



Review of Hemorrhoids and Advanced Treatment Modalities in Ayurveda: A Comprehensive Perspective

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Abstract

Hemorrhoidal disease represents one of the most prevalent anorectal disorders, accounting for nearly half of all proctology consultations. Modern understanding recognizes hemorrhoids as vascular cushions whose pathological enlargement causes bleeding, prolapse and discomfort. While management ranges from lifestyle modification to advanced surgical procedures, postoperative pain and recurrence remain challenging. Interest in complementary and minimally invasive approaches is growing globally¹⁻⁴.

Ayurveda describes hemorrhoids under *Arśa*, with detailed classification, symptoms and management guidelines documented in *Sushruta Samhita* and *Charaka Samhita*^{13,14}. Ayurveda presents a therapeutic ladder beginning with conservative care and escalating to para-surgical techniques—*Kṣāra Karma* and *Kṣārasūtra*, which are now emerging as evidence-backed, minimally invasive treatment options. Several clinical trials demonstrate comparable outcomes to conventional surgery with reduced recovery time and recurrence rates⁵⁻¹⁰. This review integrates current biomedical understanding with Ayurvedic science and evaluates advanced Ayurvedic parasurgical procedures to establish their potential role in modern surgical practice.

Keywords: Hemorrhoids, *Arśa*, Ayurveda, *Kṣārasūtra*, *Kṣāra Karma*, minimally invasive treatment, proctology.

Introduction

Hemorrhoids affect 4–5% of adults worldwide and are common in individuals aged 45–65 years^{1,3}. They arise due to abnormal enlargement and displacement of anal vascular cushions. Contributing factors include constipation, prolonged sitting, straining, low-fiber diet, pregnancy and portal hypertension^{1,3}.

Modern proctology classifies hemorrhoids into internal and external types. Internal hemorrhoids are further graded (I–IV) based on prolapse severity using Goligher's classification^{3,4}. Early grades respond well to conservative therapy, while advanced grades often require surgical intervention. However, postoperative morbidity, anal spasm, delayed return to routine and recurrence are persistent concerns⁴.

Ayurveda offers a structured, minimally invasive, cost-effective alternative that aligns with modern day-care trends.

Modern Pathophysiology and Clinical Features

In normal anatomy, hemorrhoidal cushions assist in maintaining continence by sealing the anal canal. Pathological hemorrhoids involve:

1. **Degeneration of collagen and smooth muscle**
2. **Vascular hyperperfusion due to arteriovenous shunting**
3. **Internal sphincter hypertonicity**
4. **Inflammation and connective tissue breakdown**^{1,2}

These changes result in mucosal prolapse, venous congestion and bleeding. Patients present with **painless bright red bleeding**, prolapse during defecation, mucus discharge, itching, perianal soiling OR pain when thrombosed.

Ayurvedic Concept of Arśa – An Integrative Pathogenesis

Ayurveda attributes *Arśa* to faulty food habits (*Guru, Snigdha, Abhishyandi Ahara*), sedentary lifestyle, excessive straining and suppression of natural urges leading to *Agni-dushti, Apana Vata vitiation* and congestion in anorectal channels^{13,14}.

Doṣa involvement:

Type of Arśa	Dominant Doṣa	Clinical resemblance
Vataja Arśa	Vata	Painful dry piles
Pittaja Arśa	Pitta	Bleeding piles with burning
Kaphaja Arśa	Kapha	Soft, pale, mucous mass
Raktaja Arśa	Rakta-Pitta	Profuse bleeding
Sannipataja Arśa	Tridosha	Chronic mixed type

This mapping correlates closely with modern behavior of hemorrhoids.

Conservative Ayurvedic Therapy (Bheshaja)

Indicated mainly in **Grade I and early Grade II hemorrhoids**.

Components include:

Deepana-Pachana herbs to enhance bowel metabolism

Mridu Virechana (mild laxatives) like Triphala, Castor oil

Stool softening ghrita preparations – Gandharvahastadi Taila

Hemostatic herbs – Nagakesara, Lodhra, Raktachandana

Sitz bath with Triphala/Neem decoction to reduce edema and itching This aligns with modern prescription of fiber supplements, flavonoids, topical ointments and warm hip baths^{3,4}.

