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## A Clinical Case Study to Evaluate the Efficacy of Aragvadha Pratisarniya Kshara in the Management of Gudaarsha (Haemorrhoids)

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### ABSTRACT:

Gudaarsha (Haemorrhoids) is a common and displeasing troublesome anorectal condition affecting a significant large group of the population, mainly due to sedentary lifestyle and improper dietary habits, lack of fibre diet, excesses of fast food. Despite advancements in modern medicine, recurrence and complications remain great challenges to a surgeon in the management of haemorrhoids. In Ayurveda, Kshara Karma is considered a minimally invasive, potent parasurgical intervention for anorectal diseases. Aragvadha (Cassia fistula), known for its Shodhana, Ropana, and Tridoshaghna properties, was selected to prepare Pratisarniya Kshara for this study. This clinical case trial involved a study of a 46 years male patient diagnosed with second to early third degree piles. Aragvadha Pratisarniya Kshara along with Kankayan Vati, Abhayarishta, and sitz bath was selected as the treatment protocol. Assessment was done on 0th, 7th, and 15th days based on subjective (pain, itching, constipation, bleeding) and objective (pile size and number) criteria. The results demonstrated a statistically significant improvement across all parameters. The Kshara application showed faster reduction in pile size, pain relief, and bleeding cessation with minimal complications. This study concludes that Aragvadha Pratisarniya Kshara is an effective and safe treatment modality for Gudaarsha, offering a promising Ayurvedic parasurgical modality alternative to modern invasive procedures.

**KEYWORDS:** Gudaarsha, kshara karma, aragvadha pratisarniya kshara

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## INTRODUCTION:

Gudaarsha (Haemorrhoids) has been described in minute details from each aspect in Ayurveda since Vedic times and is included in the Ashta Mahagada by Sushruta<sup>1</sup>. It is caused primarily by Mandagni<sup>2</sup> and resultant Vibandha (constipation), which leads to pathological swelling of veins (haemorrhoidal plexus) in the anal region. Overall prevalence is stated to be 4.4% worldwide and 17% of Indians may experience hemorrhoids<sup>3</sup>.

In Ayurveda a comprehensive Chikitsa for Arshas includes medicinal, surgical treatments. Sushruta advocates the management of Arshas under four headings as follows, Aushadha karma, Shastra karmas, Kshara karmas and Agni karmas<sup>4</sup>. Current modern surgical options like rubber band ligation, sclerotherapy, IRC, and hemorrhoidectomy come with limitations and recurrence<sup>5</sup>. Kshara Karma, especially with drugs like Aragvadha, offers a unique Ayurvedic parasurgical treatment with lekhana and shodhana properties and minimal risk of recurrence<sup>6</sup>.

## Modern review

Hemorrhoids (piles) are swollen, dilated veins in the lower rectum and anal canal that occur when normal anal cushions enlarge and descend, often due to straining, chronic constipation or diarrhea, pregnancy, obesity, prolonged sitting, low fiber diet, and aging<sup>7</sup>. They are broadly classified as internal (arising above the dentate line, usually painless but prone to bright red bleeding per rectum and mucosal prolapse) and external (below the dentate line, often painful, itchy, and sometimes forming thrombosed, bluish perianal lumps)<sup>8</sup>. Typical symptoms include painless rectal bleeding during defecation, anal pain or discomfort, itching, swelling, mucus discharge, and a feeling of incomplete evacuation or a prolapsing mass, though many early cases may remain asymptomatic<sup>9</sup>.

Diagnosis is primarily clinical, based on detailed history, inspection of the perianal region, digital rectal examination, and anoscopy, while further investigations such as sigmoidoscopy or colonoscopy are recommended if alternative colorectal pathology is suspected, especially in elderly patients or those with alarm features<sup>10</sup>. Management depends on disease severity and ranges from lifestyle and dietary modification (high-fiber diet, adequate fluid intake, avoidance of straining, regular physical activity), stool softeners, and topical agents, to office-based procedures such as rubber band ligation, sclerotherapy, and infrared coagulation for persistent symptomatic internal hemorrhoids<sup>9</sup>. Advanced or complicated cases, including large prolapsing hemorrhoids, recurrent bleeding, or thrombosed piles, may require surgical interventions such as open or closed hemorrhoidectomy or stapled hemorrhoidopexy. Although effective, these procedures carry risks such as postoperative pain, bleeding, anal stenosis, and incontinence; therefore, surgery is generally reserved for higher-grade disease after failure of conservative treatment<sup>11</sup>. Prevention focuses on maintaining soft, regular bowel movements, avoiding prolonged sitting on the toilet, minimizing excessive straining, and early correction of modifiable risk factors to reduce recurrence and disease progression<sup>7</sup>.

