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CLINICAL EVALUATION OF HYBRID TECHNIQUE FOR THE MANAGEMENT OF SECOND-DEGREE INTERNAL HAEMORRHOIDS W.S.R *ABHYANTARA ARSHAS*: A CASE REPORT

Dr. Darshan Patil*[1], Dr. K. M. Sweta[2]

[1]Post Graduate Scholar, Department of Pg Studies in Shalya Tantra, Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, Karnataka, India.

[2]Professor, Department of PG studies in Shalya Tantra, Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, Karnataka, India.

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***Corresponding Author**

Dr. Darshan Patil

Post Graduate Scholar, Department of Pg Studies in Shalya Tantra, Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, Karnataka, India.

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ABSTRACT

According to *Acharya Sushruta, Arshas* is one among the *Ashtamahagada*. *Arshas* are the variety of *Mamsankuras* occurring in the *Gudamarga*. **Internal haemorrhoids** are a common anorectal condition that substantially reduce patient's quality of life. In the ***Sushruta Samhita***, ***Kshara Karma*** is described as an effective parasurgical technique for treating specifically the *Mridu, Prasruta, Avagada*, and *Ucchrita* varieties. *Kshara Karma* in *Arshas* is a simple and safe procedure renowned for its high success rate with minimal chances of recurrence. In recent years Laser Ablation has gained popularity in the management of Haemorrhoids owing to its shorter operative time, low post-operative pain, lesser intra & post-operative bleeding compared to other techniques. Despite the fact that, Laser Ablation and *Kshara Karma* have shown to be successful in treating Haemorrhoids, each method has drawbacks of its own. Hence the need for a Hybrid Technique arises, wherein, *Kshara Karma* and Laser Ablation are used in unison, which act complementary to their respective limitations. This Hybrid Technique (Laser ablation followed by *Saptacchada Madhyama Pratisaraneeya Kshara Karma*) is a novel approach & a revolutionary strategy in the management of Internal Haemorrhoids aiding good prognosis,

minimal post-operative pain and low possibility of recurrence. It is an attempt towards advancement in new age Ayurveda with the integration of Novel Technology for a better outcome and improved patient compliance. A 45year old Male presented to our OPD with the complaints of Pain, Discomfort and Bleeding during defecation. On and off, Since 4 months. The intervention resulted in marked improvement in both subjective and objective parameters, demonstrating the effective intervention in enhancing better patient outcomes with improved quality of life. The present hybrid intervention integrated the therapeutic benefits of laser ablation and *Kshara Karma*, with the objective of achieving effective shrinkage and obliteration of the haemorrhoidal mass while minimizing intraoperative bleeding, tissue trauma, and the risk of recurrence. No major intra-operative complications such as excessive bleeding, anal canal injury, mucosal burns or hemodynamic instability were observed suggesting that the hybrid technique was a well-tolerated procedure.

KEYWORDS: Internal haemorrhoids, Laser ablation, *Saptacchada Kshara, Kshara Karma*, *Arshas*, Hybrid technique.

INTRODUCTION

According to *Acharya Sushruta, Arshas* is one among the *Ashtamahagada*. *Arshas* are the variety of *Mamsankuras* occurring in the *Gudamarga.*[1] The disease in which the *Mamsa Ankuras* which occurs at the opening of *Gudamarga,* obstructs the pathway and troubles the person like an enemy is called *Arshas.*[2] Haemorrhoids are the dilated veins occurring in the anal canal & originating from the sub-epithelial plexus by Superior, inferior & Middle rectal veins.[3] The prevalence of Internal Haemorrhoids across the world is about 4.8%. Among which 65% are male & 35% are females.[4] *Acharya Sushruta* has described indications of *Kshara* in *Mridu, Prasruta, Uchhrita* & *Avaghada* type of Arshas.[5] *Kshara Karma* in *Arshas* is a simple and safe procedure renowned for its high success rate with minimal chances of recurrence.[6] Among the different varieties of *Ksharas* available and employed in contemporary Ayurvedic practice, *Saptacchada Kshara* holds significant therapeutic importance. Owing to its *Chedana, Bhedana, Lekhana*, and *Tridoshaghna* properties, it is widely used in the practice of *Kshara Karma. Saptacchada* is one among 23 drugs mentioned by Acharya Sushruta for the preparation of *Kshara*. Owing to its antibacterial, antimicrobial, anti-inflammatory, therapeutic quality and wide accessibility, *Saptacchada* is considered as the drug of choice for the preparation of *Pratisaraneeya Kshara* in this study.[7] In recent years Laser Ablation has gained popularity in the management of Haemorrhoids owing to its

