

CASE REPORT

MANAGEMENT OF ARSHA (HAEMORRHOIDS) WITH GUGGULU-BASED KSHARASUTRA: A CASE REPORT

Ganesh. B^{1*} Prabhakar H Taseen² Aishwarya Bagade³

^{1,3}Postgraduate scholar, ² Professor, Department of PG and Ph.D. studies in Shalya Tantra, Ayurveda Mahavidyalaya and Hospital, Hubballi – 580024, Karnataka, India

*Corresponding author: Email address: ganeshbgani007@gmail.com

ABSTRACT

Arsha (haemorrhoids) is a common anorectal disorder described in Ayurveda as a protrusion of mamsa (muscular tissue) obstructing the gudamarga (anal canal). Conventional surgical treatments may be associated with postoperative pain, bleeding, delayed wound healing and anal stenosis/stricture. Ksharasutra (medicated thread with alkali) ligation is an established Ayurvedic procedure traditionally using Snuhi (*Euphorbia neriifolia* Linn.) as the binding agent, however, Guggulu (*Commiphora mukul*) has been used as an alternative for better tissue tolerance and healing. A 56 year old male with bleeding, pain, burning sensation during defecation and chronic constipation was diagnosed with interno-external piles at 3 o'clock. He underwent Guggulu based Ksharasutra ligation under local anaesthesia. Postoperative bleeding and pain resolved by the fifth postoperative day and the ligated pile mass sloughed off by the eighth day. Complete wound healing was achieved within one month without any complications. The case demonstrates that Guggulu based Ksharasutra is a safe, minimally invasive and effective option for the management of Arsha.

Keywords: Ayurveda, Arsha, Guggulu based Ksharasutra, Haemorrhoids, Minimally Invasive

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INTRODUCTION

Arsha, described as a protrusion of mamsa which obstructs the gudamarga, is considered among the Ashta Mahagada due to its chronic nature, difficult management and involvement of guda, one of the Trimarma. The pathogenesis involves vitiation of doshas leading to jatharagni dushti and vibandha, which is considered the main cause¹.

Likewise, haemorrhoids also occur due to these etiological factors, such as low-fiber diet, suppression of natural urges, sedentary lifestyle, prolonged sitting occupations, psychological stress, alcoholism, pregnancy, ageing, chronic constipation, diarrhoea etc. and haemorrhoids are specific to humans due to the erect posture, which predisposes to venous congestion in the anal region.

Hemorrhoids is the commonest condition in day-to-day practice in terms of incidence. Globally the incidence ranges from 50-80% and in India it affects around 75% of the Population². Its incidence increases with advancing age, the prevalence peaks between 45 to 65 years of age. About 50% of the population of the world above 50 years aged people suffers from some degree of symptoms of hemorrhoids.³ In regards to management of Arsha, Acharya Sushruta states four modalities⁴, (i) Bhaishajya chikitsa, (ii) Kshara karma, (iii) Agni karma and (iv) Shastra karma. In relation to Ksharakarma, Sushruta has advocated Ksharasutra

application method for Arbudadi roga in reference to the treatment of nadivrana. In this context Sushruta has also explained how to transfix and ligate the mass⁵. Chakradatta also explained the ligation of Ksharasutra in Arsha⁶. In the present scenario, this idea of application of Ksharasutra in different conditions may motivate to practice on Arshankura. Guggulu can be used as base instead of Snuhi for the preparation of Ksharasutra as it is described as Vedanasthapana, Putihara, Vranashodhaka and Vranaropaka. It is also having good binding action on thread.⁷

CASE REPORT

A 56-year male patient with complaints of feeling of mass per anum, Bleeding per rectum, Pain and burning sensation during defecation for 1 month and constipation for 6 months.

History of Present illness:

Patient was apparently normal 6 months back then gradually developed with above symptoms. He visited other hospitals and got temporary relief. For further management he visited Shalya Tantra OPD of Ayurveda Mahavidyalaya and hospital, Hubballi on 7th January, 2025

History of Past illness: Patient was not a known case of hypertension, diabetes mellitus or any other systemic illness. Patient had undergone Ano rectal surgery 4 years back.