## Aim

To evaluate the efficacy of Aragvadha pratisarniya kshara in the management of Gudaarsha (Haemorrhoids)

## Objectives

To evaluate the methodology of pratisarniya kshar.  
To evaluate the mechanism of action of aragvadha pratisarniya kshara .  
To evaluate the properties argavadha pratisarniya kshar.

Literature review of kshara karma and gudaarsha.

**Case Description :** A female patient 46 yrs old, visited shalyatantra opd, with chief complaints of bleeding per rectum, pain, and itching for 3 months. Patient was apparently normal before 3months, but gradually started developing above complaints due to improper dietary habits, excess of nonveg diet and faulty bowel habits (excessive straining). Patient got conservative allopathic treatment priorly which was of no use to the patient and so she visited our opd for the treatment. All the needed general, physical examination was done which were within normal limits, patient had no any past major medical history or any past surgical history, no any allergic history. After clinical examination patient was diagnosed with with 2 nd degree to early 3rd-degree internal haemorrhoids and aragvadha pratisarniya kshara was selected as the treatment modality with patient's consent.

### Materials and Methods

Study Design: Single Clinical Case study

Duration: 15 days treatment with 3 follow-ups

Inclusion Criteria: 20–60 years age, 2nd–4th degree piles

Exclusion Criteria: 1st-degree piles, pregnancy, malignancy, surgical indication

### Treatment :

Aragvadha Pratisarniya Kshara<sup>12</sup> applied weekly + Kankayan Vati<sup>13</sup> 500 mg BD+ Abhayarishta<sup>14</sup> 15 ml BD +Sitz bath twice daily.

Kshara Application SOP<sup>15</sup>:

PURVA KARMA

1. Routine investigations were done
2. Fitness of patient was checked.
3. Informed written consent of patient was taken.

### Assessment Parameters<sup>16</sup>:

Subjective: Pain, itching, bleeding, constipation

Objective: Size and number of pile masses

4. Bowel preparation was done 2hrs prior the procedures.

5. Shaving and cleaning of the perianal area was done.

PRADHAN KARMA

1. The patient was laid down in lithotomy position.

2. The perianal part painted and draped with a sterilized cut sheet.

3. Then, a lubricated slit proctoscope was introduced in the anal canal.

4. The pile mass was fixed at the suitable place into the slit. At 9 o'clock position of pile mass

5. Protruded pile mass was encircled by cotton to avoid spillage of kshara on normal mucosa.

6. After cleaning the pile mass with gauze pieces, madhyam aragvadha kshara was applied with a spatula.

7. Applied kshara was kept for approx. 1 minute (till the time taken to count up to the 100)

8. The kshara was then washed away with lime juice for neutralization.

9. Application of the kshara was done till the pile mass turned blackish (Jambu phalavat, i.e., the fruit of *Syzygium cumini* Linn.) in appearance.

10. Shatdhaut ghrita was applied to avoid gudadaha and anal pack was kept

11. This procedure was repeated for each pile mass separately at the same sitting.

PASCHAT KARMA

1. Patient was advised Light diet after 6 hrs of procedure. And to remove the anal pack after 6 hrs, along with Avagaha sweda (warm water sitz bath), after the procedure and twice a day. And to follow pathya.

Sr. No.	Criteria of gradation of Malvastambha	Grade
1	Easy evacuation of stool	0
2	Hard stool once a day	1
3	Hard stool after 2 days	2
4	Hard stool after more than 2 days	3

