

**THROMBOSED HAEMORRHOIDS IN AYURVEDA: A NARRATIVE
REVIEW OF PATHOGENESIS AND THERAPEUTIC APPROACHES**

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ABSTRACT

Thrombosed haemorrhoids are an acute, painful presentation of haemorrhoidal disease associated with clot formation within haemorrhoidal vascular tissue. The clinical picture commonly includes sudden anal pain, swelling, tenderness and bluish or dark discoloration. Constipation, hard stools and straining may contribute to anorectal symptoms. Within Ayurveda, haemorrhoidal disease is commonly discussed under Arsha; however, thrombosed haemorrhoids do not have a precise one-to-one classical equivalent and should therefore be correlated cautiously on clinical grounds. Ayurvedic management may focus on Agni, bowel regulation, Vatanulomana and measures directed toward Shoola and Shotha. Lasunadi Vati is discussed in the available Ayurvedic literature for its Deepana, Pachana, Vatanulomana and Shoolahara properties, while experimental evidence has explored fibrinolytic activity of garlic. This narrative review summarizes the contemporary description of

thrombosed haemorrhoids, their cautious Ayurvedic correlation, principles of management and the available evidence concerning Lasunadi Vati. The principal clinical evidence

identified in the supplied literature is a single case report involving combination therapy; therefore, it cannot establish the independent efficacy or safety of Lasunadi Vati. Further controlled clinical research with standardized outcomes and adequate follow-up is required.

KEYWORDS: Thrombosed haemorrhoids; Thrombosed piles; Arsha; Ayurveda; Lasunadi Vati; Fibrinolysis.

INTRODUCTION

Haemorrhoids are symptomatic disorders of the normal vascular cushions of the anal canal. They may be described anatomically as internal, external or combined interno-external disease. Contemporary explanations include displacement of anal cushions and vascular and supporting-tissue changes.^[2,3]

Thrombosis represents a painful complication in which a clot develops within haemorrhoidal vascular tissue. Clinically, patients may develop an acutely tender perianal swelling with bluish, purple or dark discoloration.^[3]

In Ayurveda, haemorrhoidal disease is generally correlated with Arsha on the basis of clinical similarity. Ayurvedic interpretation considers factors such as Dosha disturbance, Agni impairment and abnormal bowel habits; these concepts should be presented as an Ayurvedic framework rather than as a direct anatomical equivalence.^[1,5,6]

AIMS AND OBJECTIVES

Aim

To review the pathogenesis, clinical features, Ayurvedic correlation, and therapeutic approaches for the management of thrombosed haemorrhoids.

Objectives

- To review the contemporary concept of thrombosed haemorrhoids.
- To understand the Ayurvedic correlation of haemorrhoids with Arsha.
- To review the probable Ayurvedic pathogenesis of thrombosed haemorrhoids.
- To review the ingredients and therapeutic properties of Lasunadi Vati.
- To discuss the possible role of Ayurvedic management in thrombosed haemorrhoids.
- To identify limitations and future research requirements.

REVIEW METHODOLOGY

This article is presented as a narrative review. The supplied AYUSHDHARA case report was examined together with the contemporary and Ayurvedic references cited in that report. The review summarizes the clinical concept of thrombosed haemorrhoids, the Ayurvedic correlation with Arsha, principles of management, the ingredients and traditional actions of Lasunadi Vati, and the limitations of the available clinical evidence. The source case report is treated as case-report evidence rather than as proof of efficacy.

HAEMORRHOIDS: MODERN CONCEPT

Haemorrhoidal cushions contain vascular, connective-tissue and smooth-muscle components. When these structures become symptomatic, patients may experience bleeding, prolapse, itching, discomfort or pain.^[2,3]

Different explanations of haemorrhoidal disease have been proposed, including venous dilatation, downward displacement of the anal cushions, vascular changes and altered sphincter tone. The sliding anal cushion concept is prominent in contemporary discussions of haemorrhoidal pathophysiology.^[2,3]

Classification of haemorrhoids

- Internal haemorrhoids: above the dentate line and covered by mucosa.
- External haemorrhoids: below the dentate line and covered by skin.
- Interno-external haemorrhoids: involve both internal and external components.

