

A COMPREHENSIVE REVIEW ON THE MANAGEMENT OF ABHYANTARA ARSHA W.S.R. TO INTERNAL HEMORRHOIDS

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ABSTRACT

Background: Arsha (piles / hemorrhoids) is a common ano-rectal disorder described in classical Ayurveda as a *Mahagada* (major disease). *Abhyantara Arsha* refers to internal hemorrhoids, i.e. dilated veins in the anal canal that do not prolapse externally or are internal in location. Current incidence is rising, likely due to sedentary lifestyles, poor diets, habitual straining etc. **Objective:** To review classical Ayurvedic theory and modern clinical studies of *Abhyantara Arsha*, including etiopathogenesis, classification, signs-&-symptoms, diagnostic methods, Ayurvedic treatment modalities (*Bhaishajya*, *Kṣāra karma*, *Agni karma*, *Śastra karma* etc.), the evidence base for various treatments, comparative efficacy, safety, and gaps in knowledge. **Methods:** Survey of Ayurvedic classical texts (e.g. *Sushruta Saṁhitā*, *Charaka Saṁhitā*) for theoretical foundations;

review of recent clinical studies, case reports, comparative trials and review articles; searches of modern Ayurveda journals for studies specifically on internal hemorrhoids / *Abhyantara Arsha*; evaluation of treatments used and outcomes reported. **Results:** Classical sources describe Arsha with etiological factors (diet, habit, *Vāta-Pitta* vitiation, *Dūṣya* involvement, *Dhātu* weakness etc.), classification (internal/external/mixed; *bheda* like *Ardra*, *Raktarsha* etc.), and multiple treatment options. Recent clinical studies show that *Kṣāra Karma* (various plant-based *ksharas* like *Kutaja*, *Apamarga*, *Palasha*, *Chitraka* etc.) are effective in reducing bleeding, size of hemorrhoidal mass, pain; some case reports of conservative internal medicine, local ointments, herbal formulations. Comparative studies (e.g. *Apamarga* vs *Palasha kṣāra*) show significant differences in certain efficacy parameters. While many patients show early symptomatic relief, long-term follow up data are limited. Safety is

generally acceptable, though improper application or strength may cause discomfort. Gaps include standardization of doses, rigorous RCTs vs surgical procedures, histopathological assessments, recurrence rates, and consensus treatment protocols. **Conclusions:** *Abhyantara Arsha* is treatable effectively using Ayurvedic modalities, especially *Kṣāra Karma* and internal medicines, given appropriate case selection, preparation, and technique. To integrate more fully with evidence-based healthcare, further well-designed clinical trials, standardization, long-term follow-ups and comparative studies are needed.

KEYWORDS: *Internal Hemorrhoids, Kshara karma, Mahagada Abhyantara Arsha, Ayurveda.*

INTRODUCTION

Arsha is one of the frequently encountered ano-rectal disorders in Ayurveda. The term *Abhyantara Arsha* corresponds to internal hemorrhoids in modern medicine: dilated anal venous plexuses located inside the anal canal, often symptomatic with bleeding, discomfort, sometimes prolapse. Arsha is dramatic in its presentation of symptoms like bleeding per rectum (*rakta śrava*), pain, itching, mucous discharge, burning etc. Classical Ayurveda considers its causes multifactorial (diet, lifestyle, bodily humors etc.), and offers multiple options of treatment.

Given the morbidity, recurrence, and impact on quality of life, and also some side effects of modern surgical treatments, interest in Ayurvedic management of *Abhyantara Arsha* has resurged. This review focuses on what is known: classical texts' understanding; recent clinical, comparative, case evidence; efficacy and safety; and gaps.

CLASSICAL AYURVEDIC THEORY OF ABHYANTARA ARSHA

Definition & Classification

- In classical texts (e.g. *Sushruta Saṃhitā*, *Charaka Saṃhitā*), *Arsha* is among *Mahagada* – serious diseases with potential for long-term suffering. *Abhyantara Arsha* refers to internal types (versus *Bahya* external).
- Types / bheda: e.g. *Ardra Arsha* (with pain, possibly prolapse), *Rakta Arsha* (bleeding predominant), *Vataja*, *Pittaja*, *Kaphaja*, mixed etc.

