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CLINICAL EFFECT OF APAMARGA KSHAR PRATISARAN ALONG WITH PILUPHAL SHUKTAPAN IN THE MANAGEMENT OF ABHYANTAR ARSHA (INTERNAL HAEMORRHOID): A CASE REPORT

Dr. Sahili H. Gharde*[1], Dr. Dinesh I. Rathi[2], Dr. Chandrakant A. Dhanokar[3], Dr. Priyanka P. Sawai[4]

[1,4]P.G. Scholar, Department of Shalya Tantra, R.T. Ayurveda College and Hospital, Akola.

[2]Associate Professor, Post Graduate Department of Shalya Tantra, R.T. Ayurveda College and Hospital, Akola.

[3]Associate Professor and Head of the Department of Shalya Tantra, R.T. Ayurveda College and Hospital, Akola.

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***Corresponding Author**

Dr. Sahili H. Gharde

P.G. Scholar, Department of Shalya Tantra, R.T. Ayurveda College and Hospital, Akola.

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ABSTRACT

Haemorrhoids are one of the most prevalent anorectal disorder commonly seen in clinical practice characterized by bleeding per rectum, constipation, mass per anum, a mucoid discharge, pruritus and pain may be due to prolapsed haemorrhoid. In Ayurveda, the symptoms of haemorrhoids can be correlated with Arsha vyadhi. The management of haemorrhoids include medical, office based method and surgical approaches. As per the available treatment modalities of Arsha, the Ksharkarma modality is the best one. Apamarga Kshara is considered as the convenient, easy adoptable and cost effective parasurgical treatment for internal haemorrhoids. It is a type of chemical cauterization. The ksharkarma method of treating piles had described in detail in ancient text Sushruta Samhita. Similarly, Piluphalshukta which is mentioned in Ashtang Hridaya is also used in the treatment of Arsha. A 42 year old male patient presented with a complaint of mass per anum, bleeding during defecation, constipation and mild discomfort. Patient was diagnosed with second degree internal haemorrhoids. He was managed by conservative

treatment but did not get rid of the treatment. So, Ksharkarma was adviced to the patient. Patient was treated with Apamarga kshar pratisaran locally at 3, 7 and 11 o'clock position and Piluphal shuktapan (20 ml) internally for 15 days. Follow up taken after 7 days. Assessment of patient done before and after treatment based on subjective and objective parameters including Gudagata Raktastrava, Vedana, Gudakandu, Malavashtambha and Gradations of haemorrhoids based on prolapsed. During the follow up period, he noticed marked reduction in bleeding and constipation both in the first and second week. During the 3rd week of follow up, on proctoscopic examination there was a regression of haemorrohidal mass. This present case was treated successfully with therapeutic approach of Pratisarneeya Apamarga kshara along with Piluphal shuktapan in the management of Abhyantar Arsha w.s.r.to internal haemorrhoid.

KEYWORDS: Apamarga kshara pratisaran, Piluphal shuktapan, Abhyantar Arsha, Internal haemorrhoid, Ksharkarma.

INTRODUCTION

Hemorrhoids are thought to affect between 50% to 85% of individuals worldwide. 50% of the population would have haemorrhoid at some point in their life probably by the time they reach the age 50 and approx.[1] 5% population suffer from the disease at any given point of time.[2] Haemorrhoids are dilated, tortuous or varicose veins occurring in relation to the anus and originating in the epithelial plexus formed by radicals of the superior, middle and inferior rectal veins. The symptoms of haemorrhoids include bright red - coloured bleeding (splash in the pan) that is the first and earliest symptom occurs during defecations. The other symptoms includes constipation, mass per anum, a mucoid discharge, pruritus, pain may be due to prolapsed haemorrhoid and anemia.[3] Based on the degree of prolapsed, they are classified into 1st, 2nd, 3rd and 4th degree haemorrhoid. In second degree haemorrhoids, they come out only during defaecation and is reduced spontaneously after defaecation.[4]

The management of haemorrhoid include Medical, Office based method and surgical approaches. Medical management involve local application, sitz bat, laxative and drugs analgesics. Office based methods involve - Sclerotherapy, Barron Band Ligation, Lord's manual anal dilatation, Cryotherapy, Infrared coagulation and Laser therapy. Surgical management involve DGHAL [Doppler guided haemorrhoidal artery ligation], open and closed haemorrhoidectomy, Stapled haemorrhoidectomy or endostapling.[5] However each procedure comes with its own advantages and disadvantages likes anal stricture, anal fissure,

recurrences, anal discharge for sometime and incontinence for faeces or gas.[6]

In Ayurveda, the symptoms of haemorrhoids can be correlated with Arsha vyadhi.

