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MANAGEMENT OF ABHYANTAR ARSHA (SECOND-DEGREE INTERNAL HAEMORRHOIDS) VIA TARGETED VASA PRATISARNIYA KSHARA KARMA AND COMPLEMENTARY ORAL REMEDIES: A CARE-COMPLIANT CLINICAL CASE REPORT

Dr. Alok Kumar Yadav*[1], Dr. Elizbeth P. John[2], Dr. Ishan Parasar[3]

[1]PG Scholar, Department of Shalya Tantra, VYDSAM Khurja, Bulandshahr, Uttar Pradesh, India.

[2]Guide and HOD and Professor, Department of Shalya Tantra, VYDSAM Khurja, Bulandshahr, Uttar Pradesh, India.

[3]Co - Guide and Assistant Professor, Department of Shalya Tantra, VYDSAM Khurja, Bulandshahr, Uttar Pradesh, India.

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***Corresponding Author**

Dr. Alok Kumar Yadav

PG Scholar, Department of Shalya Tantra, VYDSAM Khurja, Bulandshahr, Uttar Pradesh, India.

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ABSTRACT

Background: *Arsha* (haemorrhoids) is a prevalent anorectal disorder classified under the *Ashtamahagada* (eight dreadful diseases) in Ayurveda due to its deep-seated pathogenesis and challenging prognosis. Modern lifestyle shifts, characterized by low-fibre dietary habits and prolonged sitting, have caused a surge in early-stage internal haemorrhoids (1st and 2nd degree). While conventional surgeries offer management, they often present substantial post-operative morbidity, bleeding, and long recovery times. This case report evaluates the clinical efficacy of *Vasa Pratisarniya Kshara*—an alkaline caustic preparation—combined with conservative oral medication in managing chronic *Abhyantar Arsha*. **Case Presentation:** A 29-year-old male patient presenting with a two-year history of recurrent, painless rectal bleeding during defecation and protruding masses that reduced spontaneously was examined in Shalya Tantra OPD No. 05. Proctoscopic evaluation confirmed second-degree internal haemorrhoids at the 3, 7, and 11 o'clock positions. The patient underwent a single-sitting proctoscopic application of *Vasa Pratisarniya Kshara* on the prominent pile masses, followed

by a post-operative oral regimen consisting of *Triphala Guggulu*, *Arshoghni Vati*, and *Abhayarishta*. **Results:** Total cessation of rectal bleeding was achieved within 4 days post-procedure. Follow-up examinations at the 4th week showed significant sloughing, tissue fibrosis, and absolute involution of the pile masses. The patient reported minimal, transient post-procedural pain that resolved within 48 hours without conventional analgesics. A 12-month post-procedural audit recorded complete clinical resolution with no structural recurrence or anal stenosis. **Conclusion:** *Vasa Pratisarniya Kshara Karma*, combined with targeted oral *Arshoghna* remedies, provides a robust, safe, cost-effective, and minimally invasive day-care option for managing early-stage internal haemorrhoids.

KEYWORDS: Abhyantar Arsha, Internal Haemorrhoids, Vasa Pratisarniya Kshara, Kshara Karma, Case Report, CARE Guidelines.

2. INTRODUCTION

The classical Ayurvedic entity *Arsha* finds its etymological roots in the word *Ari*, which translates to an enemy, emphasizing the severe pain, physical discomfort, and mental distress the condition causes.[1] Acharya Sushruta describes *Arsha* as fleshy, polypoid projections arising from the *Guda Vali* (anal sphincteric folds) that obstruct the passage of flatus and faeces, thereby disrupting normal defecation.[2] In modern proctology, this matches internal haemorrhoids, which involve the symptomatic enlargement and distal displacement of the normal anal cushions. The distorted lifestyle of the 21st century—marked by highly refined low-fibre diets, sedentary routines, and irregular bowel habits—causes chronic constipation and increased intra-abdominal pressure, leading to an increasing incidence of internal haemorrhoids.[3] While advanced third- and fourth-degree cases often require radical surgical haemorrhoidectomy, first- and second-degree internal haemorrhoids provide a therapeutic window for conservative or minimally invasive para-surgical modalities.[4] However, modern-day care procedures like sclerotherapy or rubber band ligation are occasionally associated with post-procedural complications, including secondary haemorrhage, severe tenesmus, or localized anal sepsis. To address these limitations, Ayurveda utilizes *Kshara Karma*, a specialized para-surgical modality. Acharya Sushruta asserts the clinical superiority of *Kshara* over conventional cutting instruments because a single application simultaneously executes *Chhedana* (excision), *Bhedana* (incision), and *Lekhana* (scraping/debridement) of pathological tissues.[5] For this protocol, *Vasa* (*Adhatoda vasica*) was selected as the plant base. Well-known for its *Raktaprasadana* (blood-purifying) and *Stambhana* (hemostatic)

virtues, *Vasa* when processed into an alkaline caustic agent (*Kshara*) induces targeted, chemical necrosis in the engorged vascular cushions.[6] This single case study details the clinical management of a 29-year-old male with second-degree internal haemorrhoids treated via *Vasa Pratisarniya Kshara Karma* and supporting oral medications.

