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AYURVEDIC CONSERVATIVE MANAGEMENT OF POSTPARTUM GRADE III BLEEDING HEMORRHOIDS (*RAKTAJA ARSHA*) ASSOCIATED WITH FISSURE-IN-ANO: A CASE REPORT

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ABSTRACT

Background: Hemorrhoids are common anorectal disorders, particularly during pregnancy and the postpartum period due to hormonal changes, venous congestion, and constipation. In Ayurveda, they are described as Arsha, with Raktaja Arsha characterized by bleeding resulting from vitiation of Pitta, Rakta, and Apana Vata. Conservative Ayurvedic management may provide an effective non-surgical approach in selected postpartum patients. **Case Presentation:** A 36-year-old postpartum female following LSCS presented with Grade III bleeding hemorrhoids (*Raktaja arsha*) associated with *Gudaparikartika* (fissure-in-ano). She received a 30-day Ayurvedic treatment comprising Abhayarishta, Kaishora Guggulu, a polyherbal formulation (Vasa, Nagakeshara, Guduchi, Shweta Musali, Shatavari, and Godanti Bhasma), Niranjan Phala, along with local Triphala–Dadim Twak Kwatha sitz bath and Shatadhauta Ghrita application. Follow-up was conducted on Days 7, 14, and 30. **Results:** Progressive symptomatic improvement was observed throughout the treatment. By Day 30, rectal bleeding had completely ceased, the fissure had healed, pain had significantly reduced, and the hemorrhoidal mass showed partial regression. No adverse events were reported. **Conclusion:** This case highlights the potential of Ayurvedic conservative management (Bheshaja Chikitsa) as a safe and effective non-

surgical approach for postpartum Grade III bleeding hemorrhoids with fissure-in-ano. Further clinical studies are required to validate these findings.

KEYWORDS: Arsha, Raktaja Arsha, Grade III hemorrhoids, Bleeding hemorrhoids, Fissure-in-ano, Postpartum hemorrhoids, Ayurveda, Conservative management, Bheshaja Chikitsa.

INTRODUCTION

Hemorrhoids are one of the most common anorectal disorders and are characterized by the enlargement and distal displacement of the normal anal cushions. The condition commonly presents with rectal bleeding, pain, prolapse, itching, and discomfort, significantly affecting the patient's quality of life. Pregnancy and the postpartum period are recognized risk factors due to increased intra-abdominal pressure, venous congestion, hormonal changes, and constipation.[1–3]

In Ayurveda, hemorrhoids are described as **Arsha**, one of the **Ashta Mahagada**, owing to their chronicity, recurrence, and debilitating nature.[4,5] The disease results from the vitiation of **Tridosha**, predominantly **Apana Vata**, with the involvement of **Pitta** and **Rakta** leading to the manifestation of **Raktaja Arsha**, which is characterized by bleeding, inflammation, and pain.[4,5] Associated ***Gudaparikartika*** (fissure-in-ano) further aggravates pain and discomfort during defecation.

Ayurvedic management of Arsha includes **Bheshaja Chikitsa**, **Kshara Karma**, **Agni Karma**, and **Shastra Karma**, selected according to the stage and severity of the disease.[4,5] In postpartum patients, conservative management is often preferred to control symptoms, promote wound healing, regulate bowel habits, and avoid surgical intervention whenever possible.

Herein, we report the successful conservative Ayurvedic management of a **36-year-old postpartum female** with **Grade III bleeding hemorrhoids (*Raktaja arsha*) associated with *Gudaparikartika* (fissure-in-ano)**. A multimodal treatment protocol comprising internal medications, bowel-regulating therapy, and local wound care administered over **30 days** resulted in complete cessation of bleeding, healing of the fissure, significant pain relief, and partial regression of the hemorrhoidal mass.

MATERIALS AND METHODS

Study Design

This is a single-patient observational case report describing the conservative Ayurvedic management of **Grade III bleeding hemorrhoids (*Raktaja arsha*)** associated with ***Gudaparikartika* (fissure-in-ano)** in a postpartum female. The patient was treated in the Outpatient Department (OPD) of Shalya Tantra using an individualized Ayurvedic treatment protocol and was followed for **30 days**.

Patient Information

A 36-year-old female presented following **lower segment cesarean section (LSCS)** with complaints of recurrent bleeding per rectum during defecation, severe pain in the anal region and prolapsing hemorrhoids. The symptoms had progressively worsened, causing significant discomfort during bowel evacuation. Clinical examination revealed **Grade III bleeding internal hemorrhoids** associated with **fissure-in-ano**, which was diagnosed as ***Raktaja arsha* with *Gudaparikartika*** according to Ayurvedic principles.

Therapeutic Intervention:

The patient was managed conservatively with Ayurvedic medications and local therapy for 30 days. Clinical follow-up was conducted on Day 7, Day 14 and Day 30 to assess symptomatic improvement and healing.

