased downward pressure over the anorectal region. The vitiated *Vata*, particularly *Apana Vata*, in association with *Pitta* and *Rakta Dushti*, localizes in the *Gudavali* and *Gudakosha*, leading to *Srotorodha, Shotha*,

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Vedana, and *Mamsa Prarohana*, ultimately manifesting as *Arsha*.^[4]

External haemorrhoids can be correlated with *Bahya Arsha*, which are described as painful, tender, and inflamed masses associated with *Vata-Pitta Pradhana Lakshanas*. The principal *Dushyas* involved include *Rakta*, *Mamsa*, and *Medas*, with obstruction of the *Raktavaha* and *Purishavaha Srotas*.

The management of *Arsha* in Ayurveda is based on the principle of *Samprapti Vighatana*, with emphasis on *Dosha Shamana*, *Agni Deepana*, *Vatanulomana*, and appropriate local therapeutic measures. Sushruta has emphasized the role of *Lepa*, *Abhyanga*, and *Avacharana* therapies in the management of *Bahya Arsha*, particularly in patients who are unsuitable or unwilling for surgical intervention^[4].

In addition to local therapy, Ayurveda advocates the judicious administration of minimal and appropriate internal medicines to correct *Agni* dysfunction and facilitate *Vatanulomana* and *Malapravritti*, without aggravating *Pitta* or inducing excessive purgation. *Triphala Kumari Kalka*, composed of *Triphala* - known for its *Tridoshaghna*, *Rakta Prasadana*, *Shothahara*, *Vranashodhana*, and *Anulomana* properties and *Kumari (Aloe vera)* renowned for its *Sheeta Virya*, *Pitta Shamaka*, *Daha Prashamana*, and *Ropana* actions acts synergistically in interrupting the pathophysiological cascade of *Arsha*^[5].

Topical application of this formulation, supported by minimal internal medication, aids in reducing inflammation, pain, congestion, and bleeding, while promoting healing of the haemorrhoidal mass, thereby offering a rational, safe, and non-invasive therapeutic modality in the management of *Bahya Arsha*.

In view of the above Ayurvedic rationale, the present case study was undertaken to evaluate the therapeutic effect of *Triphala Kumari Kalka*, supported by minimal internal medication, in the management of *Bahya Arsha* (external haemorrhoids). The study aims to document the therapeutic outcome, assess symptom relief, and highlight the role of a non-invasive, cost-effective Ayurvedic approach in addressing both the local pathology and underlying systemic factors involved in *Arsha*.

Case History

Patient Information and Clinical Findings

A 42-year-old male patient from a semi-urban area of Kerala presented to the outpatient department with complaints of pain and burning sensation in the perianal region, occasional bleeding per rectum, and difficulty in passing stools due to a

painful anal swelling, persisting for the past two weeks. The pain was continuous, aggravated during and after defecation, and associated with local irritation and discomfort. The patient reported straining during bowel movements and occasional episodes of mild bleeding with hard stools.

The patient had no history of hypertension, diabetes mellitus, or dyslipidemia. He was a known case of epilepsy for the past 30 years, on regular antiepileptic therapy, with no recent seizure episodes. History of addictions including smoking, alcohol, or tobacco use was negative. Bowel habits revealed constipation with hard stools, and appetite was poor. There were no significant weight loss and sleep was occasionally disturbed due to perianal discomfort.

On inspection of the anal region in lithotomy position, three prominent lobulated external Haemorrhoidal masses were observed at approximately 3 o'clock (right lateral), 7 o'clock (right posterolateral), and 11 o'clock (left anterolateral) positions around the anal verge. The swellings appeared congested, edematous, and smooth-surfaced, with well-defined lobulation. The lesion was dusky to purplish-red in colour, soft to firm in consistency, edematous, and tender on palpation, with a smooth, slightly glossy surface. The perianal region was hairy with normal distribution, clean, and free from irritation due to hair. The mass was located below the dentate line, with no evidence of ulceration, induration, fistulous openings, or purulent discharge. No active bleeding was observed at the time of examination, although the patient reported occasional bleeding during defecation.

Based on the characteristic location, colour, tenderness, and lobulated appearance, the condition was diagnosed as external haemorrhoids, correlating with *Bahya Arsha* as described in classical Ayurvedic literature.

