WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 1005-1014. Case Study ISSN 2277–7105

CLINICAL OUTCOMES OF *ANULOMANA* THERAPY IN GRADE I INTERNAL HEMORRHOIDS: A CASE SERIES

Dr. Geetha N. S.[1]*, Dr. Rakesh R. N.[2]

[1]PG Scholar, Department of PG Studies in Shalya Tantra, SDM College of Ayurveda, UDUPI.

[2]Associate Professor, Department of PG studies in Shalya Tantra, SDM College of Ayurveda, UDUPI.

Article Received on 25 Sept. 2026,
Article Revised on 15 Oct. 2026,
Article Published on 01 Nov. 2026

https://doi.org/10.5281/zenodo.23790778

***Corresponding Author**

Dr. Geetha N. S.

PG Scholar, Department of PG studies in Shalya Tantra, SDM College of Ayurveda, UDUPI.

How to cite this Article: Dr. Geetha N. S.[1]*, Dr. Rakesh R. N.[2]. (2026). Clinical Outcomes of Anulomana Therapy In Grade I Internal Hemorrhoids: A Case Series. World Journal of Pharmaceutical Research, 15(21), 1005–1014.
This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Background: Grade I internal hemorrhoids present with bleeding per rectum without prolapse, and constipation (*Vibandha*) is a key aggravating factor. In *Arsha*, *Anulomana* is the first step of *Bheshaja Chikitsa*. This case series aimed to document bowel regularity and symptom outcomes after *Anulomana* therapy in Grade I internal Hemorrhoids. **Materials and Methods:** Three patients (38-year-old male, 32-year-old female, 45-year-old male) with proctoscopically confirmed Grade I internal Hemorrhoids and constipation were treated at the Shalya Tantra OPD and reported as per CARE guidelines. They received *Avipattikara Churna*, *Swadishta Virechana Churna* and *Triphala Churna* respectively, 5 g at bedtime with lukewarm water for 30 days, with *Pathyahara*. The primary outcome was bowel regularity (Bristol Stool Form Scale, frequency, straining, complete evacuation). Secondary outcomes were Hemorrhoid Severity Score (HSS) and bleeding, assessed at Day 0, 15 and 30. **Results:** All three patients achieved regular bowel habit by Day 30, shifting from hard stools (Bristol Type 1-2) with straining. Bleeding was controlled in all. HSS fell from 7, 6 and 5 at baseline to 1, 1 and 0 respectively. No adverse events occurred. **Conclusion:** *Anulomana* therapy with *Pathyahara* for 30 days was associated with regular bowel habit, cessation of bleeding and reduced symptom scores in Grade I internal hemorrhoids, supporting correction of *Vibandha* and *Apana Vata* as first-line care. Larger controlled studies with recurrence follow-up are warranted.

KEYWORDS: *Arsha*, Grade I Internal hemorrhoids, *Anulomana*, Bowel Regularity, *Avipattikara Churna, Swadishta Virechana Churna, Triphala Churna.*

INTRODUCTION

Hemorrhoids are the engorged and displaced anal cushions containing arteriovenous vascular plexus, connective tissue and smooth muscle fibers.[1] Grade I internal Hemorrhoids are characterized by bleeding during defecation without prolapse and are often associated with constipation, prolonged straining and altered bowel habits. Constipation and straining increase venous congestion and shearing stress over the anal cushions leading to bleeding and progression to higher grades.[2] In *Ayurveda*, the condition is correlated with *Raktaja Arsha* in early stage. *Vibandha* (constipation), *Mandagni* (impaired digestive fire), *Ruksha Ahara* (dry food), prolonged sitting and suppression of natural urges lead to *Apana Vata Vaigunya* and *Anulomana* impairment. The vitiated *Apana Vata* accumulates *Mala* in *Guda* causing *Arsha.*[3] *Acharya Sushruta* emphasizes that *Alpa Dosha* and early *Arsha* should be managed with *Bheshaja Chikitsa.*[4] Conservative management in modern medicine for Grade I hemorrhoids includes high fiber diet, adequate hydration, stool softeners and avoidance of straining.[5] The goal is to ensure soft, regular bowel evacuation to reduce bleeding and prevent progression. In *Ayurveda*, *Bheshaja Chikitsa* for *Arsha* is primarily aimed at *Agnideepana*, *Vatanulomana* and *Vibandha* correction. *Anulomana* is defined as the action that helps in proper downward movement of *Vata* and facilitates *Mala* evacuation without excessive purgation.[6] By correcting Anulomana of *Apana Vata*, straining during defecation is reduced, which in turn decreases venous engorgement and bleeding. This principle is considered central in preventing the progression of early *Arsha*. Various formulations with *Anulomana* property are described for this purpose. *Avipattikara Churna*, *Swadishta Virechana Churna* and *Triphala Churna* are commonly used in clinical practice for *Vibandha* and possess *Anulomana* action. While their clinical utility is well known, their effect on objective severity parameters of Grade I internal hemorrhoids needs to be documented systematically. Hence, the present case series was undertaken to document the clinical outcomes following *Anulomana* therapy with three different formulations in patients with Grade I internal hemorrhoids, assessed using Bristol stool chart and hemorrhoid Severity Score.