3. CASE HISTORY

3.1 Patient Information and Initial Complaints: A 29-year-old male patient presented to the outpatient wing of the Department of Shalya Tantra (OPD No. 05) at Vaidya Yagyadutta Sharma Ayurvedic Mahavidyalaya Hospital, Khurja. He reported complaints of painless, fresh blood dropping per rectum during defecation and the descent of masses during straining that returned spontaneously into the anal canal after evacuation. These symptoms had occurred intermittently over the past two years.

3.2 History of Present Illness: The patient worked as a software developer, requiring him to sit for 8 to 10 hours daily. Over the past two years, he experienced chronic constipation with hard stools, which forced him to strain during defecation. He initially noticed streaks of fresh blood on his stools, which progressed to bright red blood dropping after bowel movements. Six months prior to presentation, he began feeling distinct masses prolapsing during straining. He relied on topical steroid ointments and laxatives, which offered brief, temporary relief. Due to worsening bleeding and growing discomfort, he sought structured Ayurvedic care.

3.3 Past Family, and Personal History

- **Past History:** No history of any prior anorectal surgeries, abdominal trauma, or chronic conditions such as diabetes mellitus or systemic hypertension.
- **Family History:** Non-contributory regarding chronic colorectal or vascular disorders.
- **Personal History:** Consumes a low-fibre diet with high intake of spicy food, drinks less than 1.5 litres of water daily, and reports irregular bowel habits with clear signs of *Vata-type* constipation.

4. CLINICAL AND DIAGNOSTIC ASSESSMENT

4.1 Physical and Systemic Examination: General physical evaluation showed a well-nourished young male with stable vitals (BP: 122/80 mmHg, PR: 76/min, Temp: 98.2°F). Systemic assessment of the cardiovascular, respiratory, and abdominal spheres showed no clinical abnormalities.

4.2 Local Anorectal Examination

- **Inspection (Lithotomy Position):** Perianal skin appeared intact. No visible external haemorrhoidal tags, fissures, active fistulous tracts, or signs of localized perianal skin infections.

- **Digital Rectal Examination (DRE):** Rectal ampulla was empty. Digital exploration revealed soft, non-tender, compressible mucosal thickenings inside the anal canal that prolapsed slightly upon straining, confirming the absence of indurated masses or malignancy.

- **Proctoscopic Visualization:** Revealed three prominent, congested internal pile masses located at the primary anatomical positions: 3, 7, and 11 o'clock.[7] The mucosal surface appeared bright red and bled easily upon contact, confirming second-degree internal haemorrhoids (*Abhyantar Arsha*).

4.3 Laboratory Baseline Studies: All haematological parameters fell within normal physiological boundaries (Haemoglobin: 14.2 gm/dl, TLC: 6,800/cumm, Bleeding Time: 2 mins 10 secs, Clotting Time: 4 mins 45 secs). Serological markers for HIV, HBsAg, and HCV was negative.

5. THERAPEUTIC INTERVENTION

The treatment plan combined a primary, single-sitting para-surgical application of *Vasa Pratisarniya Kshara* with a continuous 30-day oral course of supportive Ayurvedic medications.

5.1 Preoperative Preparation (*Poorva Karma*)

The patient received a light, digestible diet on the evening prior to the procedure. On the morning of the intervention, a soap-water enema was administered to ensure a clear, fecal-free rectal field. Local sensitivity testing for 2% Lignocaine was performed, and a prophylactic dose of Tetanus Toxoid (0.5 ml) was given intramuscularly.

5.2 Operative Procedure (*Pradhana Karma*): The procedure was carried out under local infiltration anaesthesia in the institutional operating theatre.

1. Step 1: Positioning and Exposure: Lithotomy positioning & local prep.

The patient was placed in the lithotomy position, and the perianal zone was cleansed and draped. A slotted proctoscope lubricated with *Jatyadi Taila* was introduced to clearly visualize the pile mass at the 3 o'clock position.

2. Step 2: Kshara Application: Application using a specialized probe.
The target pile mass was stabilized and cleansed of mucus. *Vasa Pratisarniya Kshara* was applied evenly over the mass using a specialized applicator. The application was maintained for 100 *Matra* (approximately 2 minutes).

3. Step 3: Visual Confirmation: Transition to Pakwa Jambu Phala Varna.
The pile mass turned from bright red to a dark, blackish hue resembling a ripe blackberry (*Pakwa Jambu Phala Varna*), confirming adequate chemical cauterization and protein coagulation.[9]

4. Step 4: Chemical Neutralisation: Neutralization with Nimbu Swarasa.
The area was immediately irrigated with fresh lemon juice (*Nimbu Swarasa*) to neutralize the alkaline caustic agent and halt further chemical damage.[9] The anal canal was then rinsed thoroughly with normal saline. The same procedure was repeated sequentially for the masses at 7 and 11 o'clock.