Routine laboratory investigations revealed hemoglobin levels, total and differential leukocyte counts, and platelet counts within normal limits. Despite the presence of significant local inflammation, the total leukocyte count was normal, suggesting absence of systemic infection. Renal function tests, liver function tests, fasting blood glucose, and serum electrolytes were also within normal physiological ranges.

Personal history

Bowel: Regular

Appetite: Good

Micturation: Within normal limit

Sleep: Moderate

Diet: Preferably non vegetarian, spicy and salted diet.

Allergy: Not yet detected
 Height: 153cm
 Weight: 50 kg

General Physical Examination

Appearance: Moderate
 Behaviour: Appropriate
 Grooming: Well-dressed
 Attitude: Cooperative
 Mental state: Pleasant
 Pallo: Absent
 Icterus: Absent
 Cyanosis: Absent
 Clubbing: Absent
 Lymphadenopathy: Absent
 Pedal edema: Absent

Vital signs

Pulse: 80 beats per minute, regular
 Blood Pressure: 110 / 70 mmHg
 Temperature: Afebrile
 Respiratory rate: 16/min

Systemic examination

Cardio Vascular System: S1, S2 heard normally.
 Respiratory System: Bilateral air entry, no added sounds
 Central Nervous System: Conscious, oriented, no focal deficit
 Abdomen: Soft, non- tender, no organomegaly.

Local Perianal Examination

Number of Lesions: Three Configuration: Discrete, lobulated Extent / Distribution:
 Located at approximately 3 o'clock (right lateral), 7 o'clock (right posterolateral), and 11 o'clock (left anterolateral) positions around the anal verge.

Colour

The lesion was bluish-reddish, congested, consistent with acute inflammation.

Surface

Smooth surface with no ulceration, necrosis, or purulent discharge.

Bleeding / Discharge

There was no active bleeding or purulent discharge observed at the time of examination.

Local temperature

Local temperature was slightly elevated over the lesion compared to surrounding perianal skin.

Tenderness

Marked tenderness was present on gentle palpation.

Edema

Prominent local edema was noted around the lesion.

Internal component

No visible internal haemorrhoidal component was observed on inspection. Digital rectal examination was deferred due to severe pain and edema.

Surrounding skin

Perianal skin was intact with no excoriation or secondary infection, apart from mild inflammatory erythema.

Other anorectal pathology

No signs of anal fissure, perianal abscess, fistula-in-ano, or rectal prolapse were present.

Investigations

- Hemoglobin: 11.2 gm%
- Total Leukocyte Count: 8,100 cells/cmm
- Differential Count: N - 62%, L - 30%, E - 5%, M - 3%
- Erythrocyte Sedimentation Rate (ESR): 25 mm/hr
- Fasting Blood Sugar (FBS): 96 mg/dl
- Post Prandial Blood sugar (PPBS): 110 mg/dl

Methodology

In the present case, topical application of *Triphala Kumari Kalka* was employed as the primary therapeutic intervention for external hemorrhoids. The methodology includes the standardized preparation of the formulation from authenticated raw drugs and its topical application, along with minimal internal medications aimed at correcting the underlying *Dosha* imbalance. All procedures were performed following classical Ayurvedic principles to ensure safety, reproducibility, and clinical effectiveness.

Preparation of Triphala Kumari Kalka Collection and Authentication of Raw Drugs

The raw drugs of *Triphala* were procured from an authorized Ayurvedic drug dealer and authenticated as per standard pharmacognostic methods.

Preparation of Triphala Churna

The three constituents of *Triphala*: *Haritaki* (*Terminalia chebula*), *Vibhitaki* (*Terminalia bellirica*), and *Amalaki* (*Emblca officinalis*) were taken in equal proportions. Each component was cleaned thoroughly, shade-dried, and powdered separately. The powders were then mixed in equal parts to obtain homogeneous *Triphala churna*.

Preparation of Aloe Vera Pulp

Fresh *Aloe vera* (*Aloe barbadensis miller*) pulp was extracted from mature leaves. The extracted pulp was filtered to remove fibrous material, yielding a smooth, homogeneous substance.

Preparation of Triphala Kumari Kalka (Paste)

Triphala kumari kalka prepared as per the classical reference in *Śarṅgadhara Samhita, Madhyama Khanda* chapter 1 *Kalka kalpana*.