MATERIALS AND METHODS

Study Design and Setting

This case series was documented as per the CARE guidelines. Three patients were treated at the Out Patient Department of *Shalya Tantra*, *Ayurveda* Hospital.

Study Duration

Treatment lasted 30 days for each patient, with assessments at baseline (Day 0), Day 15 and Day 30.

Selection Criteria

Inclusion Criteria

1. Age 18-60 years.
2. Bleeding per rectum during defecation.
3. History of constipation (*Vibandha*).
4. Grade I internal Hemorrhoids confirmed on proctoscopy.

Exclusion Criteria

1. Grade II, III and IV internal hemorrhoids.
2. Associated anorectal disorders such as fissure-in-ano, fistula-in-ano or perianal abscess.
3. Inflammatory bowel disease, malignancy or uncontrolled systemic disorders.
4. Pregnancy and lactation.

Diagnostic Procedure

After consent, proctoscopy was performed in the left lateral position, following per rectal examination and Grade I internal Hemorrhoids were diagnosed by engorged, reddish-purple vascular cushions. These cushions bled on straining and did not prolapse beyond the anal verge. Grading followed Goligher's classification[7], and findings were documented for each patient.

Baseline Profile of Patients

Table 1: Baseline details of patients.

Parameter	Case 1	Case 2	Case 3
Age / Sex	38 / Male	32 / Female	45 / Male
Bleeding per rectum	Drop by drop, 4 months	On and off, 3 months	Occasional, 2 months
Constipation	Hard stools with straining, 6 months	1 year	8 months
Bowel frequency	Once in 2 days	2-3 times/week	Hard stools, daily straining
Evacuation	Incomplete	Straining	Straining
Bristol stool type	Type 2	Type 1-2	Type 2
Proctoscopy	Grade I at 3, 7, 11 o'clock	Grade I at 3 and 11 o'clock	Grade I at 3 and 7 o'clock
Baseline HSS	7	6	5

Intervention

Anulomana therapy: Each patient received one *Anulomana* formulations, 5 g once at bedtime with lukewarm water for 30 days. All formulations procured from a GMP-certified *Ayurveda* pharmacy.

Table 2: Details of drug intervention.

Case	Formulation	Dose and Anupana	Duration
1	*Avipattikara Churna*[8]	5 g, bedtime, lukewarm water	30 days
2	*Swadishta Virechana Churna*[9]	5 g, bedtime, lukewarm water	30 days
3	*Triphala Churna*[10]	5 g, bedtime, lukewarm water	30 days

Pathyahara

All patients were advised a bland, high-fibre diet with green vegetables and fruits, and water intake of 2.5-3 L/day. They were also advised to avoid *Ruksha (*dry), *Ushna* (hot), *Vidahi* (burning sensation) and *Guru Ahara* (heavy) prolonged sitting and straining.

Outcome Measures

Primary outcome

Bowel regularity, assessed at each visit by the Bristol Stool Form Scale (Type 1-7)[11], frequency of defecation, straining and sense of complete evacuation. Regular bowel habit was defined as passage of Type 3-4 stool, once daily or on alternate days, without straining and with a sense of complete evacuation.

