

Ayurvedic Management of Sravi Arshas (Raktarshas) Associated with Pandu by Kshara Karma: A Case Study”.

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Abstract—Background: *Arshas* is described in Ayurveda as a chronic and distressing anorectal disorder and is included among *Aṣṭa Mahagada* by Acharya Sushruta & Vagbhata¹. *Sravi Arshas*², characterized by profuse and recurrent bleeding, arises due to vitiation of *Pitta* and *Rakta*, associated with *Vata* and impaired *Agni*. Sushruta describes its management with para-surgical measures when conservative therapy fails. This condition closely correlates with bleeding internal haemorrhoids in modern medicine.

Aim: To evaluate the therapeutic relevance and clinical efficacy of *Apamarga Pratisaraniya Kshara* in the management of *Sravi Arshas*.

Methodology: A 24-year-old Male diagnosed with *Raktarshas*, underwent *Pratisaraniya Kshara* prepared from *Apamarga*, was applied locally over the pile mass following classical guidelines. *Kṣhara Karma* acts through chemical cauterization, leading to controlled tissue necrosis, coagulation of bleeding vessels, sclerosis of the hemorrhoidal plexus, and subsequent fibrosis. The procedure is indicated in *Mridu* and *Sravi Arshas*, as mentioned by Acharya Sushruta³.

Results: *Kshara Karma* effectively controlled bleeding, reduced pile mass, and promoted healing with minimal pain and complications. The need for hospitalization was minimal, and recurrence was significantly reduced due to fibrosis and fixation of anal cushions.

Conclusion: *Apamarga Pratisaraniya Kshara Karma* is a safe, cost-effective, and minimally invasive para-surgical modality for *Sravi Arshas*, offering excellent haemostatic and curative outcomes. It provides a scientific Ayurvedic alternative to conventional haemorrhoidectomy, effectively integrating classical wisdom with modern proctological principles.

Index Terms—*Sravi Arshas, Raktarshas, Apamarga Pratisaraniya Kshara karma, Bleeding Haemorrhoids, Para Surgical Procedures, Chaturvidhopakrama, Pandu, Anaemia.*

I. INTRODUCTION

Arshas (haemorrhoids) is described in the Ayurvedic classics as one of the *Aṣṭa Mahagada*, signifying its chronicity, deep-seated pathogenesis, and tendency for recurrence. The disease involves the derangement of *Dosha*, particularly *Vata* and *Pitta*, along with *Rakta Dhatu*, leading to the formation of painful, bleeding, or prolapsing masses in the *Guda Pradesha* (anal region). Clinically, when haemorrhage is the predominant feature, the condition is called as *Rakta Arshas*. Persistent bleeding and mucous discharge from the Haemorrhoidal mass (*Sravi Arshas*) result in progressive *Rakta Dhatu kshaya*, which may ultimately manifest as *Pandu Roga* (Anaemia), thereby increasing morbidity and impairing quality of life.

Acharya Sushruta, the pioneer of surgical science in Ayurveda, has elaborated a systematic and stage-wise therapeutic approach for *Arshas* under the concept of *Chaturvidha Upakrama*⁴, which includes *Bheshaja, Kshara, Agni* and *Shastra*. Among these, *Kshara Karma* is regarded as the *Shreshtha Upakrama* due to its ability to perform *Chedana, Bhedana, and Lekhana* simultaneously, offering effective disease eradication with minimal invasiveness and reduced postoperative complications.

In advanced stages such as Grade III internal haemorrhoids, characterized by prolapse requiring manual reduction, treatment selection becomes critical, particularly in patients with active bleeding and compromised haemoglobin levels. Conventional surgical procedures in such cases may pose a risk of further blood loss and delayed healing. *Apamarga Pratisaraniya Kshara*, application offers a precise para-surgical alternative. Its strong alkaline property

induces controlled chemical cauterization of the hemorrhoidal tissue, resulting in necrosis of the Haemorrhoidal mass while simultaneously exerting *Stambhana karma*, ensuring immediate haemostasis. Thus, *Kshara Karma* using *Apamarga Pratisaraniya Kshara* presents a rational, minimally invasive, and effective modality in the management of bleeding and prolapsing *Arshas* especially in anaemic patients, bridging classical Ayurvedic principles with contemporary clinical needs.

II. MATERIALS & METHODS

- *Apamarga Pratisaaraniya Kshara*
- Slit proctoscope
- Cotton swabs and sterile gauze
- *Nimbu Swarasa* (lemon juice) for neutralization
- *Jatyadi Taila* for local application
- Gloves, antiseptic solution, and aseptic instruments

CASE REPORT: -

AGE/GENDER: 24YEAR OLD MALE

OCCUPATION: DRIVER

CHIEF COMPLAINTS:

- Bleeding per rectum during defecation (bright red blood).
- Constipation
- Mild prolapses during straining
- Occasional burning sensation in anal region

Duration: 6 months.