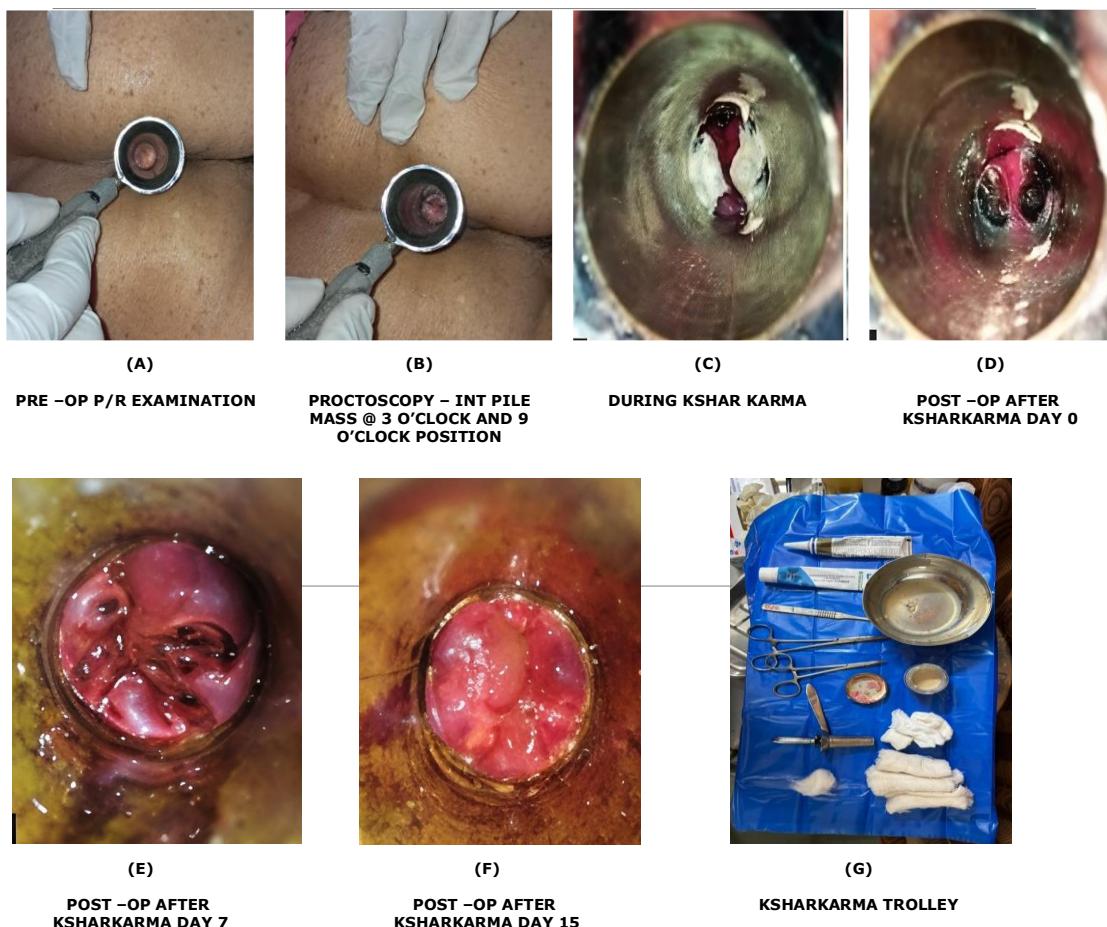
Sr. No.	Criteria of gradation of pain in ano	Grade
1	No pain	0
2	Mild pain can easily be ignored	1
3	Moderate pain that can't be ignored interfere with function and need treatment from time to time	2
4	Severe pain that is demanding constant attention	3

Sr. No.	Criteria of gradation of itching at anal region	Grade
1	No itching	0
2	itching 1 to 2 times a day	1
3	often in a day and discomfort	2
4	Severe itching and discomfort whole day	3

Sr. No.	Criteria of gradation of per rectal bleeding	Grade
1	Absent	0
2	Mild bleeding with defecation	1
3	6 to 12 drops of blood while defecation	2
4	Profuse bleeding while defecation	3

Sr. No.	Criteria of gradation of size of pile mass	Grade
1	Absent	0
2	Upto 5mm	1
3	5 mm to 10 mm	2
4	10mm to 15 mm	3

Statistical Analysis was done based on observations.



### Observations:

Day 0: Moderate pain (Grade 2), bleeding (Grade 2), pile mass size ~10mm

Day 7: Pain reduced to Grade 1, no active bleeding, size reduced to ~5mm

Day 15: No pain or bleeding, pile size <2mm, soft stools, no recurrence

Table: Effect of Aragvadha Pratisarniya Kshara on Subjective and Objective Parameters

Sr. No.	Parameter	Day 0	Day 7	Day 15
1	Pain in ano (Grade)	2	1	0
2	Per rectal bleeding (Grade)	2	0	0
3	Itching at anal region (Grade)	2	1	0
4	Constipation / Malavastambha (Grade)	2	1	0
5	Size of pile mass (Grade)	3	1	0
6	Total score	11	4	0

### Results

Outcome: Marked improvement with >90% relief. Patient resumed normal activity post-treatment.