shorter operative time, low post-operative pain, lesser intra & post-operative bleeding compared to other techniques.[8] The fundamental principle of laser ablation particularly w.r.t haemorrhoids is the selective application of laser energy; Typicaly via a diode with an optical fibre to the hemorrhoidal tissue or its feeding vessels, thereby inducing controlled thermal effect without excising the complete mucosa. In addition to the post-operative complications such as bleeding, infection, stenosis and fecal incontinence are rarely observed, but there is always a chance of recurrence.[9] Despite the fact that, Laser Ablation and *Kshara Karma* have shown to be successful in treating Haemorrhoids, each method has drawbacks of its own. Hence the need for a Hybrid Technique arises, wherein, *Kshara Karma* and Laser Ablation are used in unison, which act complementary to their respective limitations. This Hybrid Technique is a novel approach & a revolutionary strategy in the management of Internal Haemorrhoids aiding good prognosis, minimal post-operative pain and low possibility of recurrence. It is an attempt towards advancement in New age Ayurveda with the integration of Novel Technology for a better outcome and improved patient compliance.

CASE REPORT

Patient name: XYZ

Age/ Gender: 55 yrs/Male

Occupation: Businessmen

CHIEF COMPLAINTS

A 55-year-old Male patient presented to the *Shalya Tantra* Outpatient Department with complaints of Pain, Discomfort and Bleeding during defecation. On and off, since 4 months.

CLINICAL FINDINGS

On Inspection

No discharge, No external haemorrhoids, No sentinel tag noted.

On Palpation (DRE)

Sphincter tone: Hypertonic (+)

On Proctoscopic examination

Anal mucosa: Congestion (+)

Second degree internal haemorrhoids noted at 7 & 11’o clock position. No signs of Touch on bleed, active bleed.

INVESTIGATIONS

Surgical profile [Complete Hemogram, Blood sugar, Renal function test, Liver function test, HIV 1&2, HbsAg, Urine analysis]

(All the above mentioned investigations were found to be in normal limits and serology was negative).

MATERIALS AND METHODS

- Dressing trolley, having – Slit proctoscope, normal saline, lime juice, BP handle, sponge holding forceps, Babcock's forceps, kidney tray, cotton swabs, *Yashtimadhu Gritha*, red rubber catheter, adhesive plaster, sterile glove.
- *Saptacchada Madhyama Kshara*
- Laser machine with laser diode (1470nm)
- Type of Anaesthesia – SA as per requirement
- Disposable Syringes
- Betadine solution (Q.S)

PREPARATION OF *SAPTACCHADA MADHYAMA KSHARA*[10]

- Dried *Saptacchada Panchanga* was collected and burnt in iron vessel.
- The ash (1part) was collected and to it 6 parts of water was added.
- It was filtered for 21 times through cloth until the clear liquid (*Ishat Rakta Varna*) was obtained – *Ksharodaka.*
- Filtered solution was heated and evaporated until 2/3rd remains.
- Red hot Shukti (1/10th of *Saptacchada* ash) was added to *Saptacchada* filtrate solution.
- Continuous stirring was done until we obtained the thick paste.
- Thus, *Saptacchada Madhyama Pratisaraneeya Kshara* was obtained.
- Further, *Kshara* was collected and stored in air-tight container.