Secondary outcomes

1. Change in Hemorrhoid Severity Score (HSS)[12]: five domains (bleeding, pain/discomfort, pruritus ani, soiling, prolapse), each was scored on a 4-point scale from 0 to 3 (0 = never, 1 = less than once a week, 2 = at least once a week, 3 = daily or with every bowel movement), with total score ranging from 0 to 20.
2. Frequency of bleeding episodes per week and nature of bleeding.
3. Adverse events, recorded at each follow-up.

Ethical Considerations

Informed consent was obtained from all patients for documentation and publication of case details. Patient identity was kept confidential.

OBSERVATION AND RESULTS

All three patients completed the 30-day course and attended the Day 15 and Day 30 follow-ups.

Table 3: Bowel habit parameters at baseline, Day 15 and Day 30.

Parameter	Visit	Case 1 (*Avipattikara*)	Case 2 (*Swadishta Virechana*)	Case 3 (*Triphala*)
Bristol stool type	Day 0	Type 2	Type 1-2	Type 2
	Day 15	Type 3	Type 3	Type 4
	Day 30	Type 4	Type 4	Type 4
Frequency of defecation	Day 0	Once in 2 days	2-3 times/week	once in 2 days
	Day 15	once daily	once in 2 days	once daily
	Day 30	once daily	once in 2 days	1-2 times/day
Straining	Day 0	Present	Present	Present, daily
	Day 15	absent	absent	absent
	Day 30	absent	absent	absent
Sense of complete evacuation	Day 0	Incomplete	Incomplete	Incomplete
	Day 15	Complete	Complete	Complete
	Day 30	Complete	Complete	Complete
Regular bowel habit achieved	Day 30	Yes	Yes	Yes

At baseline, all three patients had hard stools (Bristol Type 1-2) with straining. By Day 30, all three met the operational definition of regular bowel habit.

Secondary outcomes

Table 4: Hemorrhoid Severity Score (HSS).

Visit	Case 1	Case 2	Case 3
Day 0	7	6	5
Day 15	4	3	3
Day 30	1	1	0

HSS fell steadily from baseline to Day 30 in all three patients. Cases 1 and 2 had a residual score of 1 at Day 30 and Case 3 scored 0.

Adverse events: None were reported, including no abdominal cramps, loose stools or allergic reactions.

DISCUSSION

Grade I internal hemorrhoids are the earliest stage of *Arsha*, with painless bleeding and no prolapse. In this series, three patients with constipation and Grade I Hemorrhoids received an *Anulomana* formulation for 30 days along with *Pathyahara*. All three moved from hard, strained stools (Bristol Type 1-2) to regular bowel habit. Bleeding improved markedly and HSS fell progressively in each patient. In *Arsha*, *Mandagni* (digestive fire) and *Vibandha* (constipation) lead to vitiation of *Apana Vata*, which obstructs the *Purishavaha Srotas*. *Vata* then pushes *Dosha* and *Rakta* toward the *Guda* (anal canal), and *Mamsankura* (fleshy mass) forms. *Vibandha* is both a cause and a continuing aggravating factor, so the disease keeps re-feeding itself while stools stay hard. *Anulomana* is commonly defined as therapy that, after digesting the *Mala* and *Dosha*, directs them downward and restores the natural movement of *Vata*. In *Arsha* with *Alpa Dosha* and early features, this is the logical first step of *Bheshaja Chikitsa*. It acts on the *Samprapti* at three points.

When the downward movement of *Apana Vata* is restored, *Sanga* in *Guda* and *Purishavaha Srotas* is relieved. This results in softer, more regular *Mala* with reduced straining and less mechanical trauma to the anal cushions, and decreased venous engorgement and congestion of the *Mamsankura*, thereby lessening bleeding. This explains why bleeding in these three patients stopped as bowel habit normalized, without any local procedure.

Guidelines for Grade I internal hemorrhoids advise fibre, fluids and stool softening as first-line care. The *Anulomana* action seen here fits that mechanism. Regular, soft, easily passed stools reduce shear and venous pressure at the cushions, so engorgement and bleeding settle.

Table 5: Probable mode of action.

