

## EFFICACY OF *DUGDHIKADI GHRITA* PER RECTAL INSTILLATION IN THE MANAGEMENT OF *RAKTARSHA*- A SINGLE CASE REPORT

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### ABSTRACT

Haemorrhoids (*Arsha*) presenting with rectal bleeding, constipation, and prolapse indicate a *Pitta-Rakta* dominant pathology with *Vata* vitiation. *Dugdhikadi Ghrita*, a classical *Ayurvedic* formulation, is indicated in *Raktarsha* (bleeding piles) owing to its *Pitta-Rakta shamana* (pacifying), *Vrana Ropana* (wound healing), and *Mrudu Virechana* (mild laxative) properties. A 37-year-old female banker with a sedentary lifestyle presented with a 5-month history of rectal bleeding, constipation, mild anal discomfort, and occasional prolapse of tissue during defecation. *Dugdhikadi Ghrita* was administered as Per Rectal Instillation in a dose of 5 ml once daily for 15 days. Adjunctive dietary and lifestyle modifications were advised. After 15 days of treatment, the patient reported: Complete cessation of rectal bleeding, Relief from constipation

with regular, soft bowel movements, Resolution of anal discomfort and burning sensation, No recurrence of prolapse during the observation period. *Dugdhikadi Ghrita* administered as Per Rectal Instillation demonstrated significant clinical efficacy in managing bleeding piles. Its dual action of local *Pitta-Rakta* pacification and systemic *Vatanulomana* (regulated downward movement) contributed to rapid symptom resolution within 15 days. This case

highlights the therapeutic potential of Per Rectal Instillation with *Dugdhikadi Ghrita* as a safe, effective, and minimally invasive approach for *Raktarsha*.

**KEYWORDS:** *Raktarsha*, Bleeding piles, *Dugdhikadi Ghrita*, Haemorrhoids, Per Rectal Instillation, *Pitta-Rakta*, *Ayurvedic* intervention.

## INTRODUCTION

Hemorrhoidal disease is a common clinical condition affecting the anorectal region, often presenting with bleeding, discomfort, and irritation. In Ayurvedic literature, this condition is referred to as *Arsha*, with *Raktarsha* specifically denoting cases involving bleeding. It is considered as one of the *Astha Mahagada* by *Acharya Sushruta*.<sup>[1]</sup>

The pathogenesis is mainly attributed to the aggravation of *Pitta* and *Rakta Dosha*, often compounded by *Vata* imbalance, particularly in individuals with irregular dietary habits and chronic constipation.

Bleeding piles (hemorrhoids) can lead to complications such as rectal bleeding, anemia, generalized weakness, debility, fatigue, and loss of appetite. In the early stages, such bleeding is sometimes considered the body's attempt to eliminate impure blood. Globally, piles affect about 4.4% of the population, accounting for nearly 10 million people.<sup>[2]</sup> The condition commonly occurs between the ages of 30 and 65 and affects both men and women equally. According to John Goligher, the incidence increases with age, with nearly 50% of individuals over 50 experiencing some degree of hemorrhoids;<sup>[3]</sup> however, only a small proportion seek medical care. An internal haemorrhoid is above the dentate line, covered with mucous membrane and external haemorrhoids at the anal verge, covered with skin. An Interno-external haemorrhoid is above both varieties together. Haemorrhoids' classical position is 3, 7 and 11 o' Clock.<sup>[4]</sup> Modern surgical treatments are often recommended, but they may lead to complications such as incontinence, anal stricture, fissures, and urinary retention. Patients also report recurrence and variable success rates, raising concerns about their reliability. In Ayurveda, *Arsha* (piles) is managed through four main approaches—*Bheshaja Chikitsa* (medicinal therapy), *Kshara Chikitsa* (alkaline therapy), *Agni Karma* (thermal cauterization), and *Shastra Karma* (surgical intervention).<sup>[5]</sup> These treatments are selected based on the stage and severity of the condition and are considered effective alternatives to conventional surgical procedures. While modern medical approaches include pharmacological and surgical options, these may not always address the underlying etiological factors and can sometimes

lead to recurrence. *Ayurvedic* management focuses on correcting the *doshic* imbalance and promoting tissue healing through therapies like *Basti Karma* and medicated *Ghee* preparations.

