



Case Study

CASE STUDY OF *TIKSHNA PALASHA PRATISARNIYA KSHARA* ALONG WITH *DRAKSHASAVA* IN MANAGEMENT OF *GUDAARSHA* (2ND DEGREE HAEMORRHOIDS)

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ABSTRACT

Guda Arsha (haemorrhoids or piles) is a distressing anorectal condition described in Ayurvedic classical texts, continues to pose a significant therapeutic challenge due to its recurrent nature and impact on daily life. This case study aims to evaluate the effectiveness of Ayurvedic management of *Guda Arsha* (second degree haemorrhoids) using *Kshara Karma*, specifically *Tikshna Palasha Pratisarniya Kshara*, following well-defined inclusion and exclusion criteria. A 32-year-old male patient presented with complaints of constipation, some mass from the anal region during defecation associated with pain and bleeding per annum on and off for the past two years. The patient was treated at Patanjali Ayurveda Hospital, Haridwar. *Purva, Pradhan* and *Paschat karma* was carried out in accordance with classical Ayurvedic surgical principles as described in *Sushruta Samhita*. Not any significant *Updravas* (complications) were observed during the procedure. Gradual reduction in the size of the *Guda Arsha* was noted, leading to complete resolution. Postoperative care included *Drakshasava* orally and *Jatyadi Taila* administered as *Matra Basti* and *Avagaha Sveda* (sitz baths). This case demonstrates the potential of *Kshara Karma* as a minimally invasive parasurgical procedure, cost effectiveness, lower recurrence rates and minimal blood loss for the management of *Guda Arsha* (haemorrhoids). The treatment resulted in short hospital stay, and no *Updravas* were noted, suggesting it to be a viable alternative to conventional surgical interventions.

INTRODUCTION

Acharya Sushruta emphasized the superiority of *Kshara* over several surgical and parasurgical procedures due to its actions such as *Chedana, Bhedana, Lekhana*, and *Patana Karma*. *Kshara* helps restore balance among the three *Doṣhas Vata, Pitta*, and *Kapha* whose imbalance leads to disease. It is categorized as one of the *Upasastras*. *Kshara* refers to alkaline substances prepared from the water-soluble ash of medicinal plants. The preparation involves incineration of the plant material, collection of ash, and purification to obtain a strongly alkaline substance.

Direct application of *Kshara* cauterizes the *Guda arsha* (pile mass) due to its corrosive properties, resulting in gradual reduction of its size.

Case Report

A 32-year-old male patient attended the Shalya Tantra OPD at Patanjali Ayurveda Hospital, Haridwar, with complaints of constipation, some mass coming out from the anal region during defecation, pain in anal region and bleeding per annum on and off for the past two years. According to the patient, symptoms began gradually with bleeding, for which he underwent treatment from a physician in Dehradun but did not experience relief. so, he came to Patanjali Ayurveda Hospital. Haridwar for better management.

History

Past History: No history of hypertension, diabetes mellitus, thyroid disorders, or other major illnesses.

Family History: None

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Treatment History: Previous Ayurvedic and allopathic treatments taken; documentation unavailable

Surgical History: No previous surgeries

Clinical Examination

- Per Rectal Examination: Internal haemorrhoids detected.
- Proctoscopy: Internal haemorrhoids observed.
- Perianal Region: No abnormality detected.
- Sphincter Tone: Normal

Based on detailed history and clinical examination, the case was diagnosed as second-degree internal haemorrhoids.

Investigations

CBC, ESR, RBS, BT, CT, LFT, KFT, HIV, HBsAg, and HCV were done and found to be within normal limits.

Preparation of *Tikshna Palasha Pratisarniya Kshara*

Tikshna Palasha Pratisarniya Kshara was prepared at Patanjali Ayurvedic College, Haridwar, following the classical method described by *Acharya Sushruta* in *Sutra sthan Adhyaya* 11. Dried pieces of *palash* were incinerated to obtain ash. One *Drona* of ash was mixed with six *Dronas* of water, macerated well and kept undisturbed overnight, and next day filtered 21 times through a clean cloth. Thus, obtained liquid is known as *Ksharajala*. The filtrate was heated on *Madhyamagni* (medium flame) until it attained dark brownish colour and slimy consistency known as *Ksharodaka*. Equal quantities of drugs such as *Danti*, *Dravanti*, *Chitraka*, *Langali*, *Puṭika*, *Pravala*, *Hingu*, *Vaca*, and *Ativiṣa* were added (*Prativapa*), yielding *Tikshna Kshara*. The final product was stored in a sterilized air tight container.



