



DUAL MODALITY FOR ARSHAS (HAEMORRHOIDS)-A CASE STUDY

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ABSTRACT

Arshas are among the most common ano-rectal disorders described in both *Ayurvedic* and modern medical literature. Classified as *Mahagada* (difficult to cure), they are chronic, recurrent, and often painful. The condition arises due to derangement of *Agni* and vitiation of the *Tridoshas*, leading to venous engorgement in the *Guda Pradesha*. Based on the site of origin, hemorrhoids are classified as internal and external. Internal hemorrhoids develop above the dentate line, whereas external hemorrhoids occur below the dentate line. *Kshara Karma*, a para-surgical procedure described in *Ayurveda*, is highly effective for internal hemorrhoids but when an external component is present, it may cause excessive burning, ulceration, or delayed healing because of somatic innervation. Hemorrhoidectomy, though effective for extensive lesions, carries limitations such as postoperative pain, bleeding, and risk of anal stenosis and sphincter damage. To address these limitations, a dual-modality approach combining *Kshara Karma* for the internal component and hemorrhoidectomy for the external mass was employed in this case.

KEYWORDS: The Condition Arises Due to Derangement of *Agni* and Vitiation of the *Tridoshas*, Leading to Venous Engorgement in the *Guda Pradesha*.

✓ INTRODUCTION

Arshas is one among the most frequently encountered ano-rectal disorders described in both *Ayurvedic* and modern medical literature. In *Ayurveda*, *Arshas* is considered as a *Mahagada*^[1] (difficult-to-cure disease) owing to their chronic, recurrent, and often painful nature. The pathogenesis is attributed to derangement of *Agni* and vitiation of the *Tridoshas* (*Vāta*, *Pitta*, and *Kapha*), which localize in the *Guda Pradesha* and lead to engorgement and swelling of the venous plexuses around the anal canal.

According to the site of origin, hemorrhoids are classified as internal and external.^[2] Internal hemorrhoids arise above the dentate line^[3], are covered by mucosa, and are typically painless but prone to bleeding due to the involvement of the superior hemorrhoidal plexus. External hemorrhoids occur below the dentate line^[4], are covered by skin, and are usually painful because of somatic nerve supply, involving the inferior

hemorrhoidal plexus. In advanced stages, internal hemorrhoids may progress to involve both plexuses, manifesting as a combined internal-external component.^[5]

Kshara Karma^[6]—a minimally invasive para-surgical procedure described in *Ayurveda*—has proven highly effective in managing internal hemorrhoids. However, its application in external hemorrhoids is not suitable as the caustic *Kshāra* can cause excessive burning, ulceration, fibrosis, and delayed wound healing when applied over the perianal skin.

In such cases, surgical intervention such as hemorrhoidectomy is often considered. Conventional hemorrhoidectomy effectively removes prolapsed and extensive hemorrhoidal tissue but carries limitations including postoperative pain, bleeding, delayed wound healing, and the risk of anal stenosis, particularly when the excised area is extensive.^[7]

To overcome these challenges, a dual-modality approach combining *Kshara Karma* for the internal component and hemorrhoidectomy for the external component offers a balanced and tissue-sparing alternative. The present case study highlights the clinical outcomes and rationale of this combined therapeutic approach in managing mixed hemorrhoids.

✓ CASE REPORT

A male patient aged 48 years reported to Sri Jayachamarajendra Government Ayurveda and Unani hospital, Bengaluru, Shalya tantra OPD on 12th October 2025 with complaints of mass per anum since 2 years and bleeding per anum since 1.5 years. He visited our OPD 1 year back where he was diagnosed with 2nd internal hemorrhoids at 11 and 7 o'clock position and patient was advised for *kshara karma* but patient denied and was treated with conservative line of management for the same. Although patient found relief in bleeding per anum over time the mass increased in size. Patient also had intermittent episodes of constipation on intake of non-veg. For the same complaints he again visited our hospital seeking treatment for the same.

✓ Examination

General physical Examination

Pallor: absent

Clubbing: absent

Icterus: absent

Lymphadenopathy: left iliac nodes palpable

Cyanosis: absent

Edema: absent

Vitals

BP: 130/80 mmHg

PR – 76 bpm

Temperature - 98.50^oF

Saturation- 98%

Local Examination

Interno-external hemorrhoids at 7 – 11 o'clock position.

Sentinel tag at 6 o'clock position.

Per rectal examination

No e/o fissure

Tenderness: absent

Sphincter tone: Normal

On proctoscopic examination: 2nd degree internal hemorrhoids at 7 and 11 o'clock position.

Investigations– CBC, CT, BT, RBS, ESR–within normal limits.

HIV: Non-reactive.

HBSAg: Negative.

✓ Therapeutic intervention

Combined Hemorrhoidectomy- *Kshara karma* technique under local anesthesia.

Poorva Karma

- ✓ Patient was advised to consume light diet on the day of treatment & BP enema was administered to ensure clear evacuation of bowels.
- ✓ All required materials were kept ready.
- ✓ On first day, procedure was explained to patient well in advance.