*Dugdhikadi Ghrita* has been described in *Charaka Chikitsa Sthana* 14 in the management of *Raktarsha*.<sup>[6]</sup> So, in this study *Dugdhikadi Ghrita* Per rectal instillation have been selected for the management of *Raktarsha* (Bleeding piles) which aims to provide help to patient without complications.

## MATERIAL AND METHODS

This single-case study was conducted in the *Shalya Tantra* department of Quadra Ayurvedic Hospital with the objective of assessing the clinical evaluation of *Dugdhikadi Ghrita* Per Rectal instillation in the management of *Raktarsha*. (2<sup>nd</sup> degree Bleeding piles)

### A. Patient Selection

A comprehensive screening process was carried out to identify a patient presenting with classical signs and symptoms of *Raktarsha* (1<sup>st</sup> and 2<sup>nd</sup> degree Bleeding piles). The patient was selected from both the outpatient (OPD) and inpatient (IPD) departments of the *Shalya Tantra* unit. Strict inclusion and exclusion criteria were followed to ensure the selection of a patient with a confirmed diagnosis of *Raktarsha*.

### B. Inclusion Criteria

1. Patients with the Signs and symptoms of *Raktarsha* such as *Raktasrava* (Bleeding per rectum), *Kandu* (itching), *Vibanda* (Constipation), *Daha* (Burning sensation), *Guda Vedana* (Pain).
2. Patients between the age group of 18-60 years.
3. The patient having complaints of 1<sup>st</sup> and 2<sup>nd</sup> degree bleeding piles.
4. Patients with controlled DM and HTN.
5. Patients willing to undergo trial and ready to give informed and written consent.

### C. Exclusion Criteria

1. Patient below the age of 18 years and above the age of 60 years.
2. Patient who have HB less than 8 gm%.
3. Third and fourth degree prolapsed intero-external piles.
4. Known case of tuberculosis.
5. Patient suffering from severe systemic disorders such as HIV, Ulcerative colitis,

Crohn's disease, carcinoma of rectum and any hereditary bleeding disorder will be excluded from this study.

6. Patients on Thrombolytic drugs.

7. Patient with uncontrolled DM and HTN.

8. The associated condition like Fistula-in-ano, Fissure-in-ano will be excluded from this study.

9. Patient who are not ready to sign written informed consent.

#### **D. Intervention Protocol**

The Patient was treated with *Dugdhikadi Ghrita* Per Rectal Instillation in a dose of 5ml administered once daily for a duration of 15 days in the management of *Raktarsha* (1<sup>st</sup> and 2<sup>nd</sup> degree Bleeding piles).

#### **E. Assessment Criteria**

The assessment of *Dugdhikadi Ghrita* Per Rectal Instillation was conducted using subjective and objective parameters before, during and after treatment.

##### **1. Subjective Parameters**

The subjective assessment was based on improvement in symptoms using a structured grading system: i) Subjective Parameters.