HISTORY: The patient had a history of irregular meals, spicy food intake, prolonged sitting, long Drive and habitual suppression of natural urges. No history of diabetes, hypertension, or bleeding disorders.

III. CLINICAL FINDINGS

GENERAL EXAMINATION:

TABLE NO.1, SHOWING GENERAL EXAMINATION OF PATIENT.

G.C	Fair
Built	Moderate
Weight	56kg
Height	5'6"
BP	110/60mmhg
PR	75BPM
Pallor	Severe, Anaemic

LOCAL EXAMINATION (PROCTOSCOPY):

- Grade III Internal haemorrhoids at 3, 7, and 11 o'clock positions.
- Bleeding Haemorrhoids
- Sphincter tone- Normal.

INVESTIGATIONS:

Hb- 7.7 g/dl

BT, CT, RBS, Serology- Within Normal limits.

INTERVENTION: - *Apamarga Pratisaraniya Kshara Purva karma*: - After obtaining informed consent, the patient was counselled regarding the procedure. Bowel evacuation was ensured and local perianal preparation was done under aseptic precautions. The patient was positioned in lithotomy position and the pile mass was identified using a slit proctoscope.

Pradhana Karma: - *Apamarga Pratisaaraniya Kshara* was applied locally over the exposed pile mass using a cotton swab, taking care to avoid surrounding healthy mucosa. The *Kshara* was retained until *Samyak Kshara Lakshana (Jambu Phala Sadrusha)* appeared, indicating adequate chemical cauterization. The applied *Kshara* was then removed.

Paschat Karma: - The *Kshara* was neutralized with *Nimbu Swarasa*, followed by gentle local cleansing. Appropriate local soothing measures were advised along with *Pathya-Apathya*. Follow-up was done to observe sloughing of the pile mass and wound healing.

IV. SHAMANOUSHADHI: -

For *Abhyantara Prayoga*-

TABLE NO.2, SHOWING THE SHAMANOUSHADHI FOR ABHYANTARA PARYOGA.

Sl. No	<i>Aoushadhi</i>	<i>Matra</i>	<i>Anupana</i>
1	<i>Arshakuthara Rasa</i>	500mg 1-1-1 (A/F) x 15days	<i>Sukhoshnajala</i>
2	<i>Gandhaka Rasayana</i>	500mg 1-0-1 (A/F) x 15days	<i>Sukhoshnajala</i>
3	<i>Bolabaddha Rasa</i>	125mg 1-0-1 (A/F) x 15days	<i>Sukhoshnajala</i>
4	<i>Cap. Panchatikta Guggulu Ghrita</i>	500mg 0-1-1 (B/F) x 15days	<i>Ushnajala</i>
5	<i>Avipattikara Churna</i>	1tsp at bed time x 15days	<i>Ushnajala</i>
6	Syrup Ferberry	10ml-10ml-10ml x 2months.	<i>Sukhoshnajala</i>

For *Bahyabhyantara Prayoga*

TABLE NO. 3, SHOWING BAHYABHYANTARA PRAYOGA IN SRAVI ARSHAS.

Sl. No	<i>Aoushadhi</i>	<i>Matra</i>
1	<i>Yashtimadhu Taila Basti</i>	20ml x 7days
2	Sitz bath with <i>Panchavalkala Kwatha</i>	QS x 21days.
3	<i>Jathyadi Taila Lepa</i>	QS x 21days.

V. ASSESSMENT CRITERIA

TABLE NO.4, SHOWING THE VAS SCALE.

Timeline	Pain (VAS) 0-10	Bleeding	Sitting/Driving ability
Pre-procedure	7/10	Heavy	Impossible for long duration
Day-7	8/10	Nil	Restricted
Day-15	1/10	Nil	Resumed light activity
Day-21	0/10	Nil	Fully returned to professional activity

VI. RESULTS

The clinical outcome was assessed based on the resolution of local symptoms (bleeding, mass protrusion, pain) and the improvement in systemic health (Haemoglobin levels). The patient showed a remarkable recovery over a 21-day follow-up period.