Formulation	Composition	Probable action
Avipattikara Churna	*Trivrit* (resin glycosides), *Haritaki, Bibhitaki, Amalaki, Trikatu, Ela, Lavanga, Sharkara*	Stimulant-purgative action with increased intestinal fluid secretion and propulsion → facilitates evacuation
Swadishta Virechana Churna	*Swarnapatri* (Sennosides)	Colonic bacterial conversion of sennosides to active metabolites → increased colonic motility and reduced water absorption → softer stool and easier evacuation
Triphala Churna	*Haritaki, Bibhitaki, Amalaki*	Mild prokinetic/laxative action → enhanced intestinal contractility and faecal passage → facilitates regular evacuation

In Case 1, patient had hard stools, straining for six months, incomplete evacuation and bowel passage once in two days, associated with drop-by-drop bleeding. *Avipattikara Churṇa* was administered at a dose of 5 g once at bedtime with lukewarm water. *Trivṛt* (*Operculina turpethum*) is an important purgative component of the formulation and is traditionally used for *Virecana*. Its resin glycosides, particularly turpethein, have been associated with laxative activity and may contribute to intestinal evacuation.[13] The observed improvement may therefore be related, at least in part, to facilitation of bowel evacuation and reduction of straining. However, the response in this individual case cannot establish that the resin glycosides were responsible for the clinical improvement.

In Case 2, the patient had Bristol Stool Form Scale type 1–2 stools, bowel frequency of two to three times per week, straining and a one-year history of constipation. *Swadiṣṭa Virecana Churṇa* was administered at a dose of 5 g once at bedtime with lukewarm water. *Svarṇapatrī* (Senna) is the principal laxative component, and its sennosides are metabolised by colonic bacteria to active metabolites, particularly rhein anthrone.[14] These metabolites increase colonic propulsion and alter colonic fluid handling, including reduction in water absorption, thereby facilitating defecation.[15] The improvement in stool consistency and evacuation observed in this patient is consistent with this established pharmacological action. Nevertheless, the response of a single patient does not permit assessment of the relative contribution of Senna or other components of the formulation.

In Case 3, the patient had occasional bleeding, hard stools and daily straining for eight months. *Triphala Churṇa* was administered at a dose of 5 g once at bedtime with lukewarm

water. *Triphala* is traditionally described as having *anulomana* and bowel-regulating effects. Available literature describes mild laxative activity and facilitation of stool passage, although the precise mechanism of the whole formulation is not fully established.[16],[17] Therefore, the improvement in bowel habit and reduction in straining in this case may be consistent with its mild bowel-regulating action. The cessation of bleeding observed by Day 30 occurred along with improvement in bowel habit; however, this case does not establish a direct haemostatic or mucosal-healing effect of *Triphala*.

Although all three patients received 5 g of their respective formulations at bedtime, the formulations should not be considered pharmacologically identical. *Avipattikara churṇa* contains *Trivṛt* as an important purgative component, whereas *Swadiṣṭa virecana churṇa* has a more clearly established stimulant laxative mechanism through the sennosides of Senna. *Triphala* appears to have a comparatively mild bowel-regulating/prokinetic effect, with experimental evidence particularly supporting the contribution of *Terminalia chebula*. Thus, their common clinical outcome may represent convergence on the broader therapeutic objective of facilitating bowel evacuation and reducing straining rather than a common pharmacological mechanism.

The use *anuloma dravyas* (5 g) at bedtime with lukewarm water was common to all three cases. From an *Ayurvedic* perspective, this regimen may be interpreted in relation to *Anulomana* of *Apana Vata* and facilitation of bowel evacuation. However, the individual contribution of dose timing, lukewarm water and the respective formulation cannot be separated from these case observations. Similarly, improvement in bleeding cannot be attributed directly to any specific phytoconstituent because changes in stool consistency and reduction in straining may themselves have contributed to symptomatic improvement.

All patients also underwent dietary modifications including high-fibre diet and 2.5-3 L of water a day and avoidance of *Ruksha (*dry), *Ushna* (hot), *Vidahi* (burning sensation) and *Guru Ahara* (heavy), prolonged sitting and straining. These measures independently improve stool form and are part of standard care. The result therefore reflects the combined effect of *Anulomana* and *Pathyahara*, and cannot be attributed to the formulations alone.

Limitations

This was a small case series of only three patients without a control group and a different *Anulomana* formulation was used in each patient, so comparison among formulations is not

possible and efficacy cannot be established. *Pathyahara* was advised to all as a co-intervention, hence improvement cannot be attributed solely to the drug. Assessment relied on subjective scores with short follow-up of 30 days, recurrence after stopping treatment was not evaluated, and the mechanisms described are probable as no objective measures such as transit time or repeat proctoscopic grading were done.