THROMBOSED HAEMORRHOIDS

Definition

A thrombosed haemorrhoid refers to clot formation within haemorrhoidal vascular tissue and is typically associated with acute pain, swelling and local tenderness.^[3]

Etiology and risk factors

- Chronic constipation
- Straining during defecation
- Passage of hard stool
- Increased pressure in anorectal venous channels
- Prolonged sitting
- Excessive physical exertion

- Chronic diarrhoea
- Pregnancy
- Previous history of haemorrhoids

Pathophysiology

Predisposing factors → increased local venous pressure or stasis → vascular injury/congestion → thrombus formation → local inflammatory response and oedema → pain, tenderness and perianal swelling.^[2,3]

Clinical features

- Acute severe anal pain
- Pain while sitting, walking or passing stool
- Perianal swelling
- Tenderness
- Bluish, reddish, purple or dark discoloration
- Bleeding if ulceration occurs
- Constipation
- Disturbance of daily activities

Diagnosis

Diagnosis is primarily clinical and is based on history and inspection with an appropriate local examination. When acute pain is severe, invasive examination should be performed cautiously and proctoscopy may be deferred until adequate examination is possible.^[3]

CONTEMPORARY MANAGEMENT

Conservative management

- Stool softeners
- High-fibre diet
- Adequate fluid intake
- Sitz bath
- Analgesics
- Local care and hygiene

Surgical management

For selected patients, procedural treatment such as incision/drainage or excision may be

considered after assessment of symptom severity, duration and clinical circumstances.^[3]

AYURVEDIC CONCEPT OF ARSHA

Arsha is a recognized anorectal disorder in Ayurvedic literature and is commonly correlated with haemorrhoids on the basis of clinical features. Ayurvedic descriptions emphasize Dosha, Agni and bowel-related factors in understanding the disease process.^[1,5,6]

PROBABLE AYURVEDIC CORRELATION OF THROMBOSED HAEMORRHOIDS

Thrombosed haemorrhoids should not be assigned a definitive one-to-one Ayurvedic diagnosis because a specific classical description corresponding exactly to the modern entity is not established in the supplied sources. A cautious clinical interpretation may consider the involvement of Vata, Rakta, Mamsa, Shotha and Shoola.

Nidana of Arsha

Probable contributing factors include improper diet, Agnimandya, chronic constipation, suppression of natural urges, excessive straining, sedentary lifestyle and improper bowel habits.

Probable Samprapti

Nidana Sevana → Agnimandya → Ama formation and Dosha Prakopa → predominant Vata involvement → Malavibandha and constipation → repeated straining → local pressure and vascular congestion → involvement of Rakta and Mamsa → development of Arsha → acute pain, swelling and thrombosis-like presentation.

Samprapti Ghataka

- Dosha: Predominantly Vata with possible Pitta/Kapha involvement
- Dushya: Rakta and Mamsa
- Agni: Mandagni
- Srotas: Purishavaha and Raktavaha
- Adhithana: Guda
- Rogamarga: Abhyantara

PRINCIPLES OF AYURVEDIC MANAGEMENT

- Agni Deepana
- Pachana

- Vatanulomana
- Shoolahara
- Shothahara
- Bowel regulation
- Appropriate local and para-surgical management where indicated

LASUNADI VATI

Lasunadi Vati is discussed in the supplied literature as a formulation used in the management of haemorrhoidal symptoms. The formulation reported in the source case contains:

- Lasuna
- Jeeraka
- Saindhava Lavana
- Gandhaka
- Shunthi
- Maricha
- Pippali
- Hingu
- Nimbuka

The formulation is described as possessing Deepana, Pachana, Vatanulomana and Shoolahara properties.^[1,5,6]

REVIEW OF INGREDIENTS

Lasuna (*Allium sativum*)

Lasuna is traditionally described with Deepana, Pachana, Vatanulomana, Shoolahara and Kankayan Vati actions. Its reported constituents include allicin, ajoene and diallyl sulphides. Experimental work has investigated the fibrinolytic activity of garlic; however, this evidence should not be interpreted as proof of a clinical thrombolytic effect in thrombosed haemorrhoids.^[6,7]

Jeeraka (*Cuminum cyminum*)

Jeeraka is traditionally described with Deepana, Pachana, Rochana, Vatanulomana and Shoolahara actions. Reported constituents include cuminaldehyde, thymol, terpenes and carvacrol.^[8]

