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Minimally Invasive Ayurvedic Management of *Rakt Arsha* Using *Ksharasutra* Ligation: A Case Report

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ABSTRACT

Ksharasutra therapy is a time-tested para-surgical technique in Ayurveda, extensively utilized in the management of anorectal disorders such as *Bhagandara* (fistula-in-ano) and Arsha (haemorrhoids). The method is described in classical *Ayurvedic* literature, including the *Sushruta Samhita* and *Bhaisajyaratnavali*, which elaborate its application under the *Arshachikitsa Prakaranam*. This technique offers a minimally invasive, cost-effective, and reliable alternative to conventional surgical procedures.

This case report presents a 50-year-old male patient who complained of rectal bleeding, constipation, and prolapse of haemorrhoidal masses during defecation, with bleeding typically occurring during or immediately after bowel movements. The patient had been experiencing these symptoms for the past one year. On per rectal examination, three internal pile masses were identified at the 3, 7, and 11 o'clock positions within the anal canal.

The patient underwent *Ksharasutra* ligation of the pile masses. Postoperatively, he was advised daily sitz baths with *Panchavalkal Kwath* and local dressing using *Jatyadi* Oil. The patient responded well to the treatment, with progressive reduction in symptoms and no significant complications. The therapy proved to be clinically effective, economically viable, and allowed the patient to continue with his routine activities without major disruption.

Keywords:

Ayurveda, *Ksharasutra* Ligation, *Arsha,* Haemorrhoids, Pile Mass, *Panchavalkal,* Anorectal Disorders

INTRODUCTION

Arsha commonly referred to as haemorrhoids in modern medicine, is a well-documented condition in the classical Ayurvedic texts, including the *Charaka Samhita, Sushruta Samhita*, and *Ashtanga Hridayam.* It is characterized by swollen or inflamed veins in the rectal and anal region and is considered a disease of the *Guda* (anus), strongly influenced by the individual's *Prakriti* (body constitution) and *doshic* imbalance.

In Ayurveda, *Arsha* is primarily caused by an aggravation of *Vata dosha*, which governs bodily movements and the excretory system. Vitiation of *Vata* leads to dryness, hard stools, and irregular bowel movements. *Pitta dosha* contributes to burning sensations, inflammation, and irritation, while *Kapha dosha* is responsible for swelling and mucous discharge. The condition is further aggravated by the accumulation of *Ama* (undigested food toxins), resulting from poor digestion, which plays a significant role in the pathogenesis of *Arsha*.

Arsha is broadly classified into two types in Ayurvedic literature:
1. *Sushk Arsha* (Dry/Non-bleeding piles) – typically associated with *Vata* and *Kapha dosha* predominance.
2. *Rakt Arsha* (Bleeding piles) – usually linked to the vitiation of *Pitta dosha* and *Rakta dhatu.*

Modern pathology parallels *Arsha* with internal and external haemorrhoids:
• Internal haemorrhoids occur within the rectum and may present with painless bleeding.
• External haemorrhoids develop under the skin around the anus and are often painful, itchy, and prone to swelling or thrombosis.
• Prolapsed haemorrhoids occur when internal haemorrhoids extend beyond the anal verge, potentially requiring manual reduction or surgical intervention.

Conventional management includes dietary and lifestyle modifications, pharmacotherapy, and surgery in advanced cases. In the Ayurvedic system, treatment modalities for Arsha are elaborately described in the *Sushruta* Samhita, including:
• *Bhesaja Chikitsa* (medicinal therapy)
• *Kshara Karma (*application of alkaline preparations)
• *Agni Karma* (thermal cauterization)
• *Shastra Karma* (surgical excision)

Additionally, *Ksharasutra* therapy—a medicated alkaline thread therapy initially described for Nadivrana (sinus and fistula)—is also effectively employed in the management of *Arsha,* as mentioned in Bhaisajya Ratnavali. Sushruta also describes the use of *Pratisaraniya Kshara* (local application of caustics) as a non-invasive approach to treating anorectal conditions, including *Arsha*.

