

## A Clinical Study on the Management of *Arsha* (Haemorrhoids) with Ksharsutra Therapy in *Shalya Tantra*

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### ABSTRACT:

*Arsha* (Hemorrhoids) is a common anorectal disorder described under *Ashta Mahagada* in Ayurveda, characterized by bleeding, prolapse, and pain, significantly affecting quality of life. Ksharsutra therapy, a parasurgical intervention in *Shalya Tantra*, offers a minimally invasive alternative to conventional surgical procedures. The aim of the study is to evaluate the clinical efficacy of Ksharsutra therapy in the management of *Arsha*. A prospective clinical study was conducted on 30 patients diagnosed with Grade III-IV haemorrhoids at Greenland Hospital and Research Centre Pvt. Ltd., Gorakhpur. Patients underwent Ksharsutra ligation under local anaesthesia and were followed for 4 weeks. Clinical outcomes were assessed using bleeding per rectum (graded scale), pain intensity (Visual Analog Scale), and prolapse grading. Data were analysed using descriptive statistics. Bleeding per rectum reduced from 90% of patients at baseline to 15% post-treatment, indicating an improvement of 83%. Mean pain score decreased significantly from  $7.5 \pm 0.8$  to  $1.8 \pm 0.6$ , reflecting a 75% reduction. Prolapse regressed from Grade III-IV to Grade I-II or absent in most cases, with a 70% improvement. Sloughing of pile mass occurred within 5-10 days in 90% of patients. No major complications or recurrence were observed during the study period. Ksharsutra therapy demonstrates significant clinical efficacy in the management of *Arsha*, with marked reduction in bleeding, pain, and prolapse, along with predictable sloughing and minimal complications. It is a safe and cost-effective, treatment modality.

**KEYWORDS:** *Arsha*, Ayurveda, Haemorrhoids, *Ksharsutra*, *Shalya Tantra*.

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## **INTRODUCTION:**

Arsha is a well-recognized disease entity in Ayurveda and is included among the *Ashta Mahagada*, denoting its chronic nature and complexity in management. Classical texts attribute its pathogenesis primarily to *Mandagni*, resulting in derangement of *Tridosha* and impaired functioning of *Apana Vayu*, ultimately leading to venous engorgement in the *guda pradesha* (anal region). [1-3] Clinically, it manifests as bleeding per rectum, prolapse, pain, and mucous discharge.

From a modern perspective, haemorrhoids represent the pathological enlargement and distal displacement of the normal anal cushions, often associated with chronic constipation, straining, and sedentary lifestyle.[4,8] While surgical haemorrhoidectomy remains a standard treatment, it is frequently associated with postoperative pain, bleeding, prolonged recovery, and recurrence.

Ksharsutra therapy, described by Sushruta Samhita (chapter 6 – Arshas Cikitsitam), offers a unique parasurgical approach combining excision, cauterization, and healing in a single procedure. The medicated thread, prepared using *Apamarga Kshara*, *Snuhi latex*, and *Haridra*, induces controlled chemical cauterization, resulting in gradual necrosis and sloughing of the hemorrhoidal mass followed by fibrosis and healing.[5,6] Given these advantages, the present study was undertaken to clinically evaluate its effectiveness in the management of Arsha. a

## **AIM AND OBJECTIVES:**

The aim of the study was to evaluate the clinical efficacy of Ksharsutra therapy in patients suffering from Arsha (Haemorrhoids). The objectives included assessing reduction in bleeding per rectum, evaluating pain relief using the Visual Analog Scale (VAS), observing changes in prolapse grading, and monitoring recurrence and complications.

## **MATERIALS AND METHODS:**

This prospective clinical study was conducted at Greenland Hospital and Research Centre Pvt. Ltd., Gorakhpur, over a defined study period of four weeks with follow-up. A total of 30 patients diagnosed with Arsha (Grade III-IV haemorrhoids) were enrolled after obtaining informed consent. CTRI, IEC approval

Patients aged between 20 and 60 years presenting with classical symptoms such as bleeding, prolapse, and pain were included. Those with suspected malignancy, severe systemic illness, or pregnancy were excluded to maintain homogeneity of the study population.

A detailed clinical history was recorded, followed by physical and proctological examination. Baseline investigations were performed where necessary. The severity of symptoms was documented using standardized grading systems.

## **Procedure of KS ligation:**

The Ksharsutra ligation was performed under aseptic conditions with the patient in lithotomy position. After local anaesthesia, the pile mass was identified and grasped using artery forceps. A Ksharsutra thread, prepared with

multiple coatings of *Apamarga Kshara*, *Snuhi latex*, and *Haridra*, was ligated at the base of the pile mass. Care was taken to ensure adequate tightening to facilitate ischemic necrosis.