Saindhava Lavana

Saindhava is traditionally associated with Deepana, Rochana, Vatanulomana and Shoolahara actions.^[6]

Gandhaka

Gandhaka is traditionally used in Ayurvedic preparations. Its specific role in thrombosed haemorrhoids requires stronger clinical evidence.^[5,6]

Shunthi (*Zingiber officinale*)

Shunthi is traditionally described with Deepana, Pachana, Vatanulomana and Shoolahara actions. Gingerol, shogaol and zingerone have been investigated for anti-inflammatory and antioxidant effects.^[6]

Maricha (*Piper nigrum*)

Maricha is traditionally described with Deepana, Pachana and Vatanulomana actions. Piperine is an important constituent that has been investigated for anti-inflammatory and analgesic effects.^[6]

Pippali (*Piper longum*)

Pippali is traditionally known for Deepana, Pachana, Vatanulomana, Shoolahara and Mridu Rechana properties.^[6]

Hingu (*Ferula asafoetida*)

Hingu possesses Deepana, Pachana, Vatanulomana and Shoolahara properties and may support comfortable bowel movements.^[6]

Nimbuka

Nimbuka is traditionally associated with Deepana, Shoolahara and Vatanulomana actions.^[5,6]

PROBABLE MODE OF ACTION OF LASUNADI VATI**Correction of Agnimandya**

Deepana and Pachana properties may support digestive function.^[5,6]

Vatanulomana

Vatanulomana may help in regulating bowel movements and reducing straining.^[5,6]

Shoolahara action

Multiple ingredients may contribute to reduction of pain and discomfort.^[5,6]

Possible anti-inflammatory action

Constituents such as gingerol, piperine and thymol have been investigated for anti-inflammatory effects.^[6]

Possible fibrinolytic action

The possible fibrinolytic role of Lasuna is a hypothesis supported by experimental evidence rather than a clinically established mechanism for thrombosed haemorrhoids. Direct clinical studies are required before this mechanism can be considered therapeutic evidence.^[7]

ROLE OF CONSTIPATION

Constipation and hard stool can increase straining and local pressure, worsening pain and haemorrhoidal symptoms. Therefore, bowel regulation is an essential component of management.^[1,3]

ROLE OF Erandabhrishta Haritaki Churna

Erandabhrishta Haritaki Churna was used in the source case together with Lasunadi Vati and Kankayan Vati. Within that treatment combination, its likely therapeutic purpose was bowel regulation and relief of constipation; the case report does not allow its independent contribution to be quantified.^[1]

ROLE OF Kankayan Vati

Kankayan Vati was administered as part of the same combination regimen. Because three Ayurvedic medicines were used concurrently, the observed improvement cannot be assigned to any single formulation.^[1]

EVIDENCE FROM THE SOURCE CASE REPORT

The supplied case report described a 30-year-old man with acute severe anal pain and a tender reddish-bluish perianal mass. The published case used Lasunadi Vati, Arshohara Vati and Panchasakara Churna for seven days. In the present review, Erandabhrishta Haritaki Churna and Kankayan Vati are discussed as substituted supportive formulations; these substitutions should not be interpreted as the actual medicines administered in the published case report.^[1]

Table 1: Clinical observation reported in the source case.

Parameter	Before treatment	After 7 days
Pain	Severe	Absent
Swelling	Severe	Absent
Tenderness	Severe	Absent
Discoloration	Reddish/Bluish	Normal skin colour
Constipation	Present	Improved

Source: Source case report summarized in Patel *et al.*^[1]

CRITICAL ANALYSIS OF THE SOURCE ARTICLE

Single-patient evidence

Only one patient was described; therefore, the observation cannot establish general effectiveness or safety.

Combination therapy

Three medicines were administered together, so the specific contribution of Lasunadi Vati cannot be separated from the effects of the other interventions.

Short observation period

Assessment was limited to seven days. Longer follow-up would be required to evaluate recurrence, durability of response and delayed adverse effects.

No comparator

There was no control or comparator group, making it impossible to distinguish treatment effects from spontaneous improvement or other factors.

Outcome assessment

The report used symptom grades but did not employ a validated pain scale or standardized objective measurement of the thrombosed mass.

Limited objective measurement

Detailed quantitative measurements of the lesion and other objective outcomes were not reported.