Palasha Ignited



Palasha Ash



Ash Mixed with Gomutra



Filtration Process



Ksharajala



Evaporation Process



Pala Sha Kshara

Procedure**Route of Administration:** Local application**Purva Karma (Pre operative)**

- Written informed consent
- Part preparation
- Administration of tetanus toxoid
- Light meal is advised before procedure
- Proctoglycerine enema
- Local anesthesia as required

Pradhan Karma (Operative Procedure)

1. Under local anaesthesia, painting and draping were done under aseptic precautions.
2. Proctoscopy was performed, which revealed *Gudaarsha* (haemorrhoids) at the 3 o'clock, 7 o'clock and 11 o'clock positions.
3. The *Guda arsha* (haemorrhoidal masses) were gently cleaned using wet gauze, and the surrounding mucosa was packed with gauze for protection.
4. With the help of a proctoscope, *Kshara* was applied

exclusively over the *Gudaarsha* (haemorrhoidal mass) for approximately 100 *Matra Kala* (2 minutes). During this period, the mass turned blackish purple, resembling a *Pakva Jambu Phala Vrana*.

5. A swab test was performed to assess any oozing from site.

6. Finally, *Matra basti* of *Jatyadi taila* was done.

Paschat karma (Post operative Procedure)

- *Drakshasava* 40ml with equal amount of water given twice a day.
- *Jatyadi taila* 3ml per rectal twice a day.
- *Avagaha Sveda* (sitz baths) twice a day.
- Daily dressing with *Jatyadi taila* was done.

Assessment Criteria

- Constipation
- Prolapse pile masses during defecation
- Size of pile masses
- Pain in anal region

Bleeding P/R

Grade	Prolapse pile masses	Bleeding P/R	Pain in anal region	Size of pile mass	Constipation
0	No prolapsed	No bleeding	No pain	Almost none	No constipation
1	Only at time of defecation	Dropping	Mild pain	Size of tip of little finger (approx. 1cm)	Satisfactory with mild effort.
2	Prolapsed but digitally reduced	Syringing	Moderate pain	Size of the tip of index finger (approx. 1.5- 2cm)	Satisfactory with moderate effort.
3	Irreducible, remain prolapsed out	Splash	Severe pain	Size of the tip of the thumb approx. (>2cm)	Severe complication.

RESULT

All parameters were assessed before and after treatment using a grading system. Before treatment, the patient complained of constipation, some mass coming out of anal region during defecation, pain in the anal region, bleeding per anum on and off. During the 1-month follow-up, there was moderate relief from constipation, no evidence of any mass protruding from anal region during defecation with significant reduction in size of the haemorrhoidal mass, decreased pain in the anal region and no bleeding per anum were noted. After completion of 3 months of follow-up, constipation was completely resolved, no prolapse of pile masses during defecation, no pain in the anal region and no bleeding per anum. The sites of *Kshara* application showed fibrosis, indicating successful healing and *Drakshasava* shows its effect in improving digestion and constipation.

Criteria	BT	AT
Pain in anal region	Grade 2	0
Prolapse pile masses per rectum during defecation	Grade 1	0
Bleeding P/R	Grade 1	0
Size of pile mass	Grade 1	0
Constipation	Grade 2	0

**Before Treatment****Kshara Application****Pakva Jambu Phala Vrana Appearance****Healed Pile Mass (After 3 Months)**

DISCUSSION

The success of treatment in this case can be attributed to the appropriate application of *Kshara Karma* along with oral administration of *Drakshasava*. The alkaline paste causes protein coagulation within the haemorrhoidal plexus, leading to necrosis and sloughing of the affected tissue. Subsequent fibrosis results in obliteration of the haemorrhoidal vein and reduction in *Guda Arsha* (pile mass size). This process helps restore normal function of *Apana Vayu*, alleviating symptoms. *Jatyadi Taila* administered as *Matra Basti* promoted epithelial healing, while *Avagaha Sveda* (sitz bath) reduced pain, swelling, and maintained hygiene. *Drakshasava* improved digestion and acted as a mild laxative.

CONCLUSION

This case report highlights the significant efficacy of Ayurvedic management as a reliable, on-surgical alternative for the treatment of *Gudaarsha* (haemorrhoids), comparable to modern surgical techniques. The integrated approach involving *Kshara Karma*, *Samana Auśadhi* (*Drakshasava*), *Ahara* (dietary regulation) and *Vihara* (lifestyle modification) effectively eliminate the *Guda arsha* (haemorrhoidal mass) and helps prevent recurrence. Secondary haemorrhage is controlled through the *Rakta-stambhana* (haemostatic) action of *Kshara* while its *Ropana* (healing) properties minimize the risk of secondary infection.

Although *Kshara Karma* is primarily an outpatient procedure, short-term inpatient care may

enhance patient comfort due to postoperative pain and edema. Overall, *Kshara Karma* proves to be a highly effective modality for internal haemorrhoids, offering advantages such as minimal bleeding, fewer complications, cost-effectiveness, shorter hospitalization, and good patient acceptance. *Drakshasava* shows benefits due to its properties such as *Deepana*, *pachan*, *Mridu Rechana* and *Rakta shodak* which improves constipation, impaired digestion and vitiation of *doshas*. No adverse effects were observed during follow up, reinforcing its safety and therapeutic value in the management of *Guda Arsha*.

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