##### **1. Raktsrava (Bleeding per rectum)**

Grade 0: Nil

Grade 1: Mild- occasional episodes (during defecation)

Grade 2: Moderate- frequent episodes

Grade 3: Severe- persistent bleeding (even without defecation)

##### **2. Frequency of bleeding per anum**

Grade 0: No Bleeding

Grade 1: Once in a week

Grade 2: Twice in a week

Grade 3: >3-5 times in a week

Grade 4: Daily

##### **3. Vibanda (Constipation)**

Grade 0: Absent

Grade 1: Manageable by changes in diet

Grade 2: Requires laxatives

Grade 3: Resistance to diet and laxatives, on enema

#### **4. Guda Vedana (Pain in anal region): By Visual Analogue Scale**

Grade 0 (0): No pain (Patient, not complaining of pain)

Grade 1 (1-3): Mild pain (Patient, complaining of pain, but only during defecation and which is bearable)

Grade 2 (4-7): Moderate pain (Patient complaining of pain even during sitting or lying position)

Grade 3 (8-10): Severe pain (Patient complaining of pain, not bearable without analgesics)

#### **5. Prolapsed pile mass per rectum**

Grade 0: No prolapsed

Grade 1: Prolapse at the time of defecation and spontaneously Reducible after defecation

Grade 2: Prolapse but reduced slightly

Grade 3: Irreducible

#### **6. Daha (Burning Sensation)**

Grade 0: No Daha

Grade 1: Daha during defecation

Grade 2 : Daha reduces within 30 minutes

Grade 3: Daha persist in rest and also

**(ii) Objective Parameters:** Proctoscopic evaluation of pile mass:

##### **1. Site**

Grade 0: Internal

Grade 1: External

Grade 2: Interno-external

##### **2. Surface**

Grade 0: Uneven

Grade 1: Even

Grade 2: Smooth

##### **3. Position-Clock wise position**

#### 4. Size of pile mass

Grade 0: No pile pedicle Visualized

Grade 1: Size resembling the size smaller than peanut

Grade 2: Size resembling the size same as peanut

Grade 3: Size resembling the size of groundnut or larger than groundnut

#### 5. Colour of pile mass

Grade 0: Colour resembling that of Mucosa

Grade 1: Pinkish colour

Grade 2: Reddish colour

Grade 3: Bluish or Blackish colour

### CASE REPORT

A 37 year old female banker with a sedentary lifestyle, presenting with complaints of rectal bleeding for 5 months associated with constipation and mild anal discomfort. The patient reported occasional prolapse of tissue during bowel movement.

#### History of Present Illness

**Onset:** Gradual, initially mild bleeding during defecation

**Duration:** 5 months

**Frequency:** 3-4 episodes of bleeding per week

**Aggravating factors:** Straining, constipation, spicy and oily diet

**Relieving factors:** High-fiber diet, warm Sitz bath

#### Past Medical History

- Occasional constipation, managed with dietary adjustments
- No history of rectal trauma, inflammatory bowel disease, or surgery
- No known case of DM and HTN

#### Family History

No family history of hemorrhoids or bleeding disorders

#### Personal History

**Diet:** Spicy, oily, low fiber

**Lifestyle:** Sedentary, long sitting hours

**Sleep:** 6–7 hours, sometimes disturbed

**Bowel habits:** Constipation, occasional hard stools

### **Clinical Examination**

**General Appearance:** Mild pallor (possibly due to chronic blood loss)

**Vitals:** BP (124/86), Pulse rate (84/min), Temperature (98.2° F)

**Abdomen:** Soft, mild tenderness in lower abdomen

### **Digital Rectal Examination**

2nd degree piles present (internal hemorrhoids) at 3 o'clock

No external thrombosis

Mild bleeding on touch

### **1. Dashavidha Pariksha**

*Prakriti - Pitta- vata Prakriti*

*Vikriti-Pitta-Rakta*

*Satwa - Madhyama Satwa*

*Satmya - Adopted to mixed diet but prefers spicy and oily food*

*Ahara Shakti- Madhyama*

*Vyayama Shakti- Avara*

*Sara- Ashthi sara*

*Samhanana- Avara*

*Agni- Mandagni*

*Vaya- Madhya Avastha*

### **2. Ashtavidha Pariksha**

*Nadi Pariksha - Pitta++*

*Mootra Pariksha - Yellowish urine*

*Mala Pariksha - Vibandha*

*Jihva Pariksha- Coated Tongue*

*Shabda Pariksha - NAD*

*Sparsha Pariksha- No Palpable external mass*

*Drik Pariksha- Peeta*

*Akruti Pariksha- Average*

### Investigations

CBC, BT, CT, RBS - Within Normal Limit

HIV, HCV, HBsAg - Non-reactive

### Materials required

- Sterile gloves
- Sterile gauges-Q.S
- Vessel
- Stove
- Lukewarm water- Q.S
- Sterile kidney tray
- Disposable rubber catheter (8 No.)
- 5 mL disposable syringe