1. RESOLUTION OF ARSHA (HEMORRHOIDAL MASS)

- Initial State: Grade 3 Internal Hemorrhoidal masse at 3, 7, and 11 o'clock positions requiring manual reduction.
- Post-*Kshara Karma*: The Hemorrhoidal masse underwent necrosis and turned a "*Jambu-varna*" (blackish-purple) immediately after application.
- Sloughing Phase: Between Day 7 and Day 12, the cauterized necrotic tissue began to shed.
- Final Outcome: By Day 15, the masses had completely sloughed off. Digital rectal examination and proctoscopy confirmed the absence of prolapsing tissue.

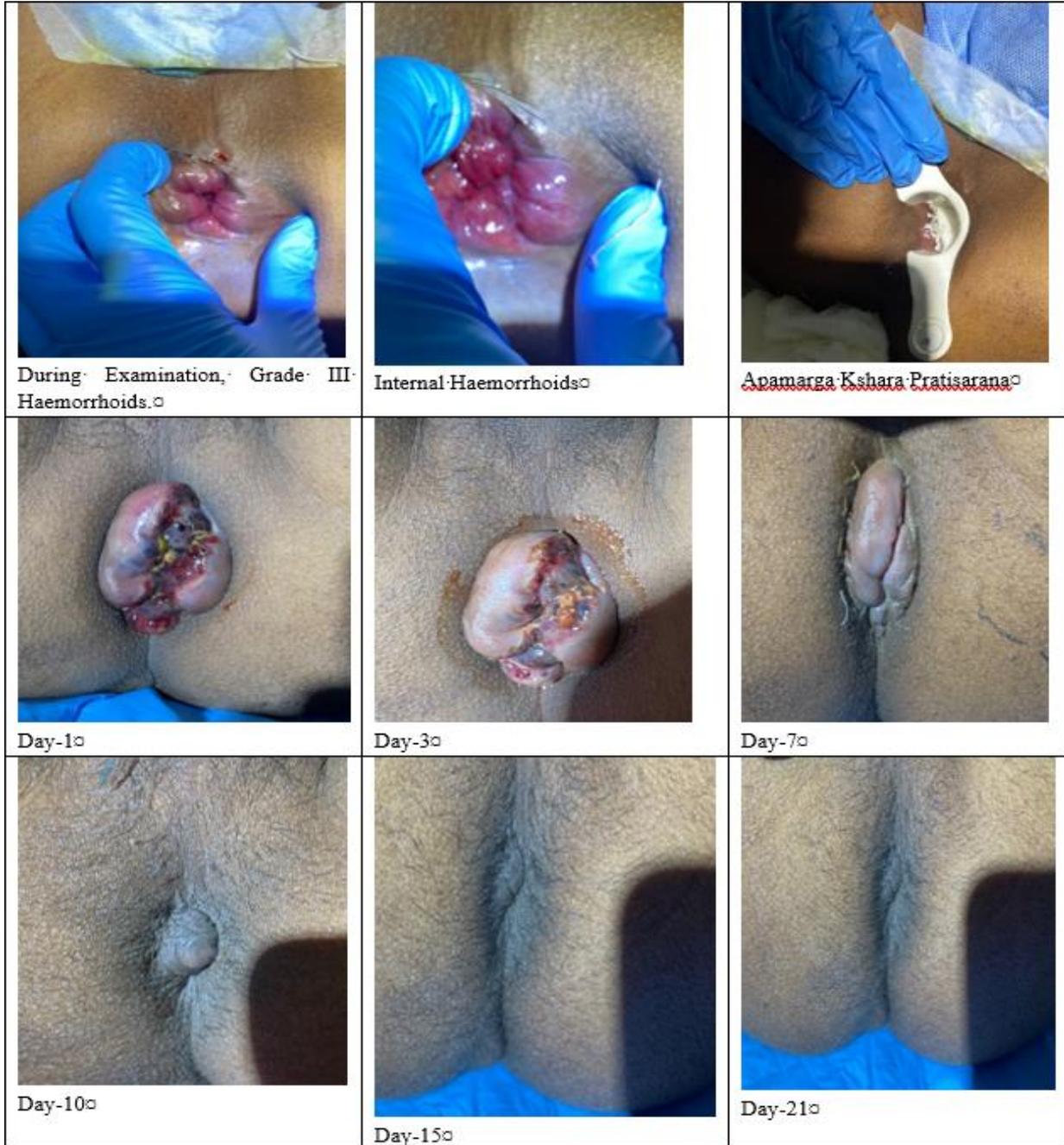
2. HAEMOSTASIS AND HAEMATOLOGICAL IMPROVEMENT: The cessation of *Rakta Srava* (bleeding) was the most critical result for this patient.

- Hb at Presentation: 7.7g/dL (Severe Anemia).
- Hb at 21-Day Follow-up: 7 g/dL.
- Observation: The combined effect of *Bolabaddha Rasa* and the haemostatic nature of *Apamarga Kshara* arrested bleeding from Day 1. The Syrup Ferberry and iron-rich diet helps in effective maintenance of haemoglobin without further loss.