Family History: Nothing Significant

Table 1: Personal History

Parameter	Finding
Diet	Vegetarian
Appetite	Good
Bowel	Constipated
Micturition	5-6 times/day
Sleep	Sound
Habits	Tobacco Chewing

Table 2: General Examination

Parameter	Finding
G.C	Fair
Built	Moderate
Weight	65kg
Height	5'5"
Temperature	98.6° F
Blood Pressure	110/80 mmHg
Pulse Rate	70/min
Respiratory Rate	17/min
Pallor	Absent
Oedema	Absent
Clubbing	Absent
Cyanosis	Absent
Icterus	Absent
Lymphadenopathy	Absent

Table 3: Systemic Examination:

Parameter	Finding
CVS	S1, S2 normal, no murmurs
RS	Clear, no added sounds
CNS	Normal higher functions, motor, sensory intact Conscious, oriented to Time, Place and Person
Per Abdomen	Soft, non-tender, no organomegaly

Local Examination – Per Rectal Examination:

Inspection, digital rectal examination and proctoscopic examination reveal interno-external pile mass at 3 o'clock position with mild tenderness, normal sphincter tone and no fresh bleeding.

Table 4: Investigation

Parameter	Finding
Hb	10.8 gm%
RBS	100 mg/dl
BT	2'32"
CT	3'49"
Blood Urea	28.25 mg/dl
Serum Creatinine	0.76 mg/dl
CRP	1.02 mg/dl
HBsAg	Negative
HIV	Negative
Urine routine:	NAD
ECG	Normal

Differential Diagnosis:

Parikartika (Anal fissure) with sentinel tag
Gudabhamsha (Partial rectal prolapse)
Arsha (Haemorrhoids)

Diagnosis: Arsha (Haemorrhoids)

THERAPEUTIC APPROACH

Preoperative Procedure:

After taking informed written consent, perianal part was prepared, Soap water enema was given, Inj. Tetanus toxoid (0.5ml) IM was given, Inj. Xylocaine 2% plain 0.2 cc test dose was given intradermally and the required instruments like Proctoscope, Needle, Artery forceps, Pile holding forceps, gauze pieces, cotton swabs, Betadine solution, Surgical spirit, Guggulu based Ksharasutra were kept ready.

Operative Procedure:

Patient was made to lie down on lithotomy position. Part was painted with betadine solution, surgical spirit and draped. Inj. Xylocaine 2% was infiltrated around the anal verge in Rhomboid fashion. Manual anal dilatation was done. Proctoscopic examination was done for confirmation of position of mass.

Then the 3 o'clock pile mass was held using Pile holding forceps and transfixed at the base by passing the curved round body needle mounted with Guggulu based Ksharasutra. Then, a 'V' shape incision taken at the mucocutaneous junction and the pile mass was ligated anteriorly and posteriorly with adequate knots. Complete haemostasis was achieved and anal pack followed by bandaging was done.

Postoperative Procedure:

Vitals were monitored, anal pack was removed after 4 hours and the patient was discharged on next day i.e. on post operative day one.

Post operative Medications:

Tab. Triphala Guggulu 500 mg twice after food with warm water

Swadishta Virechana Choorna 1 teaspoon at night after food with warm water

Sitz bath with Panchavalkala Kwatha and Yashtimadhu Ghrita for local application were advised for a duration of 20 days

OBSERVATION AND RESULTS

There was mild bleeding and pain during defecation on postoperative day one, which were resolved completely by postoperative day five. The ligated pile mass sloughed off by postoperative day eight. Complete wound healing was observed within one month.

Table 5: Treatment Timeline

Date	Clinical Findings/Treatment/Medications
07/01/25	Patient visited the hospital with Feeling of mass per Anum, bleeding per rectum for last one month and constipation for the last six months Patient was examined and diagnosed with Interno external haemorrhoids (3 'O clock) Tab. Triphala guggulu 500mg twice daily, Tab. Anuloma DS 1 tablet at night and Panchavalka Kwatha sitz bath was advised for 15 days
14/02/25	Revisited hospital with the persisting complaints. Preoperative investigations were done
15/02/25	Patient admitted and under local anaesthesia (Inj. Xylocaine 2%), Guggulu based ksharasutra transfixation and ligation done
16/02/25	Patient got discharged with Post operative medications
23/02/25	Ligated pile mass got sloughed off
07/03/25	Complete wound healing

Preparation of Guggulu based Ksharasutra:⁸

Guggulu based Apamarga ksharasutra with 11 coatings was prepared in the department of Shalyatantra, Ayurveda Mahavidyalaya, Hubballi by following method

Shodhita guggulu was dissolved in triphala kwatha
This concentrate was applied uniformly to surgical Barbour linen thread No. 20 which was tied to the Ksharasutra hangers.