Here, 10 gm *Triphala churna* and 10 gm fresh aloe vera pulp were taken. Both ingredients were triturated together in a *Khalva yantra* to obtain a fine, homogeneous paste with uniform consistency suitable for topical application.

Storage

The prepared *Triphala Kumari Kalka* was used immediately after preparation to ensure maximum potency and freshness. When temporary storage was required prior to application, it was kept in a clean, airtight container in a cool and dry place to prevent microbial contamination and preserve its therapeutic effect.

Pharmacological Properties of the Formulation

Drug	Rasa	Guna	Veerya	Vipaka	Karma
Haritaki	Lavana varjitha kashaya rasa pradhana pancharasa	Laghu Ruksha	Ushna	Madhura	Sarva dosha prashamanam, Lekhanam, Anulomanam
Vibheetaki	Kashaya	Laghu Ruksha	Ushna	Madhura	Kapha Pittaharam, Kriminasanam, Lekhanam.
Amalaki	Lavana varjitha amla rasa pradhana pancha rasa	Ruksha	Sita	Madhura	Tridosha samanam Daha jwaraharam
Kumari	Thiktha	Ruksha	Sita	Katu	Granthiharam, Agnidagda vishpotaharam, Pitta rakta twagamayaharam, Granthiharam.

Procedure

Patient diagnosed with external hemorrhoids placed in the lithotomy position. The perianal region was cleaned with distilled water and gently dried. Freshly prepared *Triphala Kumari Kalka* was applied uniformly over the surface of the haemorrhoidal mass to a thickness of approximately $\frac{1}{4}$ *Angula*. Special care was taken to avoid excessive pressure over the haemorrhoidal mass during application. The applied *Kalka* was then covered with a sterile gauze pad and retained *in situ* for 90 minutes, after which the area was cleaned with distilled water. The procedure was repeated twice daily for a duration of 15 days.

Internal Medicine

- Gandharvahastadi Kashayam* - 60 ml twice daily before food.
- Vatanulomana* - Regulates *Apana Vata*, relieves constipation and abdominal distension. *Dipana-Pacana* - Improves digestion, reduces *Ama*.
- Triphala Choorṇam* - 5gm with half glass lukewarm water at bed time.
- Mṛdu Rechaka* - Gentle laxative, promotes regular bowel movement. *Rasayana & Tridoṣa Śamaka* - Rejuvenative, balances all three *Doṣas*.

Assessment Parameters

- Pain
- Burning sensation

- Size of mass in diameter

RESULTS AND DISCUSSION

Results

The external hemorrhoidal masses demonstrated gradual and continuous reduction in size from day 1 to day 14. By day 15, complete regression was observed at the 3 and 7 o'clock positions, with resolution of edema, tenderness, and perianal discomfort. A small, non-tender residual fibrotic lesion persisted at the 11 o'clock position. In this case of external hemorrhoids, the patient demonstrated marked and progressive clinical improvement following the prescribed therapeutic regimen.

Pain showed a significant reduction from the first day of treatment, indicating early symptomatic relief. Complete alleviation of pain was observed by day 3, with no recurrence during the treatment period. Burning sensation reduced noticeably on day 1 and was completely relieved by day 2, reflecting effective control of local irritation and inflammation. The patient also experienced improved bowel habits, with smooth and strain-free defecation throughout the treatment period. No adverse drug reactions or local complications were observed.

Assessment Chart

Parameter	Day 0	Day 5	Day 10	Day 15
Pain (VAS scale)	8	0	0	0
Burning sensation	Severe burning	No burning sensation	No burning sensation	No burning sensation
Size of pile mass	3 o'clock -	3 o'clock -	3 o'clock -	3 o'clock - 0

approximately measured using sterile Vernier caliper	4.5 cm × 3 cm	3 cm × 2.2 cm	2 cm × 1 cm	
	7 o'clock – 3 cm × 2 cm	7 o'clock – 2 cm × 1.5 cm	7 o'clock – 1.5 cm × 1 cm	7 o'clock – 0
	11 o'clock - 2.5 cm × 2 cm	11 o'clock - 2 cm × 1.8 cm	11 o'clock - 1.5 cm × 1 cm	11 o'clock - 0.6 cm × 0.4 cm



DISCUSSION

External hemorrhoids are commonly associated with pain, burning sensation, inflammation, and perianal swelling due to venous congestion of the external hemorrhoidal plexus. In Ayurvedic parlance, this condition can be correlated with *Bahya Arsha*, wherein *Vata* and *Pitta Dosha* vitiation, along with *Rakta Dushti*, plays a predominant role.