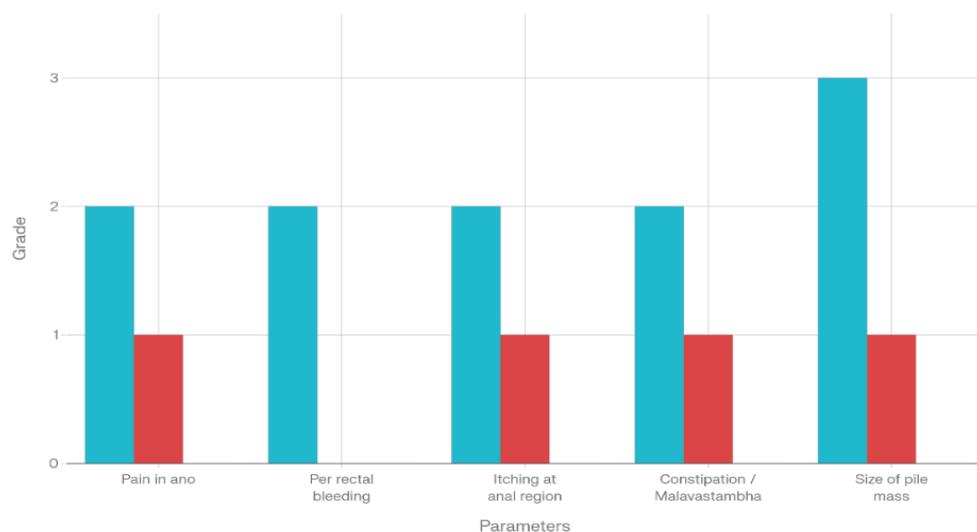
Marked improvement (76–100%) in the patient's symptoms by Day 15

Significant reduction in pile mass size and number

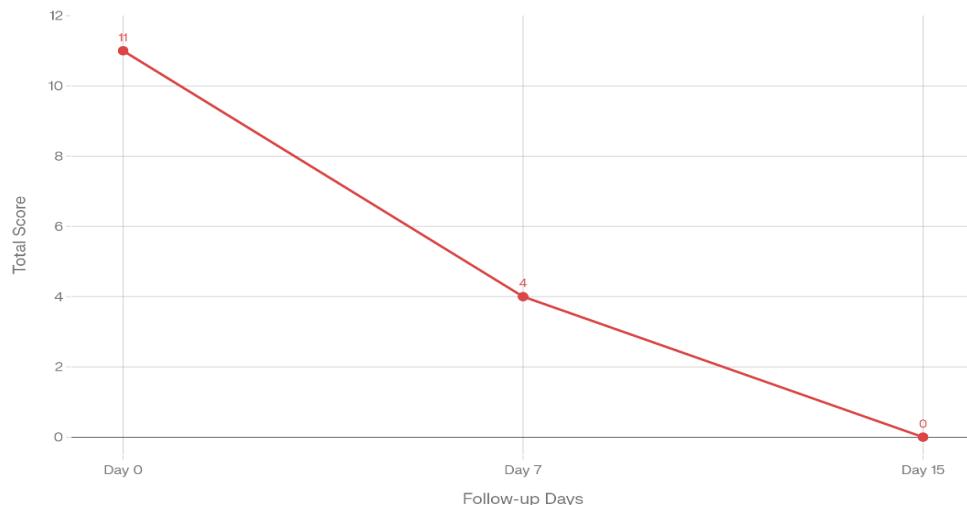
Rapid relief from bleeding and pain within 7 days

**Declining Symptom Grades Over Follow-up Period (Day 0-15)**

All parameters show consistent improvement by day 15  
■ Day 0   ■ Day 7   ■ Day 15