Etiopathogenesis (*Nidāna & Samprāpti*)

Key etiological factors include

- Diet irregularities: overeating, incompatible foods, spicy, oily, unctuous, heavy meals etc.
- Habitual constipation or frequent straining during defecation.
- Sedentary lifestyle, prolonged sitting.
- Weakness (*Shaithilya*) of *Dhātus* in the anal region, defective strength of supporting tissues (e.g. *snāyu*, *mūtra* etc.).
- Vitiation of *Vāta* primarily (especially *Apāna Vāta*), also *Pitta* and *Rakta*, leading to congestion of veins (*Sira granthi*), inflammation.
- Functional pathology: Poor digestion leads to *Ama*, vitiation of *doshas*, stagnation, weakening of local vessels, swelling, dilation, etc.

Signs & Symptoms

- **Primary:** bleeding per rectum, pain, itching, burning sensation.
- **Secondary:** feeling of heaviness, swelling / mass inside (possible prolapse), mucous discharge, discomfort especially during defecation.

Grades (similar to modern classification) are implied in classical writings (first degree = bleeding predominates, no prolapse; further degrees = prolapse etc.)

TREATMENT MODALITIES IN AYURVEDA

Classical Treatment Options

Acharya Sushruta describes four main therapeutic modalities for *Arsha*: *Bhaiṣajya* (internal medicines/herbs), *Kṣāra Karma* (alkaline caustic treatments), *Agni Karma* (cauterization), *Śastra Karma* (surgical instruments / excision).

Choice depends on *bheda* (type), *avāsta* (severity), *dosha* dominance, strength of patient etc.

Treatment Principles

- **Balancing *Doshas***, addressing *Pitta* and *Vāta* predominance, reducing *Rakta*, removing obstruction, promoting *Shodhana* (purification), *Snehana*, *Swedana*, so that tissues are prepared before para-surgical treatment.
- Local treatments: topical pastes, oils, fomentation etc.
- *Kṣāra Karma* for internal piles: apply plant-derived alkaline agents to cause necrosis / chemical cauterization of the internal pile mass.
- After care: diet modification, regulating bowel habits, stool softeners, avoidance of straining.

MODERN CLINICAL EVIDENCE

Below are key recent studies focusing on internal hemorrhoids / *Abhyantara Arsha*:

Study	Design / Sample	Intervention	Outcomes
Role of <i>Kutaja Pratisarneya Kṣāra</i> (Prasher, 2023)	30 patients with internal hemorrhoids	<i>Kutaja Pratisarniya Kṣāra</i> applied to <i>Pakwa Jambu Phala</i> stage; repeated after 7 days if needed	83.33% patients cured; 16.67% marked improvement. Significant reduction of bleeding and regression of hemorrhoidal mass. IJAPRS
Comparative Study of <i>Apamarga</i> vs <i>Palasha Pratisaraniya Kshara</i>	Two groups (Ardra Arsha cases)	One group treated with <i>Apāmārga Pratisarniya Kṣāra</i> ; other with <i>Palāśa Pratisarniya Kṣāra</i>	Both groups had significant relief in symptoms (pain, bleeding, burning, size of mass); statistically significant differences in some parameters. ijam.co.in
<i>Chitraka Pratisaraneeya Kshara</i> – Single Case Study	A 54-year-old female, internal hemorrhoids	Local application of <i>Chitraka Pratisaraneeya Kṣāra</i>	Improvement, no complications reported. Jaims
Management by Internal Ayurvedic Medicines (First-Degree <i>Abhyantara Arsha</i>)	Case discussion	Oral Ayurvedic medicines over ~30 days	Marked reduction in clinical features (bleeding, discomfort etc.), significant improvement by end of treatment. IJTSRD
Clinical Case Report – <i>Kṣāra Karma</i> (“Management of internal hemorrhoids by <i>Kṣāra karma</i> : An educational case report”)	One patient (66-yr-old, II degree internal hemorrhoids)	<i>Kṣāra Karma</i> per classical description	Improvement in symptoms (bleeding, prolapse etc.). PubMed Central
Study of <i>Rakt Arsha</i> in 1st Degree Internal Hemorrhoid	Single patient	Therapeutic internal medicines (<i>Agnisandeepana</i> etc.)	Stoppage of bleeding, symptomatic relief. Ayurlog