Aacharya Sushruta had mentioned arsha in the Asthamahagadas.[7] Aacharya Charaka has given conservative management and prescribed suitable dietary regiment with drug to the patients for the treatment of Arsha.[8] Sushruta, the father of surgery had described the four types of treatment for Arsha: Bheshaja (medical management), Shastra (surgery), Kshar (alkaline ayurvedic preparation) and Agni (cauterization). Among these procedures, Ksharkarma is indicated in Mrudu (soft), prasruta (spreaded), Avagadh (deep rooted) and uchrita (bulging out) arshas.[9] Aacharya Sushruta emphasized that ksharkarma (the therapeutic use of alkaline preparation) is superior to both shastra (sharp surgical tools) and anushastra (non-sharp or accessory instrument). This superiority lies in its versatile properties - chhedya (cutting), bhedya (splitting excision), Lekhyakarnat (scrapping). Additionally, it is considered as Tridoshanghna (help balance all three doshas).[10]

The systemic measures includes intake of medicines appropriate to the dosha and avastha of Arshas possessing the properties as - Deepana, Pachana, Anulomana and Sanshamana.[11] Among the various Shamana Aushadhi like Abhayarishta, Arshakuthar rasa, Kankanyana vati etc., Piluphalshukta is also one of them. Piluphalshukta as menthioned in Ashtang Hridaya also helps in treating Gulma and Arsha.[12] It relieves chronic constipation by its anuloman property. It helps in reduction of pile mass size due to its shothahara property. It also causes Agnideepana. This case was documented to assess the clinical efficacy of Apamarga kshar pratisaran along with Piluphal shuktapan in the patient diagnosed with Abhyantar Arsha with reference to internal haemorrhoid.

METHODOLOGY

This is a single case study conducted in Radhakisan Toshniwal Ayurved Hospital, Akola, Maharashtra. The patient suffering from second degree internal haemorrhoid was treated with Apamarga kshara along with piluphal shuktapan with diet and lifestyle modification. Apamarga Kshara pratisaran (locally) was performed in a single setting at a dose of approx. 2-3 gm. Piluphal shuktapan was given orally at a dose of 20 ml for 15 days. Patient was assessed on every week for one month. During the visit, patient was assessed on clinical features listed in the assessment criteria and also examined clinically. After counceling, the line of treatment was explained and written informed consent was obtained from the patient

prior to the intervention for treatment and publication of the case including relevant information.

CASE HISTORY

A 42 year old male patient came to the Shalyatantra OPD of Radhakisan Toshniwal Ayurved Hospital, Akola with a complaint of mass per anum, bleeding during defecation, constipation and mild discomfort for the last 2 month.

HISTORY OF PRESENT ILLNESS

The patient was apparently healthy before 2 months. Then he noticed bright red blood occasionally dripping after defecation. The bleeding was painless and typically associated with straining during bowel movements. He described a sensation of prolapse during defecation, which spontaneously reduces. The patient also reported mild discomfort and mucoid discharge during defecation. He was managed conservatively for a week but didn't get any relief. The symptoms get aggravated before10 days. So he visited to our hospital for further management.

PAST HISTORY

There was no relevant past medical history of serious illness like HTN, DM.
There was no history of any previous surgery.

Family History: All family members were said to be healthy and no hereditary link noted.

Personal History

Lifestyle : Unscheduled lifestyle
Sleep : Disturbed
Addiction : Not any
Bowel habits : Irregular, constipation, straining during defecation.
Diet : Habitual to spicy food and non vegetarian food and less water intake.

General Examination

Pulse : 78/min
BP : 130/80 mm of hg
RR : 18/min
Temperature : 97^{o}F
RS : AEBE clear

CNS : conscious, oriented

CVS : S1S2 normal

P/A : soft, non tender

Local Examination

Position : Done in lithotomy position

Digital rectal examination : Normotonic sphincter, no spam

Proctoscopic examination : There were three second degree internal haemorrhoids present at 3, 7 and 11 o'clock position.