CONCLUSION

The study suggests that different *Ayurvedic* formulations used for *Anulomana* may be associated with improvement in bowel regularity and reduction in straining in patients with Grade I internal hemorrhoids. The observations are hypothesis-generating and do not establish comparative efficacy, a specific pharmacological mechanism, or a causal relationship between the individual phytoconstituents and clinical outcomes. Larger controlled studies are required to determine the reproducibility and comparative effectiveness of these formulations.

ACKNOWLEDGEMENT

I acknowledge the guidance and support of my teachers in completing this work and also I express my gratitude for all the participants who took part in this study.

REFERENCES

1. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 25th ed. Boca Raton: CRC Press, 2008. Chapter 69, Anorectal disorders; p. 1240.
2. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 25th ed. Boca Raton: CRC Press, 2008. Chapter 69, Anorectal disorders; p. 1242.
3. Sushruta. Sushruta Samhita, with the Nibandhasangraha commentary of Dalhanacharya. Acharya Jadavji Trikamji, editor. Varanasi: Chaukhamba Orientalia; 2021. Nidana Sthana, Chapter 2, Verse 2. 283.
4. Vagbhata. Ashtanga Hridayam. Gupta KA, Hindi commentary. Varanasi: Chaukhambha Prakashan; 2015. Chikitsa Sthana, Chapter 8, Verse 164. 480.
5. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 28th ed. Boca Raton: CRC Press; 2023. Chapter 78, Anorectal disorders, 1412–1413.

6. Sharangadhara. Sharangadhara Samhita. Srivastava S, editor. 4th ed. Varanasi: Chaukhambha Orientalia, 2005. Purva Khanda, Chapter 4, Verse 3-4. 32.
7. Goligher JC. Haemorrhoids or piles. In: Goligher JC, editor. Surgery of the anus, rectum and colon. 4th ed. London: Bailliere Tindall, 1980; 93-135.
8. Govindadas Sen. Bhaishajya Ratnavali. Shastri AD, editor. 19th ed. Varanasi: Chaukhambha Prakashan, 2008. Amlapitta Chikitsa Prakarana, Chapter 56, Verse 24-29: 772.
9. Govindadas Sen. Bhaishajya Ratnavali. Shastri AD, editor. 19th ed. Varanasi: Chaukhambha Prakashan, 2008. Virechana Adhikara, 674.
10. Sharangadhara. Sharangadhara Samhita. Srivastava S, editor. 4th ed. Varanasi: Chaukhambha Orientalia, 2005. Madhyama Khanda, Chapter 6, Verse 70-71. 177.
11. Lewis SJ, Heaton KW. Stool form scale as a useful guide to intestinal transit time. Scand J Gastroenterol, 1997; 32(9): 920-924. doi:10.3109/00365529709011203
12. Khan RM, Itrat M, Ansari AH, Jamil S, Ezhil S. PNR-Bleed classification and Hemorrhoid Severity Score - a novel attempt at classifying the hemorrhoids. J Coloproctol, 2020; 40(4): 370-376.
13. Gupta S, Ved A. Operculina turpethum (Linn.) Silva Manso as a medicinal plant species: a review on bioactive components and pharmacological properties. Pharmacogn Rev., 2017; 11(22): 158-166. doi:10.4103/phrev.phrev_6_17.
14. He J, Li P, Fan Y, Li H, Wang Y, Zhang Z, et al. Pharmacology, toxicology, and metabolism of sennoside A, a medicinal plant-derived natural compound. Molecules, 2021; 26(14): 4211. doi:10.3390/molecules26144211.
15. Hardcastle JD, Wilkins JL. The action of sennosides and related compounds on human colon and rectum. Gut., 1970; 11(12): 1038-1042. doi:10.1136/gut.11.12.1038.
16. Peterson CT, Denniston K, Chopra D. Therapeutic uses of Triphala in Ayurvedic medicine. J Altern Complement Med., 2017; 23(8): 607-614. doi:10.1089/acm.2017.0083.
17. Peterson CT, Sharma V, Uchitel S, Denniston K, Chopra D, Mills PJ. Prebiotic potential of herbal medicines used in digestive health and disease. J Altern Complement Med., 2018; 24(6): 656-665.