COMPARATIVE EFFICACY & KEY FINDINGS

- *Kṣāra Karma* is repeatedly shown to be effective, especially in moderate-severity internal hemorrhoids (e.g. II degree). It helps reduce bleeding, shrink mass, relieve symptoms.
- Different plant sources for *Kṣāra* (*Kutaja*, *Apāmārga*, *Palāśa*, *Chitraka* etc.) show slightly different efficacy—some studies suggest *Apāmārga* or *Kutaja* may be superior in certain parameters.
- Internal or conservative treatments (oral medicines, diet, lifestyle) appear effective in early grades (first degree): controlling bleeding, improving quality of life, avoiding invasive procedures.
- Case reports suggest that minimal complications are reported when therapy is properly done, especially in *Kṣāra* application.

Safety, Side Effects & Practical Considerations

- While Ayurvedic interventions are often well-tolerated, possible side effects include local burning, ulceration if *Kṣāra* is too strong or contact time excessive, pain. Proper technique is essential.
- There is risk of recurrence if lifestyle, diet, bowel habits are not modified.
- Patient selection is important: degree of *Arsha*, health of patient, presence of comorbidities (bleeding disorders etc.).

Gaps in Literature

- Many studies are case reports or small non-randomized trials; few large randomized controlled trials.
- Standardization of preparations is weak: the concentration/strength of *Kṣāra*, method of preparation, contact duration, neutralization methods often not clearly documented.
- Long-term outcomes (recurrence, scarring, impact on continence etc.) are less frequently reported.
- Few studies compare Ayurveda methods directly with modern surgical or minimally invasive therapies (rubber band ligation, laser, sclerotherapy, etc.).
- Histopathological data or imaging studies tracking tissue changes are rare.
- Quality of life measures, patient-reported outcome scales, cost-effectiveness studies are relatively sparse.

DISCUSSION

Integrating classical ayurvedic theory and modern evidence, several observations emerge:

- *Abhyantara arsha* is best managed when diagnosis is early; internal or conservative ayurvedic treatments are particularly useful in early stage.
- For moderate internal hemorrhoids, *kṣāra karma* offers a minimally invasive, effective option—especially when internal medicines, diet, lifestyle adjustments are combined.
- Choice of plant source for *kṣāra* matters; not all *kṣāras* are equal in efficacy.
- Treatment must address both symptoms and underlying causes (diet, bowel habits, dosha balance, digestive fire etc.) To reduce recurrence.
- There is a need to standardize methods and reporting, so that treatments can be replicated and compared.

FUTURE DIRECTIONS & RECOMMENDATIONS

To strengthen the evidence base and improve clinical utility, following steps are suggested:

1. **Randomized Controlled Trials (RCTs)** with larger samples comparing Ayurvedic *Kṣāra Karma* vs standard modern treatments across different grades of internal hemorrhoids.
2. **Standardization Protocols:** clear definitions of *Kṣāra* strength (e.g. pH, alkali ion content), contact time, neutralization steps, plant species used etc.
3. **Long-term follow-up studies:** tracking recurrence rates, functional outcomes (pain, bleeding, prolapse), histology if feasible.
4. **Patient-reported outcomes:** standardized questionnaires for symptom severity, quality of life, cosmesis, comfort etc.
5. **Comparative cost-effectiveness:** Ayurveda methods vs surgical/minimally invasive ones, especially in resource-limited settings.
6. **Safety studies,** side effect profiling, especially in higher grades or in vulnerable populations (elderly, pregnant etc.).

CONCLUSION

Abhyantara Arsha (internal hemorrhoids) is well recognized in classical Ayurvedic texts, with detailed theory of causes, classification, and multiple modalities of management. Modern clinical studies corroborate that internal hemorrhoids can be effectively managed using Ayurvedic modalities – especially *Kṣāra Karma* and internal herbal medicines – with symptom relief, bleeding control, and shrinking of lesions. However, the quality of evidence varies, and more rigorous, standardized, comparative, and long-term studies are needed to consolidate its place in integrated care. Proper patient selection, technique, and aftercare remain central to success.

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