Lab Investigation

Hb % - 11.6 gm %	RBS - 98 mg/dl
TLC - 9000 /cumm	HIV - negative
Platelets - 245000/cumm	HBsAg - negative

Assessment Criteria

Assessment criteria for Subjective parameters are as follows

Sr.No.	Symptoms	Criteria	Score
1	Gudagata Raktastrava Per Rectal Bleeding)	No bleeding Occasional drop by drop Bleeding during defecation (Occasional Splash in pan) Constant bleeding during defecation (Splash in the pan) Severe, continuous bleeding during defecation and irrespective of defecation	00 10 20 30
2	Vedana (Pain) VAS score (0-10)	No pain Mild pain (1-3) Moderate pain (4-6) Severe pain (7-10)	00 10 20 30
3	Gudakandu (Itching)	No itching Mild (no discomfort) Moderate (Causing discomfort, itching several times) Severe (resulting in excoriation of perianal skin)	00 10 20 30
4	Malavashtambha (Constipation)	Absent Passing hard stool Hard stool passed with applying of force and with intermittent purgatives Hard stool and continuous need of purgatives for evacuation or not passes even after purgatives	00 10 20 30

Assessment criteria for Objective parameter

Symptom	Criteria	Grade
Gradations of haemorrhoids based on prolapse	No piles mass	00
	No prolapsed, Bleeds only	10
	Prolapsed during defecation and reduce spontaneously	20
	Prolapsed during defecation but reduced manually	30

Therapeutic Intervention

Ksharkarma - Pratisarneeya Teekshna Apamarga Kshara

The Pratisarneeya Teekshna Apamarga Kshara was prepared as per the reference mentioned in the Sushruta Samhita.[13]

Apamarga Kshara was applied to the second degree internal haemorrhoids present at 3, 7 and 11 o'clock position.

Purvakarma

1. Routine investigations mentioned above were done.
2. Shaving and Part preparation (Anal Region) was done
3. Proctoglysis enema was given before Kshar karma.(one at night and another at morning)
4. Prophylactic antibiotic was given.

Pradhankarma

1. Under all aseptic precautions, Lithotomy position was given to the patient.
2. Cleaning, painting and draping of perianal area was be done.
3. Septa block was given.
4. Sim's speculum lubricated with LOX jelly was introduced in the anal canal and pile mass was identified, anoderm near the pile mass was hold with Allis tissue forceps for better visualization of pile mass.
5. Pile mass was gently scraped with dry gauze piece.
6. Tikshna Apamarga Kshar was applied over the pile mass with the help of Spatula.
7. At the time kshar application only one pile mass was exposed and remaining part of anal mucosa was covered with wet gauze piece to avoid contact of kshar with remaining anal mucosa. It prevents damage to healthy mucosa.

8. After application of kshar, Sim's speculum was closed with palm till counting of 100 matra i.e. Shata matra (approximately 1.5 -2 min) and up to getting Samyakdagdha lakshnas like pakwajambu phalavat varna.
9. Amla rasatmak dravya like here we used Lemon juice to wash kshar and then it was washed with normal saline.
10. Approximately 2-3 gms of kshar was required for single setting. The same procedure was done for remaining pile masses.

Pashchatkarma

1. Anal Packing with Yashtimadhu ghrit was given to reduce burning sensation.
2. Hot sit'z bath after defecation for 5 min was adviced to the patient.
3. Analgesics and Anti- inflammatory drugs were given as in some patients there was a pain and swelling.
4. Gandharva haritaki churna 3gm was given with lukewarm water at bed time as laxative.

Pathya - Daily walking, mild exercise, soft diet, more water intake, green leafy vegetable

Apathya - Spicy and oily food, straining during defecation, sitting for a long time.

Piluphal shukta

Dosage and Duration - Piluphal shukta was administered orally in 20 ml (single dose) at night with water for 15 days.

FOLLOW UP AND OUTCOME

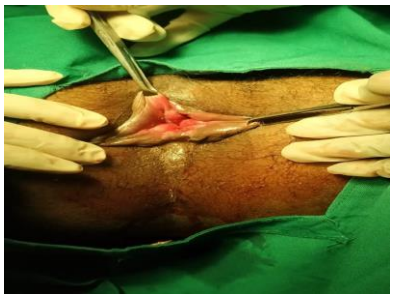
The patient was assessed before and after treatment on the basis of subjective and objective criteria. The patient was followed up after 21 days. Proctoscopic examination did not reveal any evidence of recurrence.