CASE REPORT

A 50-year-old male patient presented to Sanjivani Ayurved Hospital, Jodhpur, with chief complaints of heavy bleeding per rectum and pain during defecation for the past 7 days. He also reported a history of chronic constipation for the last one year, along with episodes of pain and bleeding during and after defecation. The patient additionally noted a protruding mass through the anal canal during defecation, which reduced spontaneously without manual intervention.

On detailed history and clinical examination, internal haemorrhoids were diagnosed. Per rectal examination revealed pile masses at the 3, 7, and 11 o'clock positions—suggestive of classical presentation of primary internal haemorrhoids. The masses were soft, non-thrombosed, reducible, and without signs of infection or fistulous tract. No significant comorbidities or family history were noted.

Based on the clinical grading and symptoms, Ayurvedic para-surgical management was planned. The patient underwent *Ksharasutra* transfixation and ligation of all identified pile masses under local anesthesia. The procedure was well tolerated without any intraoperative complications.

Postoperative care included sitz baths, local application of herbal preparations, analgesics, dietary fiber supplementation, and monitoring of bowel habits. Within a few days, the ligated piles showed signs of ischemia due to cessation of blood supply. The pile masses sloughed off spontaneously approximately on the

10th postoperative day. By the 18th day, the patient reported complete healing of the wound site with no pain, bleeding, or residual mass.

This case demonstrates the effectiveness of *Ksharasutra* ligation in the management of internal haemorrhoids and highlights the role of Ayurvedic parasurgical procedures as safe, minimally invasive, and effective options with excellent postoperative recovery.

Table 1 – Materials Used in *Ksharasutra* Application

S. No.	Material	Description / Use
1	Proctoscope	Used for rectal examination
2	Lignocaine (2%) Gel	Provides local anaesthesia
3	Injection Lignocaine	Local anaesthetic for numbing
4	Syringe with needle	For delivering anaesthetic injection
5	Betadine Solution	Disinfectant for wound cleaning
6	Jatyadi Oil	Ayurvedic oil used for wound healing

PRE OPERATIVE PROCEDURE

• Written informed consent was obtained from the patient.
• Local site preparation was done a day prior to surgery.
• The patient was advised nil per oral (NPO) after midnight.
• On the day of surgery:
◦ Proctoclysis enema was administered in the morning.
◦ Vital signs were recorded and monitored.
◦ Injection Tetanus Toxoid (0.5 ml) was administered intramuscularly.
◦ A sensitivity test with Injection Xylocaine was performed a day before surgery.
• The patient was then prepared for transfer to the Operation Theatre (OT).

OPERATIVE PROCEDURE

• Under full aseptic precautions, the patient was brought into the OT.
• The patient was placed in the lithotomy position.
• The anal area was cleansed with Betadine and surgical spirit, followed by sterile draping.
• Injection Lignocaine (2%) was administered for local anaesthesia.
• Anal canal dilation was done manually using fingers, with Lignocaine gel applied.
• A Proctoscope was used to visualize and assess the pile masses.
• Allis tissue-holding forceps were used to retract the anal skin and expose the pile masses.
• The pile masses were then held using pile-holding forceps.
• *Ksharasutra* Transfixation and Ligation was performed as follows:
◦ A curved cutting needle mounted with *Ksharasutra* was passed through the base of each pile mass.
◦ Each mass was securely ligated with adequate knots.
• After ensuring haemostasis, the area was cleaned with Betadine.
• A Jatyadi Taila–soaked gauze pack was inserted into the anal canal.
• T-bandaging was done to complete the procedure.