PURVA KARMA

- Well informed written consent was taken prior to the procedure.
- Inj. Xylocaine Sensitivity test dose 0.3cc (subcutaneous) and Inj. Tetanus Toxoid 0.5cc (IM) stat was given prior to procedure.
- Perianal part preparation was done.
- Bowel preparation was done prior to procedure.

PRADHANA KARMA

- The patient was taken into lithotomy position, Painting and draping was done to the perianal region.
- Appropriate Anaesthesia according to presentation of the condition was infiltrated, manual anal dilatation achieved
- Lubricated proctoscope was introduced into the anal canal.
- This approach was started via a small incision at the mucocutaneous junction.
- The laser fibre was introduced into the haemorrhoidal plexus taking into consideration that the fibre is parallel to the anal canal to avoid injury or burn of the mucosa or internal sphincter.
- Using a 1470 nm diode laser, laser shots were delivered through the optic fibre in a pulsed fashion for the reduction of favourable degeneration of the periarterial healthy tissue.
- The limits of shrinkage was controlled by the duration and power of the laser beam. Via the optic fibre, laser shots were generated at a power of (80-100 joules) with the duration of 7 seconds each shot followed by a pause of 1 second causes shrinkage of tissues approximately up to the depth 5mm.
- The depth of shrinkage was regulated by the power and duration of the laser beam.
- Later, *Saptacchada Madhyama Pratisaraneeya Kshara* was applied over the area of ablation. Considered covering the healthy anal mucosa with a cotton swab.
- Then the pile mass was cleaned with *Nimbu Swarasa*. The colour of pile mass turned to *Pakva Jambu Phala Varna*. This procedure was repeated for each haemorrhoid.
- Later, packing was done and patient was shifted to the ward in haemodynamically active state.

PASCHAT KARMA

- Pack removal was done after 6 hours followed by sitz bath.
- Next day onwards, patient will was advised sitz bath for 15 minutes with warm water after defecation for twice daily.
- Per-rectal oiling with 10ml of *Yashtimadhu Gritha.*
- Tab. *Triphala Guggulu* 2 -0-2 Before food for 21 days.
- Tab. *Gandhaka Rasayana* 2-0-2 after food for 21 days.
- Analgesics were administered according to the patient's clinical condition and pain severity.
- *Pathya* and *Apathya* was advised for subject.

ASSESSMENT CRITERIA[11]

Assessment was based on relief found in the clinical signs and symptoms of the disease. For this purpose, main clinical signs and symptoms were given suitable scores according to their severity.

Table 1: Showing the Assessment of Subjective parameter.

1. Pain associated with defecation

Observation	Day 0	Day 3	Day 5	Day 7	Day 14	Day 21
0 - No pain				✓	✓	✓
1- Pain during defecation			✓			
2 - Pain during and after defecation which reduces within 30 minutes	✓	✓				
3 - Pain even during rest						

2. Bleeding per rectum

Observations	Day 0	Day 3	Day 5	Day 7	Day 14	Day 21
0 - No bleeding.				✔	✔	✔
1 - Bleeding only during defecation.		✔	✔			
2 - Bleeding during and after defecation which stops within 30 minutes.	✔					
3 - Bleeding irrespective to defecation.						

Table 2: Showing the Assessment - Objective parameters.