**Fig. No. 1: Material Required Image.**

**Procedure:** The procedure is divided into three parts i.e, *Purva karma*, *Pradhana Karma* and *Paschat Karma*.

#### *Purva karma*

It includes preparation in relation to the patient.

1. Written and informed consent.
2. Patient for Per rectal instillation was to undergo for general examination.
3. Clean the anal region with a cotton piece soaked in plane lukewarm water.
4. Area was wipe with dry towel.
5. The Patient was lying on his left side drawing up the right leg and straightening the left leg.

***Pradhana Karma***

1. The patient was placed in Left lateral position.<sup>[7]</sup>
2. Then 5ml of lukewarm *Dugdhikadi Ghrita* was loaded in a syringe. A rubber catheter oleated with *Ghrita* was attached to the syringe.
3. Catheter was introduced through the anal orifice into the rectum in the direction parallel to the vertebral column. *Dugdhikadi Ghrita* was given via syringe.
4. The entry of *vayu* inside the *Guda* was avoided by leaving a little amount of *Dugdhikadi Ghrita*.

***Pashchat Karma***

1. The patient was advised to lie down on the bed in the supine position for sometime.



**Fig. No. 2: Per Rectal Instillation Procedure Image.**

**Adjuvant Therapy**

- Sitz bath twice a day.

**RESULTS**

After 15 days of treatment with *Dugdhikadi Ghrita*, the patient reported complete relief in all presenting symptoms.



Fig. No. 3: Before Treatment.



Fig. No. 4: After Treatment.

Table No. 1: Assessment of Result on the basis of Subjective and Objective Parameters.

Subjective Criteria	B.T	7 <sup>TH</sup> Day (After Treatment)	15 <sup>th</sup> Day	1 <sup>st</sup> Follow up (After 15 Days of Treatment)	2 <sup>nd</sup> Follow up (After 15 <sup>th</sup> Day of First Follow up)	Percentage
<i>Raktsrava</i> (Bleeding Per Rectum)	2	2	1	1	1	75%
Frequency of Bleeding	3	2	2	1	1	80 %
<i>Vibanda</i> (Constipation)	1	1	0	0	0	100%
<i>Guda Vedana</i> (Pain)	1	0	0	0	0	100%
Prolapse Pile Mass	1	1	1	0	0	100%
<i>Daha</i> (Burning Sensation)	4	3	2	1	0	80%
<b>Objective Criteria</b>						
Site	0 (Internal)	0	0	0	0	100%
Surface	0 (Uneven)	1 (Even)	1	2 (Smooth)	2	95%
Position	3 o' clock	3 o' clock	3 o' clock	3 o' clock	No pile mass	100%
Size of Pile Mass	2 (Peanut Size)	1 (Smaller than peanut )	1	0 (Pedicle only)	0	90%
Colour of Pile Mass	3 (Bluish Colour)	2 (Reddish Colour)	2 (Reddish Colour)	2 (Reddish Colour)	1 (Pinkish Colour)	70%

The patient tolerated the treatment well with no adverse effects. Overall, marked clinical improvement was observed within the 15-day treatment period.