DIETRY MANAGEMENT

The patient was advised a light and easily digestible diet to support healing and prevent constipation. The following items were included in the diet:

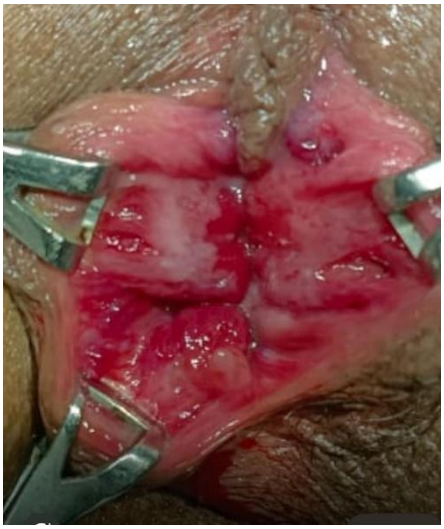
• Dalia (porridge)
• Milk with ghee (to lubricate the intestines)
• Papaya (as a natural laxative)
• Cucumber (to maintain hydration)
• Plenty of water throughout the day

To avoid aggravation of symptoms and recurrence, the patient was strictly advised to avoid:

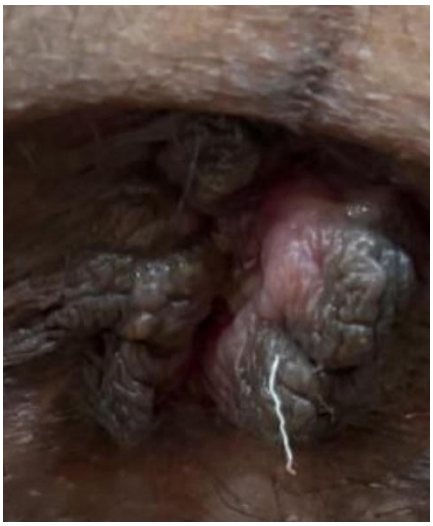
• Spicy and oily foods
• Junk food and fast food
• Fermented items like curd (dahi)
• Heavy-to-digest foods such as gram flour (besan) preparations
• All known constipation-inducing foods

OBSERVATION AND RESULT

The patient showed progressive recovery without any postoperative complications. Complete sloughing of the pile masses occurred by the 10th day, and wound healing was achieved by the 18th day. No signs of infection, bleeding, or recurrence were observed during follow-up, indicating successful outcome of the *Ksharasutra* therapy.



Before Treatment



After Treatment

DISCUSSION

In contemporary medical science, several treatment modalities are available for the management of haemorrhoids, such as cryosurgery, sclerotherapy, rubber band ligation, and hemorrhoidectomy. However, these procedures often come with postoperative complications including pain, hemorrhage, and delayed wound healing.

In comparison, *Ksharasutra* ligation therapy, a well-established Ayurvedic parasurgical technique, offers a safe, effective, and minimally invasive alternative with fewer complications. In the present case, *Ksharasutra* ligation was performed under local anaesthesia, and the ligated pile masses sloughed off spontaneously by the 10th postoperative day, with complete healing observed by the 18th day. Importantly, no postoperative complications such as pain, bleeding, or infection were noted during the recovery period.

The *Ksharasutra* thread, coated with herbal formulations including *Apamarga Kshara*, *Haridra* (turmeric) *churna*, and *Snuhi* latex, provides multiple therapeutic actions. These include chemical cauterization, antimicrobial, and anti-inflammatory effects, which contribute to controlled necrosis of the pile mass and promote healthy granulation and wound healing after sloughing. Specifically, *Haridra churna* supports tissue regeneration and prevents infection, thereby enhancing the healing process.

Overall, the procedure demonstrated excellent results in terms of patient recovery, minimal discomfort, and effective resolution of haemorrhoids. This case supports the efficacy of *Ksharasutra* therapy as a reliable treatment modality for internal haemorrhoids with minimal postoperative morbidity.

CONCLUSION

This case demonstrates that haemorrhoids can be effectively managed with *Ksharasutra* ligation therapy, with no postoperative complications or adverse effects. The procedure is safe, minimally invasive, and associated with a low recurrence rate, making it a reliable treatment modality in clinical practice.

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