1. Assessment of anal sphincter tone.

Observations	Day 0	Day 3	Day 5	Day 7	Day 14	Day 21
0 - Normal			✓	✓	✓	✓
1 - Spastic	✓	✓				

2. Proctoscopic Examination of Haemorrhoidal mass

Observations	Day 0	Day 21
0 - No visible pile mass		✓
1 - 1st degree		
2 - 2nd degree	✓	
3 - 3rd degree		

4 - 4th degree		

PROCTOSCOPIC EXAMINATION



AFTER LASER ABLATION



AFTER KSHARA KARMA



AFTER HYBRID TECHNIQUE

VIDEO PROCTOSCOPIC EXAMINATION



RESULTS

The assessment of both subjective and objective parameters demonstrated the effectiveness of the intervention over the treatment period. Subjectively, Pain during defection demonstrated earlier & significant reduction in pain on Day 7 and Day 14. Bleeding Per Rectum demonstrated the earliest and best improvement, particularly noticeable from Day 5 onwards. Objectively, w.r.t Anal sphincter tone, patient showed the earliest improvement, evident by Day 5. Most significant change over the time was noted in relation to the Reduction in the size of pile mass by Day 21 w.r.t Visual comparison.

DISCUSSION

The present hybrid intervention integrated the therapeutic benefits of laser ablation and *Kshara Karma*, with the objective of achieving effective shrinkage and obliteration of the haemorrhoidal mass while minimizing intraoperative bleeding, tissue trauma, and the risk of recurrence. Mild bleeding encountered during the insertion of laser fiber subsided immediately after laser energy induction demonstrating the inherent coagulative and haemostatic properties of the 1470 nm diode laser causing photothermal coagulation of blood vessels, thereby minimizing intra-operative blood loss. Following laser ablation, notably, the absence of excessive oozing or bleeding created favourable conditions for subsequent *Kshara* application. The haemostatic effect of laser ablation may have contributed significantly to maintaining a dry operative field, which is essential for effective and localized action of *Pratisaraneeya Kshara*. No major intra-operative complications such as excessive bleeding, anal canal injury, mucosal burns or haemodynamic instability were observed suggesting that the hybrid technique was a well-tolerated procedure. The mean operative duration was approximately 20 minutes in most cases inferring that although the procedure involved two therapeutic modalities, the operative time remained clinically practical. These observations indicate that combining laser ablation with *Kshara Karma* does not substantially increase procedural complexity or operating time, while maintaining blood-less operative field.

Probable mode of action of 'Hybrid technique'[12]

Laser ablation with **1470 nm** diode laser with **80-100J** energy acts through selective photothermal energy delivery into haemorrhoidal tissue by Selective Absorption of **Water** and **Haemoglobin.** The 1470 nm wavelength has high absorption by **intracellular contents**. Hence, laser energy is selectively converted into thermal energy within haemorrhoidal tissue with minimal lateral thermal spread **(Selective Absorption).** By Photothermal Coagulation of Vascular Channels, Delivery of laser energy causes: Thermal coagulation of haemorrhoidal arteries and venous plexus, Sealing of feeding vessels, Collapse of vascular sinusoids. This effectively reduces bleeding and vascularity of the pile mass **(Photothermal Coagulation of Vascular Channels).** Thermal denaturation of collagen fibers leads to contraction and shrinkage of haemorrhoidal tissue. Laser-induced heat causes **dehydration** and **fibrosis** within the submucosal tissue, resulting in reduction in size and prolapse of the pile mass **(Tissue Shrinkage and Volume Reduction).** The strong alkalinity of ***Saptacchada Madhyama Kshara*** leads to denaturation of cellular proteins by Saponification of lipids. This results in shrinkage and sloughing of the enlarged venous cushions. Laser energy stimulates fibroblastic activity and collagen remodelling, producing a "Mucopexy-like" effect and

improving anal cushion support (Submucosal Fibrosis and Mucopexy effect). *Kshara* causes fibrosis after chemical cauterization. Laser stimulates collagen contraction and remodeling. The resultant fibrosis fixes the mucosa to underlying tissues, preventing recurrence and prolapse (Controlled fibrosis). The 1470 nm wavelength produces uniform circumferential coagulation with less carbonization and limited collateral damage. This leads to reduction in chronic congestion, oedema, and prolapse decreases reflex sphincter fatigue and irritation. Restoration of normal anal anatomy and mucosal fixation indirectly improves sphincter efficiency and anorectal function. Hence the permanent obliteration of haemorrhoidal plexus and collagen remodeling leads to minimal recurrence.