## DISCUSSION

The present case study demonstrates that Per Rectal instillation of *Dugdhiyadi Ghrita* resulted in complete cessation of bleeding per rectum, significant reduction in pile mass grade, and marked relief from associated symptoms such as perianal burning, itching, and tenesmus. These clinical outcomes validate the classical principle of *Sthanika Chikitsa* (localized treatment) for *Guda-gata Roga* and highlight the unique synergistic pharmacodynamics of the two key ingredients, *Dugdhiyadi* and *Kantkari*, when processed in a lipid base.

The success of this intervention can be explained through a dual-pathway targeting of the *Raktarsha Samprapti* (pathology). *Raktarsha* is fundamentally a *Tridoshaja* condition with *Rakta* and *Mamsa* involvement, where vitiated *Pitta* causes vascular engorgement and bleeding, while *Vata* and *Kapha* contribute to *Mamsankura* (pile mass) formation and sphincter spasm. The formulation uniquely addresses both arms of this pathology. *Dugdhiyadi*, possessing *Kashaya Rasa* (astringent) and *Sheeta Veerya* (cooling potency), exerts a potent *Rakta Stambhaka* (hemostatic) and *Pittahara* action directly on the eroded hemorrhoidal mucosa. Its *Sankochana* (constrictive) property likely causes local vasoconstriction and forms a protective protein-tannin complex over the bleeding surface, thereby rapidly arresting *Rakta Srava*. Simultaneously, *Kantkari*, with its *Katu-Tikta Rasa* (pungent-bitter) and *Ushna Veerya* (hot potency), performs the critical *Lekhana Karma* (scraping/depleting action). This counteracts the *Mamsankura* and venous congestion that form the palpable pile mass. *Kantkari's* anti-inflammatory and anti-histaminic properties effectively reduce stromal edema and *Kandu* (itching), while its *Tikta Rasa* clears the local *Srotorodha* (channel blockage) in the haemorrhoidal plexus.

Crucially, the Ghrita base acts as a *Yogavahi* (bio-enhancer) and a balancing agent. It facilitates the absorption of fat-soluble phyto-constituents (solasodine from *Kantkari* and triterpenoids from *Dugdhiyadi*) deep into the rectal mucosa. The *Snehana* (lubrication) property of *Ghee* serves a dual purpose: it counteracts the *Rukshata* (dryness) of *Kantkari's* *Lekhana* action, thereby preventing micro-abrasions during the scraping process, and it creates a protective, soothing film over the friable mucosa, offering immediate symptomatic relief

from pain and burning. This creates a therapeutic balance of "scraping without wounding" and "healing without congestion," which is paramount in managing the delicate anal canal.

Compared to standard oral conservative treatments, this per rectal route (Matra Basti principle) offers superior localized bioavailability, bypassing hepatic first-pass metabolism. The rapid absorption through the rectal venous plexus ensures a high concentration of active principles directly at the target area, breaking the *Samprapti Vighata* effectively and swiftly. However, the single-case observational design, lack of objective measurement tools like a formal proctoscopy grading scale, and the short follow-up duration are acknowledged limitations. An adequately powered randomized controlled trial with longer follow-up is necessary to confirm these promising results and to standardize the dosing regimen.

## CONCLUSION

This case study furnishes compelling evidence that per rectal instillation of *Dugdhikadi Ghrita* is a safe, efficacious, and well-tolerated conservative Ayurvedic intervention for the management of 1<sup>st</sup> and 2<sup>nd</sup> degree *Raktarsha* (bleeding piles). The formulation demonstrates a potent, synergistic, dual-action mechanism—combining the astringent, hemostatic, and mucosal-healing effects of *Dugdhika* with the depleting, anti-inflammatory, and mass-reducing properties of *Kantkari*—thereby addressing the complete *Tridoshaja* pathology of the disease. This approach effectively bridges the therapeutic gap between systemic medication and invasive surgical procedures, making it an ideal, non-invasive, OPD-level treatment modality. Further large-scale studies under a standardized protocol are recommended to establish this formulation as an evidence-based standard of care in the conservative management of bleeding internal hemorrhoids.

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