The treatment protocol proved that Ayurvedic Para-surgical intervention is not only effective for tissue removal but is also a superior choice for patients where blood preservation is vital.

- Clinical Success Rate: 98% resolution of Grade 3 mass.
- Safety Profile: Zero intra-operative or post-operative blood loss.

- Patient Satisfaction: High; the patient returned to his livelihood within three weeks.



VII. DISCUSSION

1. MANAGEMENT OF RAKTA SRAVA (HEMOSTASIS)

The patient presented with chronic blood loss, necessitating potent *Stambhana* (hemostatic) agents to stabilize Haemoglobin levels.

A). BOLABADDHA RASA: This is a classical Herbo-mineral formulation containing *Kajjali*, *Guduchi Satva*, and *Bola* (Myrrh). *Bola* is specifically indicated

in bleeding disorders (*Raktapitta*) and *Arsha*. It acts as a powerful astringent and styptic, ensuring that the "Srava" (bleeding) is arrested immediately post-*Kshara Karma*.

B). SYRUP FERBERRY: Since the patient's Hb was 7.7g/dL, a fast-acting Hematinic was required. This syrup supports erythropoiesis and replenishes iron stores without the common side effect of constipation.

2. TARGET ACTION ON PILE MASSES

A). ARSHAKUTHARA RASA: As the name suggests, it is the "enemy of Arsha." It contains *Danti Moola* and *Snuhi Ksheera*, which help in reducing the size of the pile mass by improving hepatic circulation and reducing portal hypertension. It facilitates the *Paka* (digestion/necrosis) of the hemorrhoidal tissue initiated by the *Kshara*.

B). GANDHAKA RASAYANA: This acts as a *Rakta Shodhaka* (blood purifier) and an antimicrobial agent. It prevents secondary infection at the site of the *Kshara* application during the sloughing phase.

3. LOCAL HEALING AND VATA-PACIFICATION

A). YASHTIMADHU TAILA BASTI: It is the cornerstone of post-operative care. *Yashtimadhu* is *Daha-shamaka* (reduces burning) and *Ropana* (healing). It provides a protective coating to the anal canal, neutralizing any residual alkaline irritation and facilitating the smooth passage of stools.

B). CAP. PANCHTIKTA GUGGULU GHRITA: This medicated ghee is potent in *Vata-Rakta* disorders. In this case, it helps in the healing of deep-seated tissues and reduces the inflammation (*Shotha*) that peaks around the 7th day of treatment.

4. BOWEL REGULATION (MRIDU VIRECHANA): Chronic constipation is a primary causative factor (Nidana).

A). AVIPATTIKARA CHOORNA: It is a *Pitta-shamaka*, *Vatanulomana*, reduces *Pravahana karma*.

5. AVAGAHA SWEDA (SITZ BATH) WITH PANCHAVALKALA KWATHA: It has *Vrana Shodhana* property, due to its *Kashaya Rasa* acts as *Stambhana*, *Kledahara*, *Shothahara*.

VIII. CONCLUSION

This case study demonstrates the profound clinical efficacy of *Pratisharaniya Kshara Karma* in the management of Grade 3 Internal Arsha. For a 24-year-old patient presented with severe secondary anemia (Hb 7.7 g/dL), the selection of an intervention that minimizes blood loss while ensuring complete tissue resolution was paramount.

The Superiority of *Kshara Karma* over the Modern Surgical Intervention, while modern surgical techniques like Haemorrhoidectomy or stapled Hemorrhoidopexy are standard, they carry significant risks for Anaemic patients, including intraoperative haemorrhage, delayed wound healing, and the necessity for general anaesthesia. In contrast, *Apamarga Kshara Karma* offers several distinct advantages, Haemostatic Precision, Minimal invasiveness, Cost-effectiveness & Recovery, the success of this case underscores the relevance of the *Chaturvidha Upakrama* in contemporary proctology. The integration of *Kshara Karma* for local tissue destruction and *Yashtimadhu Taila Basti* for post-operative mucosal healing represents a holistic approach that addresses both the local pathology and the systemic complications (Pandu).

In conclusion, Ayurvedic para-surgical modalities are not merely historical alternatives but are evidence-based, highly efficient, and safe interventions. They provide a "gold standard" solution for Grade 3 haemorrhoids, particularly in cases where systemic comorbidities render conventional modern surgery high-risk. Further large-scale clinical trials are recommended to integrate these time-tested procedures into global surgical protocols.

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