Kṣāra Karma – An Advanced Chemical Cautery

Kṣāra Karma uses alkaline formulations derived from plant ash, primarily *Apāmarga Kṣāra*.

Mechanism of Action:

- Alkalinity causes protein denaturation
- Reduces pile mass by chemical cauterization
- Improves blood flow and shrinks engorged veins
- Antimicrobial effect reduces infection risk

Procedure Overview:

1. Patient placed in lithotomy position.
2. Anoscope inserted → visualization of hemorrhoid.
3. *Kṣāra* applied on pile head using probe for 30–60 seconds.
4. Neutralized using lemon juice/buttermilk to avoid deep burn.
5. Sitz bath advised for 3–7 days.

Clinical Evidence: Dudhamal et al. reported complete relief in **74% cases** within four weeks⁵. Sudarmi et al. demonstrated low recurrence and quick symptom relief¹⁰. Suitable for **Grade I–II** internal hemorrhoids.

Kṣārasūtra Ligation – The Gold Standard of Ayurvedic Proctology

Kṣārasūtra is a medicated thread repeatedly smeared with *Kṣāra*, *Haridra*, and *Snuhi latex* 21 times.

Mode of Action:

- Chemical cauterization + mechanical strangulation
- Gradual necrosis of hemorrhoid
- Fibrosis prevents recurrence
- Less postoperative discomfort compared to excision^{6,7}

Procedure Steps:

1. Local anesthesia or saddle block.
2. Anoscope insertion → hemorrhoid identified.
3. Thread passed through the base and tied firmly.
4. Mass sloughs off in 5–10 days.

Clinical Findings:

- Gupta et al.: Comparable results to hemorrhoidectomy with **quicker recovery** and **less pain**⁶
- Singh et al.: Better outcome than RBL in **Grade II–III** piles⁷
- Varsha et al.: Modified herbal coating improved healing rate⁸
- Chakradhar et al.: Honey-based variant improved tissue granulation⁹

Thus, *Kṣārasūtra* is most effective for **moderate Grade II and III internal hemorrhoids**.

Agni Karma

Agni karma employs heated metallic tools (*Shalaka*) for coagulating external hemorrhoids and skin tags.

Benefits:

- Instant shrinkage
- Useful for external thrombosed piles
- Helpful when bleeding is minimal

Mainly complementary to *Kṣāra/Kṣārasūtra* ^{13,14}.

Clinical Integration – Ayurveda & Modern Surgery

Feature	Modern Surgery	Kṣāra/Kṣārasūtra
Setting	OT-based	OPD-based/Day care
Postoperative pain	High	Low–Moderate
Return to work	7–14 days	3–5 days
Recurrence	Not uncommon	Lower when done properly
Suitability	Grade III–IV	Grade II–III

Ayurvedic procedures offer **cost-effective, minimally invasive alternatives** especially in resource-limited settings ^{6–10,15}.

Postoperative Care

- Sitz bath daily
- Mild analgesics
- High-fiber diet + hydration
- Triphala at bedtime to prevent constipation
- Topical herbal healing agents (Jatyadi taila)
- Avoid straining, alcohol and spicy food

Prevents recurrence and enhances tissue healing.

Future Scope & Research Gaps

Although evidence is promising, further improvements are needed:

1. Multi-center RCTs comparing *Kṣārasūtra* with stapler hemorrhoidopexy
2. Standardization of drug preparation & surgical technique

3. Long-term recurrence tracking beyond 5 years
4. Integration models with colorectal units for training
5. Development of Ayurveda-based proctology guidelines

Conclusion

Hemorrhoidal disease remains a major anorectal problem with substantial impact on lifestyle. Ayurveda provides an effective treatment framework for *Arśa*, especially via **Kṣāra Karma** and **Kṣārasūtra ligation**, which have demonstrated **minimally invasive outcomes, lower recurrence, better healing and reduced postoperative pain** than conventional surgery for Grades II–III hemorrhoids .

Given growing global acceptance of minimally invasive therapies, these Ayurvedic procedures hold potential for integration into modern surgical care with further research, standardization and clinical adoption.

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