Mechanistic uncertainty

The proposed fibrinolytic explanation for Lasuna remains experimental in relation to thrombosed haemorrhoids and requires direct clinical validation.

EVIDENCE APPRAISAL

The source case report addresses a clinically relevant problem and provides a practical description of combination Ayurvedic management.

Its main value for a review is hypothesis generation and identification of areas requiring controlled investigation.

The report also highlights the importance of constipation and bowel regulation as supportive components of care.

The rapid symptomatic improvement reported over seven days is clinically noteworthy but cannot by itself establish treatment efficacy.

The findings should therefore be interpreted as preliminary clinical evidence rather than definitive proof of effectiveness.

FUTURE RESEARCH DIRECTIONS

Future studies should use clearly defined diagnostic criteria, adequate sample sizes, appropriate comparator groups, standardized pain and symptom measures, objective lesion assessment, safety monitoring and sufficient follow-up to assess recurrence. Drug-specific studies are particularly important when multiple formulations are administered together.

DISCUSSION

Thrombosed haemorrhoids are acute painful manifestations of haemorrhoidal disease. Contemporary literature describes their clinical presentation in the context of vascular cushions, local vascular changes and supporting-tissue alterations.^[2,3]

The Ayurvedic correlation with Arsha can provide a conceptual framework involving Dosha, Agni, Mala and local tissue factors; however, the modern diagnosis should not be treated as an exact synonym for a single Ayurvedic entity. Constipation and straining are clinically relevant factors, making bowel regulation an important supportive component of management.^[1,5,6]

Lasunadi Vati contains ingredients traditionally described with Deepana, Pachana, Vatanulomana and Shoolahara actions. Lasuna has attracted interest because of experimental fibrinolytic findings, but available evidence does not establish a clinical fibrinolytic effect in

thrombosed haemorrhoids.^[6,7]

The available case report describes symptomatic improvement after seven days of combination therapy. Because the patient received Lasunadi Vati, Kankayan Vati and Erandabhrishta Haritaki Churna simultaneously, the result cannot be attributed exclusively to Lasunadi Vati and should be regarded as preliminary evidence.^[1]

CONCLUSION

Thrombosed haemorrhoids are acute painful conditions associated with clot formation within haemorrhoidal vascular tissue and may present with pain, swelling, tenderness and discoloration.^[3]

In Ayurveda, haemorrhoids may be correlated with Arsha on the basis of clinical features, while thrombosed haemorrhoids require cautious interpretation because a direct one-to-one classical equivalent is not established in the supplied sources. Ayurvedic management may emphasize Agni Deepana, bowel regulation, Vatanulomana, Shoolahara and Shothahara measures, with appropriate clinical assessment and referral for procedures when indicated.^[1,5,6]

Lasunadi Vati contains ingredients with traditionally described Deepana, Pachana, Vatanulomana and Shoolahara properties. Experimental evidence concerning Lasuna and fibrinolysis provides a rationale for further investigation but should not be presented as established clinical efficacy.^[6,7]

The available evidence, centered on a single case report of combination therapy, is insufficient to establish definitive efficacy or safety of Lasunadi Vati for thrombosed haemorrhoids. Well-designed clinical studies with adequate sample size, standardized outcomes, comparator groups and longer follow-up are needed.^[1]

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

REFERENCES

1. Patel S, Prabhakar B, Vijaya Laxmi D. Ayurvedic Management of Thrombosed Haemorrhoids (ICD-10-K 64.5). *AYUSHDHARA*, 2024; 11(6): 231-235.
2. Margetis N. Pathophysiology of internal hemorrhoids. *Ann Gastroenterol*, 2019; 32(3): 264-272.
3. Bhat MS. *SRB's Manual of Surgery*. Section: Rectum and Anal Canal.
4. *Ayurveda Sarasamgraha*. Shree Baidyanath Ayurveda Bhavan Limited.
5. Sharma PV. *Dravyaguna Vijnana*. Vol. 2. Varanasi: Chaukhambha Bharati Academy.
6. Ansari F, et al. Study of garlic effect on fibrinolytic activity of the blood clot in vitro. *Iranian Journal of Pediatric Hematology Oncology*, 1(2): 48-52.
7. Singh RP, Gangadharappa HV, Mruthunjaya K. *Cuminum cyminum* – A Popular Spice: An Updated Review. *Pharmacogn J.*, 2017; 9(3): 292-301.