#### **Postoperative Care:**

Patients were advised sitz bath with *Triphala Kwath* twice daily to maintain hygiene and promote healing. Local application of *Jatyadi Taila* was recommended. Dietary modifications including high-fiber diet (e.g. oats, barley, sweet potatoes, brown rice, etc.) and increased fluid intake (roughly around 1.5 litre of water per day) were advised.

#### **Internal Medications:**

Supportive Ayurvedic medications were administered, including *Triphala Churna* 5 g at bedtime and *Arshoghni Vati* two tablets (250mg) twice daily, to improve bowel habits and support healing.

#### **Assessment Parameters**

Clinical evaluation was done using the following parameters:

- Bleeding per rectum (graded scale 0–3)
- Pain intensity using Visual Analog Scale (VAS 0–10)
- Prolapse grading (Grade I–III)

Patients were assessed weekly for improvement.

#### **RESULTS:**

The demographic distribution of patients, demonstrated in table 1, in the present study shows a higher predominance of males compared to females. Out of the total 30 patients, 18 (60%) were male, while 12 (40%) were

female. This male predominance may be attributed to lifestyle-related factors such as prolonged sitting, occupational strain, and dietary habits, which are more commonly observed in male populations in clinical settings.

Age-wise distribution indicates that the majority of patients belonged to the younger age group of 20–40 years, accounting for 20 patients (66.7%), whereas 10 patients (33.3%) were in the 41–60 years age group. This suggests that Arsha is more prevalent in the active, working-age population, possibly due to increased exposure to risk factors such as sedentary lifestyle, irregular diet, and chronic constipation. The data reflect that haemorrhoids is not only a disease of older individuals but are increasingly affecting younger adults, highlighting the role of modern lifestyle and dietary patterns in its pathogenesis.

The clinical outcome data, as shown in table 2, demonstrate a marked and consistent improvement across all evaluated parameters following Ksharsutra therapy.

Bleeding per rectum, which was present in 90% of patients prior to treatment, reduced significantly to only 15% after intervention, reflecting an overall improvement of 83%. This substantial reduction indicates the effective haemostatic and cauterizing action of the Kshar Sutra, which facilitates obliteration of the engorged hemorrhoidal vessels. Pain, assessed using the Visual Analog Scale (VAS), showed a considerable decline from a mean score of  $7.5 \pm 0.8$  before treatment to  $1.8 \pm 0.6$  after treatment, corresponding to a 75% improvement.

This suggests that the procedure not only addresses the pathological tissue but also significantly alleviates patient discomfort, likely due to reduction in inflammation and venous congestion.

Similarly, prolapse, which was predominantly observed in Grade II-III form before treatment, was completely absent in most patients after therapy, showing a 70% improvement. This indicates effective reduction in the size and vascularity of the hemorrhoidal mass, along with restoration of normal anatomical positioning. The findings highlight that Ksharsutra therapy provides significant symptomatic relief and structural improvement in patients with Arsha, with particularly notable efficacy in controlling bleeding and reducing pain.

The time required for sloughing of the pile mass is an important indicator of the effectiveness and action of Ksharsutra therapy. In the present study, as shown in table 3, it was observed that the majority of patients experienced sloughing within a predictable and clinically acceptable time frame (5 to 7 days).

Out of 30 patients, 12 patients (40%) showed sloughing of the pile mass within 5-7 days, while the largest group, 15 patients (50%), experienced sloughing between 8-10 days. Only a small proportion of patients, 3 (10%), required more than 10 days for complete sloughing. These findings indicate that in 90% of cases, the Ksharsutra facilitated complete necrosis and separation of the hemorrhoidal

mass within 10 days. This reflects the consistent and controlled chemical cauterization effect of the medicated thread. The gradual sloughing process is advantageous as it minimizes complications such as excessive bleeding and promotes simultaneous healing.

The slight variation in duration among patients may be attributed to factors such as size and grade of haemorrhoids, individual healing response, and local tissue conditions. Overall, the results demonstrate that Ksharsutra therapy ensures timely and predictable sloughing, contributing to effective management of Arsha.

**Follow-up:**

All 30 patients enrolled in the study were followed up at regular intervals after Ksharsutra ligation until complete sloughing of the pile mass and healing of the tract. Weekly assessments were carried out to evaluate pain, discharge, thread status, and reduction in hemorrhoidal mass. The average number of Ksharsutra changes required varied depending on the grade of Arsha and extent of involvement, with gradual cut-through observed in all cases. Patients were further followed for a minimum period of 4-6 weeks post-healing to assess wound status, anal continence, and early recurrence. Most patients showed satisfactory healing with minimal complications, and no significant adverse events such as severe bleeding or anal incontinence were observed during the follow-up period.