The early relief of pain from the first day indicates effective *Vata-shamana* and *Shothahara* action of the treatment. Pain is a prominent feature of external hemorrhoids due to the rich somatic innervation of the perianal region, and its rapid alleviation suggests a potent local anti-inflammatory and analgesic effect.

The prompt resolution of burning sensation by the second day reflects significant *Pitta-shamana* and *Daha-prashamana* properties. *Kumari* (Aloe vera), with its *Sheeta Veerya*, *Pittahara*, and *Vranaropana* actions, plays a crucial role in reducing local burning, erythema, and irritation, while *Triphala* contributes through its *Rakta-shodhana* and *Tridosha-shamana* effects.

The gradual regression of the external hemorrhoidal mass over a period of two weeks, culminating in near complete resolution by day 15, indicates sustained therapeutic action on inflammation, edema, and venous congestion. This effect can be attributed to the *Lekhana*, *Shothahara*, and *Granthi-shamaka* properties of *Triphala*, along with the anti-edematous and tissue-healing actions of *Kumari*. However, a minimal non-tender fibrotic

remnant persisted at the 11 o'clock position, likely representing residual organized tissue following the resolution of edema and venous congestion.

In addition to the topical therapy, *Gandharvahasthadi Kashayam* was administered internally to achieve *Vatanulomana*, thereby facilitating regular and effortless bowel evacuation and minimizing straining during defecation, which is a major aggravating factor in external hemorrhoids. *Triphala Choorna* (1 teaspoon at bedtime with hot water) was prescribed for its *Mridu Virechana* (mild laxative) effect, aiding in the prevention of constipation and supporting sustained symptom relief. From a modern medical perspective, the observed clinical improvement may be explained by the anti-inflammatory, antioxidant, wound-healing, and venotonic properties of the formulation, which contribute to reduction in pain, edema, and eventual resolution of the hemorrhoidal mass. This case report highlights the effectiveness, safety, and non-invasive nature of the combined Ayurvedic topical and internal therapy in the management of external hemorrhoids. However, larger clinical studies are warranted to further validate these findings.

CONCLUSION

This case report demonstrates that the combined use of Ayurvedic topical therapy and internal medications can be an effective and safe conservative approach in the management of external hemorrhoids. The intervention resulted in rapid relief of pain and burning sensation, along with

gradual and near complete regression of the external hemorrhoidal mass, without any observed adverse effects.

The early symptomatic relief can be attributed to *Vata-Pitta Shamana* and *Shothahara* actions, while the sustained reduction in pile mass reflects the *Lekhana*, *Granthi-shamaka*, and *Vranaropana* properties of the formulation. The adjunctive use of *Gandharvahasthadi Kashayam* for *Vatanulomana* and *Triphala Choorna* for *Mridu Virechana* played a crucial role in correcting bowel habits, reducing straining, and preventing further aggravation of the disease.

Overall, this case highlights the potential role of Ayurvedic conservative management as a non-invasive, cost-effective, and well-tolerated therapeutic option for external hemorrhoids. However, controlled clinical trials with larger sample sizes and longer follow-up periods are required to substantiate these findings and to establish standardized treatment protocols.

Informed Consent

Written informed consent was obtained from the patient for the publication of this case report and the accompanying clinical images. All efforts have been made to maintain patient confidentiality, and no identifying information has been disclosed.

Patient Perspective

"I had been suffering from painful swelling around the anal region associated with burning sensation and discomfort during defecation, which significantly affected my daily activities and caused considerable distress. The pain and fear of passing stools made the condition very

troublesome. After starting the Ayurvedic treatment, I experienced noticeable relief in pain and burning sensation within the first few days. The swelling gradually reduced over the next two weeks and completely subsided by the end of the treatment period. My bowel movements became smooth and strain-free, and I did not experience any side effects. I am very satisfied with the treatment outcome and grateful for the complete relief obtained through this Ayurvedic approach."

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