Pradhana Karma

- ✓ The patient was placed in the lithotomy position. Painting of the part was done with Betadine solution and draping was done with sterile hole towel.
- ✓ Under all aseptic precautions, Local anesthesia Xylocaine 2% was infiltrated using the peri anal block technique.
- ✓ Manual Anal Dilatation was done upto 4 fingers.
- ✓ Well lubricated proctoscope was inserted into the anal canal and hemorrhoidal masses were visualized.
- ✓ Slit proctoscope was inserted and the mucosa adjacent to hemorrhoidal mass was covered with wet gauze to prevent injury to healthy mucosa. *Nakhotseda Pramana of Apamarga kshara* was applied over the hemorrhoidal mass after the mass was gently rubbed with gauze and once the masses turned *Pakva jambuphala varna, kshara* was washed with vinegar and Normal saline to neutralize the *kshara*.
- ✓ The external component of the hemorrhoids was held with Allis's tissue forceps and using electrocautery inverted v-shaped incision was taken, incision was extended till the mucocutaneous junction and the mass was transfixed using Vicryl 2-0 followed by excision of mass.
- ✓ Hemostasis was achieved.
- ✓ The same procedure was repeated for other masses.
- ✓ *Yashtimadhu grutha poorana* was done followed by insertion of sterile anal pack and dressing was done

Paschat Karma

- ✓ Vitals were monitored.
- ✓ Patient was asked to remove the anal pack after 6 hours
- ✓ *Panchavalkala kwatha* sit bath was advised from next morning.
- ✓ *Yashtimadhu grutha poorana* was advised for 7 days
- ✓ *Triphala Guggulu* TID after food, *Gandhaka Vati* BD after food and *Sukumara grutha* 2tsp at bed time was advised.
- ✓ High residual soft diet was advised.



Internal component at 7 and 11 o'clock position



Pakva Jambu phala varna observed after application of kshara



Incision taken over external component and extended till mucocutaneous junction



Transfixation and excision



Yashtimadhu grutha poorana



Before treatment



After treatment

✓ **OBSERVATION**

Patient was asked to rate the intensity of pain and burning sensation out of the scale 10.

Post-op Day	Pain	Burning sensation
Day 1	5/10	4/10
Day 2	5/10	3/10
Day 3	3/10	1/10
Day 7	2/10	0/10
Day 10	1/10	0/10
Day 12	0/10	0/10
Day 15	0/10	0/10

The patient responded well to the treatment. This intervention was successful in alleviating bleeding per anum and the mass per anum. On post op day 1, patient had moderate pain during defecation and burning sensation. However, after *Yashtimadhu grutha poorana* for 7 days and PVK sit bath for 7 days burning sensation was completely reduce but had very negligble amount of pain during defecation. After 15 days, Pain was completely subsided.

✓ **DISCUSSION**

In the present case, *Arshas* were located at the 7 and 11 o'clock positions, involving both mucosal and cutaneous components and the masses were large and prolapsed. Conventional hemorrhoidectomy in such conditions often requires extensive mucosal excision, which can lead to postoperative pain, bleeding, delayed wound healing, anal stenosis due to mucosal loss and risk of

sphincter damage. On the other hand, *Kshara Karma*—an *Ayurvedic* para-surgical procedure—offers a minimally invasive alternative with excellent efficacy for internal hemorrhoids. However, its application over the external skin component is not suitable, as it may cause ulceration, fibrosis, and severe burning sensation.

In this case, a dual-modality approach was adopted to balance safety and effectiveness. The internal (mucosal) component was treated with *Apamarga Kshara* application, and the bulky external masses were managed with limited excisional hemorrhoidectomy. The *Kshara* acts through its *Lekhana* (scraping), *Chedana* (excision), *Bhedana* (incision), and *Stambhana* (hemostatic) properties. Its alkaline nature causes denaturation of proteins and coagulation of hemorrhoidal tissue, leading to controlled necrosis and subsequent fibrosis, thereby obliterating the dilated venous plexus and reducing recurrence. Additionally, the caustic action of *Kshara* induces local debridement, minimizing infection and promoting granulation tissue formation for rapid healing. Limited excisional hemorrhoidectomy was performed for the external component to avoid the adverse effects of *Kshara* on perianal skin, which is richly supplied by somatic nerves. This ensured removal of bulky external tissue while preserving healthy mucosa and sphincter integrity.

The combined procedure was well tolerated, with nointraoperative bleeding and negligible postoperative pain and burning sensation. The patient experienced complete relief from bleeding, prolapse, and discomfort

within 10 days. Wound healing was satisfactory, and there were no postoperative complications such as anal stenosis during the follow-up period. The overall recovery was smooth, with early return to normal activities and a short hospital stay.

This integrative approach demonstrated significant therapeutic superiority over single-modality management. By harnessing the selective chemical cauterizing action of *Kshara* for the internal hemorrhoids and the precision of limited surgical excision for the external masses, optimal clinical outcomes were achieved. The treatment effectively minimized tissue trauma, preserved anatomical function, and enhanced postoperative comfort.

Hence, this case exemplifies the successful convergence of *Ayurvedic* and modern surgical principles—where the rational combination of *Kshara* Karma and limited hemorrhoidectomy provides a safe, efficient, and patient-centered solution for complex cases of *Arshas*.

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