Details of Assessment parameters-

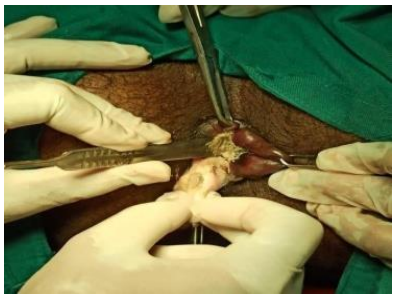
Sr. No.	Assessment Subjective Parameters	Before Treatment	After Treatment
1	Gudagata Raktastrava (Per Rectal Bleeding)	30	0
2	Vedana (Pain)	10	0
3	Gudakandu (Itching)	20	0
4	Malavashtambha (Constipation)	20	0

The patient experienced marked relief from his presenting symptoms like Gudagata Raktastrava, Vedana, Gudakandu and Malavashtambha. The internal Haemorrhoids had completely resolved.

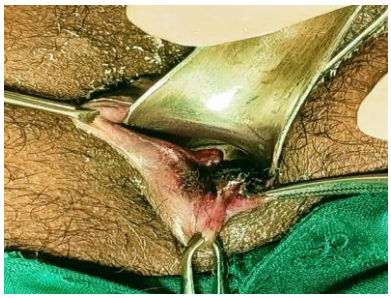
During the course of treatment and the follow up phase, no adverse effects associated with the therapeutic intervention were identified.



Before Apamarga Kshar Pratisaran



During Pratisaran Kshar



After Apamarga Pratisaran

DISCUSSION

Apamarga kshara holds a prominent role in Ayurvedic practices. It is regarded as one of the most potent forms of kshara chikitsa due to its strong caustic properties. It is especially effective in managing Arsha and other disorders involving abnormal tissue growth. It exhibits specific therapeutic actions such as Chhedana, Bhedana, Lekhana, ksharana and Kshanana.[14]

The mode of action starts immediately after application of kshara on the tissue of piles. Kshara penetrates into the mucosal layer of pile mass and necrosed the tissue due to chemical cauterization property of kshara. Kshara coagulates the protein of tissue which in fact causes the local necrosis of pile mass and ultimately, the necrosed tissue leads to fibrosis and thus controls engorgement by fixing the mucosa to the muscular layer.[15]

Mode of Action of Kshara on Haemorrhoid Mass[16]

Sr.No.	Therapeutic Action	Properties of Kshara
1	Stage of necrosis of the pile mass	Due to Ushna, Teekshna and Pachana property
2	Stage of sloughing of necrosed tissue	Due to Chedana, Bhedana and Lekhana property
3	Stage of wound healing	Due to Shodana and Ropana property

Pratisaraniya Teekshna kshar acts on haemorrhoids in two ways-

1. It cauterizes the pile mass directly because of its corrosive nature.
2. It coagulates protein in haemorrhoidal plexus.

Probable action of Pratisaraniya Teekshna kshar[17]

Days	Observations
1st day- immediately after kshar pratisaran	Coagulation of haemorrhoidal plexus, blackish discoloration
2nd day	Oedema and softening of coagulated mass with initiation of sloughing
3 to 5 days	Sloughing and necrosis of mass
6 to 10 days	Mucosal ulcer on the site, no mass on the site
11 to 14 days	Healing of ulcer with scar
After 14 days	Scar on the site with complete obliteration, fibrosis of haemorrhoid plexus and adhesion of scar to mucosal coat

Probable mode of action of Piluphal Shukta

Agnimandya and Malavashtamba acts as a causative factor for Arsha. So, to reduce these symptoms Piluphalshukta was used.

Piluphal - Pilu has a Tikta, Madhura rasa.

They has an Ushna, deepana and Vatahar properties. Piluphal also anulomak in nature that promotes downward movement of vata, easing constipation and reducing straining during defecation. It also acts as a Shothahara and hence reduces swelling and inflammation of internal haemorrhoidal veins.

The other prakshep dravya used in piluphalshukta are - Amlabet, Shunthi, Marich, Pimpli, Twak, Badar, Patha, Harenu, Dhamasa, Bruhadela, Kutaki, Sprikka, Badar, Lavang, Vidanga, Pimplimool, Chitrak mool. All these are Ushna veerya dravyas and having Deepana and Pachana property. Hence, improve digestion and reduce tendency of Agnimandya. So, it is seen that all the major ingredients and prakshep dravya of piluphal shukta acts as a virechak, shothahara, deepana and pachana.

Thus, the combined use of Apamarga kshar pratisaran along with Piluphal shuktapan provide a therapeutic approach imvolving both local and systemic management of Abhyantar arsha.

CONCLUSION

The present study suggests that the Ksharkarma along with Piluphal shuktpan was found effective in obliterating the pile mass within 21 days of application. It offers rapid symptoms relief and low recurrence when combined with proper post care and lifestyle changes. Future sample should be include a large sample size and multicentric to improve generalization.

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