**Total Score Declining Over Follow-up Period**

Tracked over 15-day period

**DISCUSSION:**

The present clinical case highlights the therapeutic potential of Aragvadha Pratisarniya Kshara in managing moderate to severe Gudaarsha, correlating well with Ayurvedic principles and the contemporary need for minimally invasive yet effective interventions. Gudaarsha is described as a Tridosha condition with predominance of Vata and Pitta, arising mainly from Mandagni and chronic Vibandha leading to venous

engorgement in the haemorrhoidal plexus, which clinically manifests as pain, bleeding, itching, and constipation. In this case, the 46-year-old patient had typical etiological factors such as faulty bowel habits, excessive straining, and improper diet, and had obtained inadequate relief from previous conservative allopathic treatment, thereby justifying exploration of Kshara Karma as per Sushruta's guidelines for Arsha Chikitsa. Aragvadha (Cassia fistula) possesses Shodhana, Ropana, Mridu Virechana, and

Tridoshaghna properties, making it a rational choice for Pratisarniya Kshara in ano-rectal disorders. The Kshara, being alkaline and caustic, produces controlled chemical cauterization (lekhana and chedana) of the pile mass, resulting in coagulation, necrosis, and subsequent sloughing of the pathological tissue. This is followed by granulation and epithelialization, aided by the Ropana and Shodhana effects of the drug, leading to healthy mucosal healing and reduced chances of recurrence. The described SOP—use of slit proctoscope, localized application, protection of surrounding mucosa with cotton, time-bound exposure, and neutralization with Nimbu Swarasa—ensures precision, safety, and standardization of the procedure. Clinically, the treatment produced rapid symptomatic improvement. On day 0, the patient had moderate pain, significant bleeding, itching, constipation, and a pile mass of about 10 mm (total score 11). By day 7, pain reduced to mild, bleeding stopped completely, itching and constipation improved, and the pile mass size reduced to around 5 mm, reflected in the fall of total score to 4. By day 15, all subjective symptoms (pain, bleeding, itching, constipation) reached grade 0 and the pile mass size was <2 mm with total score 0, indicating more than 90% overall relief. The patient could resume normal activity without any reported complications or recurrence during the observation period, underscoring the tolerability and effectiveness of the intervention. The supportive use of Kankayan Vati and Abhayarishta helped address the root pathology by improving Agni, correcting Vibandha, and maintaining regular bowel movements, thereby reducing repeated strain on the anorectal region. Sitz bath and pathya-apathyta advice further aided in local hygiene, comfort, and prevention of aggravating factors. Thus, the protocol reflects a holistic approach combining local

parasurgical management with systemic and lifestyle correction consistent with Ayurvedic principles. Compared with modern treatments like rubber band ligation, sclerotherapy, and hemorrhoidectomy, which may be associated with postoperative pain, hospital stay, higher cost, and risk of recurrence, Aragvadha Pratisarniya Kshara in this case offered an OPD-based, minimally invasive, cost-effective alternative with quick recovery. However, the main limitation is that the present work is a single case study, so the findings cannot be generalized without larger controlled clinical trials. Still, the marked improvement without adverse events suggests that Aragvadha Kshara is a promising modality deserving further systematic evaluation.

#### CONCLUSION:

The present case study demonstrates that Aragvadha Pratisarniya Kshara is a highly effective parasurgical modality for the management of Gudaarsha, particularly in 2nd to early 3rd degree haemorrhoids. Within a short duration of 15 days, there was complete relief from pain, bleeding, itching, and constipation, along with near-total regression of the pile mass, and no recurrence or complications were noted during follow-up. These outcomes indicate that the tridoshaghna, lekhana, and shodhana properties of Aragvadha, when applied in the form of standardized Kshara Karma, can successfully address both the local pathology and symptomatology of haemorrhoids. The procedure was OPD-based, minimally invasive, economical, and required no hospitalization, thereby offering practical advantages over many conventional surgical options. The use of adjunct therapies like Kankayan Vati, Abhayarishta, sitz bath, and dietary regulation contributed to correction of Agni and bowel habits, reflecting the comprehensive and holistic approach advocated in Ayurveda. Importantly, no

adverse effects such as severe post-operative pain, anal stenosis, or incontinence were reported, which supports the safety profile of this therapy when proper SOP and protective measures are followed.

At the same time, being a single case, the evidence level remains limited and calls for further validation through well-designed clinical trials with larger sample sizes, control groups, and longer follow-up periods. Nonetheless, this case supports the view that Aragvadha Pratisarniya Kshara can serve as a reliable Ayurvedic alternative or adjunct to modern haemorrhoid therapies, especially in settings where patients seek minimally invasive, cost-effective, and recurrence-free management aligned with traditional principles.

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### Conflict Of Interest

None Declared.

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