**Table 1: Distribution of Patients**

Variable	Number (%)
Male	18 (60%)
Female	12 (40%)
Age 20-40	20 (66.7%)
Age 41-60	10 (33.3%)

**Table 2: Symptom-wise Improvement**

Parameter	Before Treatment	After Treatment	% Improvement
Bleeding	90% patients	15% patients	83%
Pain (VAS)	Mean 7.5 ± 0.8	Mean 1.8 ± 0.6	75%
Prolapse	Grade II-III	Grade I/Absent	70%

**Table 3: Time for Sloughing of Pile Mass**

Duration	Patients (%)
5-7 days	12 (40%)
8-10 days	15 (50%)
>10 days	3 (10%)

#### DISCUSSION:

The present study demonstrates significant clinical improvement in patients treated with Ksharsutra therapy. The reduction in bleeding (83%) is comparable to findings reported by Gupta et al., who observed marked reduction due to cauterizing action of Kshara.<sup>[6]</sup> Similarly, Singh et al. reported substantial pain reduction following Ksharsutra intervention, which aligns with the 75% improvement observed in this study.<sup>[7]</sup>

The mechanism of action of Ksharsutra can be explained through Ayurvedic principles of *Chedana (excision)*, *Bhedana (incision)*, *Lekhana (scraping)*, and *Ropana (healing)*. The alkaline nature of *Apamarga Kshara* produces chemical cauterization, leading to controlled necrosis of hemorrhoidal tissue. Concurrently, *Haridra* provides antimicrobial and anti-inflammatory effects, facilitating wound healing. From a modern standpoint, the therapy induces fibrosis and fixation of mucosa,

preventing recurrence. Lohsiriwat (2012) emphasized that recurrence in haemorrhoids is often due to incomplete treatment of underlying pathology; Ksharsutra addresses this through its dual action of removal and healing.<sup>[8]</sup>

Compared to conventional haemorrhoidectomy described in *Bailey & Love*, Ksharsutra therapy offers advantages such as minimal bleeding, reduced postoperative pain, no requirement for hospitalization, and early return to daily activities. The absence of major complications in the present study further supports its safety profile.

#### CONCLUSION:

The present study concludes that Ksharsutra therapy is a highly effective, safe, and minimally invasive treatment modality for the management of Arsha. It provides substantial relief in bleeding, pain, and prolapse with minimal complications and excellent patient compliance. The procedure is

economical and particularly suitable for resource-limited settings.

**Limitation of study:**

However, the study is limited by a small sample size and short duration of follow-up, which may not fully capture long-term recurrence rates. Future studies with larger sample sizes, randomized controlled designs, and extended follow-up periods are recommended to further validate these findings and compare outcomes with modern surgical techniques.

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**Declaration of patient consent:**

The informed written consent has been taken from patient for publication of data and images without disclosing the identity of patient.

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**REFERENCES:**

1. Shastri AD, editor. Sushruta Samhita of Maharshi Sushruta. Nidana Sthana, Arsha Nidana Adhyaya, Chapter 2, Shloka 4-8. Varanasi: Chaukhambha Sanskrit Sansthan; 2021. p. 246-248.
2. Acharya YT, editor. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala. Chikitsa Sthana, Arsha Chikitsa Adhyaya, Chapter 14, Shloka 9-15. Varanasi: Chaukhambha Orientalia; 2021. p. 502-504.
3. Paradakara HSS, editor. Ashtanga Hridaya of Vagbhata. Nidana Sthana, Arsha Nidana Adhyaya, Chapter 7, Shloka 1-8. Varanasi: Chaukhambha Surbharati Prakashan; 2021. p. 493-495.
4. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 27th ed. Boca Raton (FL): CRC Press; 2018. Chapter 74, Haemorrhoids. p. 1362-1369.
5. Shukla SP, Gupta SK, Singh R. Ksharasutra therapy in anorectal disorders. J Ayurveda Integr Med. 2010;1(1):38-40. doi:10.4103/0975-9476.59828.
6. Gupta PJ. Ksharsutra therapy for hemorrhoids. Indian J Surg. 2005;67(6):345-347.
7. Singh K, Sharma A, Verma S. Role of Ksharasutra in anorectal disorders. AYU. 2012;33(3):393-397..
8. Lohsiriwat V. Hemorrhoids: From basic pathophysiology to clinical management. World J Gastroenterol. 2012;18(17):2009-2017.