Internal Medication

Medicine	Dose	Frequency	Duration
Abhayarishta	15 mL with an equal quantity of water	Three times daily after food	30 days
Kaishora Guggulu	2 tablets	Three times daily after food	30 days
Polyherbal Churna *(Vasa, Nagakeshara, Guduchi, Shweta Musali, and Shatavari – 1 g each) + Godanti Bhasma (500 mg)*	One dose	Twice daily after food	30 days
Niranjan Phala	As prescribed	Once daily in the morning	Day 5 to Day 20

Local Therapy

Procedure	Frequency	Duration
Sitz bath with Triphala Kwatha and Dadim Twak Kwatha	Three times daily	First 7 days
Local application of Shatadhauta Ghrita	After sitz bath	First 10 days

OUTCOME

The patient was reviewed on Day 7, Day 14 and Day 30.

- Day 7: Marked reduction in rectal bleeding and pain. The fissure showed healthy healing with reduced local tenderness.
- Day 14: Complete cessation of bleeding was observed. Pain was minimal, and the fissure had healed satisfactorily. Defecation became comfortable without significant straining.
- Day 30: Sustained symptomatic relief was noted. The hemorrhoidal mass showed partial regression with no recurrence of bleeding. The patient remained comfortable during bowel evacuation and reported significant improvement in overall quality of life. No adverse drug reactions or treatment-related complications were observed throughout the treatment period.

RESULTS

The patient completed the **30-day** treatment protocol with follow-up assessments on **Day 7, Day 14, and Day 30**. Progressive clinical improvement was observed throughout the treatment period without any adverse events. Rectal bleeding and pain reduced during the first week. By Day 14, bleeding had completely ceased and the fissure had healed. At the end of 30 days, the patient was free from rectal bleeding, experienced significant pain relief, and the hemorrhoidal mass showed partial regression. Bowel evacuation became comfortable, with no recurrence of symptoms during the follow-up period.

- **Clinical Outcome**

Parameter	Baseline	Day 7	Day 14	Day 30
Rectal bleeding	Present	Reduced	Absent	Absent
Pain during defecation	Severe	Moderate	Mild	Absent
Fissure-in-ano	Present	Healing	Healed	Healed
Hemorrhoids (Goligher Grade)	Grade III	Grade III	Grade III	Grade III (partial regression)

DISCUSSION

Pregnancy and the postpartum period are well-recognized risk factors for hemorrhoids because of increased intra-abdominal pressure, venous congestion, hormonal changes and constipation, all of which contribute to the enlargement and prolapse of the anal cushions. In the present case, the patient's postpartum status following LSCS and associated constipation likely contributed to the development of **Grade III bleeding hemorrhoids** with fissure-in-ano. From an Ayurvedic perspective, the condition was diagnosed as ***Raktaja Arsha***

associated with *Gudaparikartika*, resulting from vitiation of ***Pitta***, ***Rakta*** and ***Apana Vata***. Accordingly, the treatment was aimed at correcting bowel habits, arresting bleeding (*Raktastambhana*), reducing inflammation, promoting wound healing (*Vrana Ropana*), and preventing further trauma during defecation.

Abhayarishta and ***Niranjan Phala*** facilitated bowel evacuation and reduced straining, while ***Kaishora Guggulu*** helped alleviate inflammation. The polyherbal formulation comprising ***Vasa, Nagakeshara, Guduchi, Shweta Musali, Shatavari*** and ***Godanti Bhasma*** provided hemostatic, anti-inflammatory, *Rasayana* and tissue-healing effects, contributing to the control of bleeding and repair of the anorectal mucosa. Local therapy with ***Triphala Kwatha*** and ***Dadim Twak Kwatha*** sitz baths promoted local hygiene, reduced inflammation, and facilitated wound cleansing. Subsequent application of ***Shatadhauta Ghrita*** accelerated fissure healing and relieved pain and burning sensation through its ***Vrana Ropana*** and ***Pitta-Shamaka*** properties.

Progressive clinical improvement was observed during follow-up, with complete cessation of bleeding, healing of the fissure, marked pain relief and partial regression of the Grade III hemorrhoids within 30 days, without any adverse effects. Although para-surgical procedures are frequently recommended for advanced hemorrhoids, this case suggests that individualized ***Bheshaja Chikitsa*** may provide effective conservative management in selected postpartum patients. However, larger controlled studies are required to validate these findings.

CONCLUSION

This case highlights the effectiveness of **Ayurvedic conservative management *(Bheshaja Chikitsa)*** in a postpartum patient with **Grade III bleeding hemorrhoids (*Raktaja arsha*) associated with *Gudaparikartika***. The treatment resulted in complete cessation of bleeding, healing of the fissure, significant pain relief, and partial regression of the hemorrhoidal mass within 30 days without adverse effects. Further clinical studies are needed to validate these findings.

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