Then these wet threaded hangers were placed in Ksharasutra cabinet for drying.

The same process was repeated till four such coatings with Guggulu + Triphala concentrate

The next four coatings were done by applying the thread with Guggulu + Triphala concentrate mixed with Apamarga Kshara.

Final three coatings were done with Guggulu + Triphala concentrate, Apamarga Kshara and Haridra choorna in the same way.

Prepared Ksharasutra were stored in an air tight container



Figure 1: Prepared Guggulu based Ksharasutra

DISCUSSION

Arsha (haemorrhoids) is a common anorectal disorder and is classified under Ashta Mahagada (eight grave / major diseases) due to its chronicity, recurrence and involvement of a vital region. Haemorrhoids are often associated with bleeding, pain, constipation and discharge. Conventional surgical procedures are effective, but may be associated with post operative pain, bleeding, delayed wound healing and anal stenosis or stricture. This case was reported to highlight the effectiveness of a minimally invasive Ayurvedic surgical approach using Guggulu based Ksharasutra in the management of Arsha (Haemorrhoids).

Guggulu was selected as the base instead of Snuhi because of its Shothahara, Vedanasthapana and Vranaropaka properties and also due to its good binding property which ensures uniform coating of Kshara on the thread as mentioned by Manju Rani et al. (2016)⁷. Saxena & Singh (2018) reported that the Guggulu based Ksharasutra has minimum post operative discharge and minimum average healing time due to its anti-inflammatory, antibacterial property which helped in wound healing.⁹

The addition of Apamarga Kshara provides strong alkaline action resulting in chemical cauterization of vessels, ensuring haemostasis, while its Lekhana property helps in removal of unhealthy tissue and its antimicrobial action prevents secondary infection. Triphala and Haridra further support Shodhana, Ropana, Shothahara, Stambhana and Krimighna actions, which prevents infection and promotes wound healing.

The therapeutic effect of Ksharasutra ligation is achieved through combined mechanical and chemical actions. Mechanical ligation at the base of the pile mass interrupts blood supply, leading to ischemia, gradual necrosis and sloughing of the haemorrhoidal tissue with minimal damage to surrounding structures. The synergistic action of the Ksharasutra components results in Chedana, Bhedana, Lekhana, Stambhana, Shodhana, and Ropana, leading to effective removal of the pile mass. Post operative medications contributed in early recovery. Triphala Guggulu does Deepana, Pachana, Anulomana, Shothahara¹⁰ and helps in Post operative pain, proper digestion and regulates bowel movements. Swadishta Virechana Churna is Mridu Virechaka and Vatanulomaka¹¹, helps in easy and strain less evacuation of stool. Local application of Yashtimadhu Ghrita alleviated burning sensation and promoted wound healing, while Panchavalka Kwatha sitz bath maintained local hygiene and reduced inflammation.

CONCLUSION

Guggulu can be used as a suitable alternative to Snuhi in Ksharasutra preparation for the ligation of Arsha, offering effective local action with good tissue tolerance and wound healing potential. In the present case, Guggulu based Ksharasutra ligation proved to be a safe and effective treatment, with minimal postoperative bleeding and pain. Complete healing was achieved within one month, indicating its potential as a minimally invasive and tissue sparing alternative to conventional surgical management.

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Figure 2: Pile mass at 3 'O clock



Figure 3: Proctoscopic examination



Figure 4: Holding of Pile mass with pile holding forceps



Figure 5: 'V' shape incision at Mucocutaneous junction



Figure 6: Ligation of Ksharasutra



Figure 7: After Ligation



Figure 8: Post Operative Day 5



Figure 9: Post Operative Day 10



Figure 10: Post Operative Day 20