5.3 Postoperative Care and Oral Regimen (*Paschat Karma*)
Following the procedure, a rectal pack saturated with *Jatyadi Taila* was inserted to soothe the local mucosa and reduce immediate post-operative burning. The patient was monitored for 4 hours and discharged the same day with the following instructions.

- **Local Management:** Warm *Avagaha Sweda* (Sitz bath) for 15 minutes twice daily after defecation, followed by the application of 5 ml of *Jatyadi Taila* into the anal canal using a syringe applicator.

- **Systemic Oral Supportive Medications (Duration: 30 Days)**

1. *Triphala Guggulu*: 2 tablets (500 mg each) twice daily after meals with warm water (promotes tissue healing, reduces inflammation, and prevents localized secondary infection).

2. *Arshoghni Vati*: 2 tablet (250 mg) twice daily after meals with warm water (a traditional formulation used to reduce the size of vascular pile masses and prevent bleeding).

3. *Abhayarishta*: 20 ml mixed with an equal quantity of lukewarm water, taken twice daily immediately after meals (acts as a carminative and mild laxative, ensuring soft stools to prevent mechanical friction against the healing mucosa).

6. RESULTS AND CLINICAL TIMELINE: The patient's recovery was monitored at regular weekly intervals over a four-week post-procedural period.

- **Bleeding Resolution:** Rectal bleeding decreased significantly after the procedure, with complete cessation achieved by Day 4.

- **Pain Control:** Post-operative pain was described as a mild, localized burning sensation during the first 48 hours, which was effectively managed through regular *Avagaha Sweda* without requiring oral analgesics.

- **Mass Regression:** Proctoscopic evaluation at the end of the 2nd week revealed that the cauterized tissue had sloughed off safely, leaving a clean granulation base. By the end of the 4th week, significant mucosal fibrosis and total regression of the pile masses were confirmed at the 3, 7, and 11 o'clock positions.

Chronological Evaluation Matrix

Follow-up Phase	Rectal Bleeding Status	Pain Severity (VAS 0–10)	Proctoscopic Findings
Baseline (Day 0)	Profuse dropping during defecation	2/10 (Pre-defecation strain)	Three congested 2nd-degree pile masses
Week 1 (Day 7)	Completely Absent (Ceased on Day 4)	3/10 (Transient post-defecation)	Necrotic tissue beds with localized slough
Week 2 (Day 14)	Completely Absent	0/10	Clean healing granulation base
Week 4 (Day 28)	Completely Absent	0/10	Total pile mass involution; healthy fibrosed scar

The patient returned to light desk work by Day 3. At a 12-month post-treatment follow-up, he remained asymptomatic with regular bowel movements, healthy mucosal integrity, and zero recurrence of haemorrhoidal prolapse.

7. DISCUSSION

The rapid clinical recovery observed in this case demonstrates the effectiveness of combining localized *Kshara Karma* with supportive oral remedies to manage early-stage internal haemorrhoids. From a pathomorphological perspective, *Arsha* develops due to a localized accumulation of *Vata* and *Pitta Doshas* within the *Guda Valis*, leading to structural weakness in the vascular networks and tissue congestion.

The clinical success of *Vasa Pratisarniya Kshara* stems from its controlled alkaline-caustic action.

1. **Coagulation Necrosis:** When applied to the pile mass, the high alkalinity of the *Kshara* triggers protein denaturation within the vascular cushions, leading to localized coagulation necrosis.[10] This chemical process seals the micro-vasculature, providing rapid relief from bleeding (*Raktasrava*).

2. **Tissue Desiccation and Sloughing:** The *Lekhana* (scraping) and *Shoshana* (absorbing) properties of the *Vasa Kshara* dehydrate the pathological mass, causing it to shrink and slough off naturally as sterile necrosis.[11]

3. **Healing via Fibrosis:** The controlled chemical action induces a localized inflammatory response that helps bind the redundant mucosa back down to the underlying muscularis layer. This micro-scarring effectively "pins" the tissue, preventing future vascular engorgement and prolapse.[11]

Using *Vasa* as the plant base provides distinct clinical advantages. Known for its *Stambhana* virtues, *Vasa* limits the chemical burn to a mild-to-moderate range, reducing the risk of deep tissue scarring, delayed secondary haemorrhage, or anal stenosis—complications sometimes associated with harsher chemical agents. Concurrently, the oral regimen sustains these benefits; *Abhayarishta* ensures soft stool consistency to eliminate mechanical friction against the healing tissue, while *Triphala Guggulu* and *Arshoghni Vati* support local mucosal recovery and help correct the underlying digestive imbalances (*Mandagni*) to reduce the risk of long-term recurrence.

8. CONCLUSION

This case study demonstrates that a single-sitting application of *Vasa Pratisarniya Kshara*, supported by targeted oral *Arshoghna* medications, provides a safe, highly reliable, and minimally invasive day-care method for managing *Abhyantar Arsha* (second-degree internal

haemorrhoids). By combining quick hemostasis, controlled tissue desiccation, and healing via targeted mucosal fibrosis, this integrated protocol offers an effective alternative to conventional surgical options, allowing a quick return to daily activities with minimal patient discomfort.

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