CONCLUSION

The present single case study demonstrates that 'Hybrid Technique' i.e, Laser ablation followed by *Kshara Karma* demonstrated a synergistic therapeutic effect in the management of 2nd degree internal haemorrhoids. Photothermal coagulation of blood vessels, resulting in minimal intraoperative bleeding and a clear operative field. This facilitated precise application of *Pratisaraneeya Kshara* over the ablated pile mass, enhancing its therapeutic efficacy. The combined approach enabled effective shrinkage in the size of pile mass and obliteration of the haemorrhoidal mass while minimizing tissue trauma and bleeding. Henceforth, supporting its efficacy as a safe, effective, and minimally invasive treatment modality with a reduced risk of recurrence.

REFERENCES

1. Shastri A. Arshoadhyaya. In: Dalhanacharya, editor. Sushruta Samhita. Nidana Sthana. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan, 2010; 259.
2. Kumar S, Bharadwaj A. Takraprayoga in Arshas [Internet]. IAMJ. 2017 [cited 2023 Aug 31]. 207. Available from: http://www.iamj.in/posts/images/upload/207_210.pdf
3. Williams NS, Bulstrode CJK, O'Connell PR. Bailey & Love's Short Practice of Surgery. 25th ed. London: Hodder Education, 2012.
4. Malviya VK, Diwan S, Sainia TK, Apte A. Demographic study of hemorrhoid with analysis of risk factors. Surg Update Int J Surg Orthop [Internet]. 2019 Mar 31 [cited 2021 Jul 16]; 5(1): 7-13. Available from: https://surgical.medresearch.in/index.php/ijoso/article/view/82/164

5. Acharya Sushruta. Sushruta Samhita. Nibandha Sangraha. Dalhanacharya commentary. In: Trikamji Y, editor. Chikitsa Sthana, Chapter 6, Verse 3. Varanasi: Chaukhambha Orientalia, 2021; [cited 2023 Aug 26], 422.
6. Chauhan A, Chauhan S. A review article on Arshas with special reference to hemorrhoids/piles. World J Pharm Med Res [Internet], 2022; 8(11): 69. Available from: file:///C:/Users/HP/Downloads/article_1667200854.pdf
7. Sreerag MV, Rao PN, Kumar PH, Gopikrishna BJ. Effect of Saptacchada Madhyama Pratisaraneeya Kshara in the management of Abhyantara Arshas. Int J Herb Med., 2014; 2(2): 81-89. Available from: https://www.florajournal.com/vol2issue2/15.1.html
8. Faes S, Pratsinis M, Hasler-Gehrer S, Keerl A. Short- and long-term outcomes of laser haemorrhoidoplasty for grade II-III haemorrhoidal disease. Accepted 2019 Jan 15. Published online, Jan. 31, 2019.
9. Lakmal K, Basnayake O, Jayarajah U, Samarasekera DN. Clinical outcomes and effectiveness of laser treatment for haemorrhoids: a systematic review. Published online, 2021 Jan 19.
10. Sreerag MV, Rao PN, Kumar PH, Gopikrishna BJ, Pathak A. Effect of Saptacchada Teekshna Pratisaraneeya Kshara in the management of Ardra Arshas. PQDT Global, 2011.
11. De Oliveira FP, Lorenzo B. Laser hemorrhoidoplasty for grade III hemorrhoidal disease: safety and efficacy in a Brazilian multicenter retrospective cohort study, Oct. 15, 2025; 3.
12. Faes S, Pratsinis M, Hasler-Gehrer S, Keerl A. Short- and long-term outcomes of laser haemorrhoidoplasty for grade II-III haemorrhoidal disease. Accepted 2019 Jan 15. Published online, 2019 Jan 31.