



Research Article

Reviving Ancient Alchemy: *Saptaparna Pratisarniya Kshara's* Triumph Over 1st & 2nd Degree Haemorrhoids (*Arsha*) – A Clinical Odyssey in Ayurvedic Precision

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Abstract

Background: Internal haemorrhoids (first–second degree) are common anorectal conditions that cause bleeding, pain, pruritus, mucous discharge and prolapse. Traditional Ayurvedic paraclinical therapies include topical alkaline *Kshara* preparations; however, contemporary clinical data are limited. **Objective:** To assess the safety and clinical effectiveness of *Saptaparna* (*Alstonia scholaris*) *Pratisaraniya Kshara* applied proctoscopically in patients with first- and second-degree internal haemorrhoids. **Methods:** This single-arm prospective clinical trial enrolled 32 patients aged 19–80 years presenting to the Shalya Tantra OPD/IPD with at least three cardinal symptoms of internal haemorrhoids. Under proctoscopic guidance, *Saptaparna Pratisaraniya Kshara* was applied to haemorrhoidal tissue for approximately 100 Matrakala and irrigated with *Nimbu* (lemon) *Swarasa*; treatment was repeated on day 7. *Gandharva Haritaki* was administered to support bowel regularity. Primary outcomes included changes in pain, bleeding, prolapse (pile size and grade), pruritus, constipation, mucous discharge, and pile count, assessed at baseline and day 15. Statistical analysis used Friedman's test for repeated measures where appropriate. **Results:** Thirty-two patients (62.5% male; majority aged 20–30 years) completed follow-up. By day 15, median pain scores decreased by 91% (Friedman's test, $p < 0.001$). Bleeding resolved in 30/32 (93.8%) patients. Pile size reduced in 94% of patients; pruritus and mucous discharge resolved in all affected patients. Constipation improved in 31/32 (96.9%). Pile count decreased by 71.9% with most patients achieving grade 0. Transient application-related burning was reported but was self-limited; no serious adverse events were observed. **Conclusion:** In this uncontrolled single-arm study, proctoscopic application of *Saptaparna* was associated with substantial symptomatic and objective *Pratisaraniya Kshara* improvement in first- and second-degree internal haemorrhoids over 15 days and was well tolerated. Limitations include small sample size, lack of a control group, short follow-up and concomitant use of *Gandharva Haritaki*. Randomized controlled multicentre trials with longer follow-up are needed to confirm efficacy, define safety profile, and compare this intervention with standard therapies.

Keywords: *Arsha*, *Saptaparna*, *Pratisarniya Kshara*, Haemorrhoids.

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Introduction

Ayurveda, the ancient science of longevity and wellness, encompasses *Shalyatantra* (surgical science) as one of its fundamental disciplines. Within this tradition, '*Arsha*' holds recognition as one of the eight critical diseases (*Ashtamahagada*). (1). The condition receives comprehensive elaboration in classical

Ayurvedic literature. Etymologically, "*Arsha*" derives from "*Ru-gatau*" with the suffix "*Asuna*," signifying "that which afflicts life." Patients experience these fleshy growths (*Mansakeel*) as significant distress.(2)

The contemporary term "piles" originates from Latin "*pila*," meaning ball, while the formal designation "haemorrhoids" stems from Greek roots: "*Haema*" (blood) and "*Rhoos*" (flowing). (3) Vernacular nomenclature includes *mulvyadh*, *bawasir*, and *komb*. Fundamentally, establishing effective curative interventions remains paramount. *Arsha* represents one of humanity's most widespread maladies, recognized since ancient times. Contemporary fast-paced lifestyles have exacerbated this condition's prevalence. A primary causative factor involves

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improper dietary and lifestyle patterns (*Mithyaahar-Vihar*), often unavoidable in modern existence. Clinical observations from outpatient services documented increasing incidence of internal haemorrhoids (*abhyantar gudarsha*), prompting focused scientific investigation.

Both Ayurvedic and modern medical literature present diverse therapeutic approaches for internal haemorrhoids, categorizable into surgical, para-surgical, and conservative medical interventions. However, each modality presents individual limitations and challenges. Classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, and *Astanga Sangraha* provide detailed management protocols for internal haemorrhoids. *Sushruta Samhita* particularly offers comprehensive exposition on *Arsha*. According to *Acharya Sushruta*, four distinct treatment modalities exist for haemorrhoids: conservative pharmacotherapy (*Aushadhi Chikitsa*), and para-surgical techniques including *Ksharakarma* (alkaline cautery), *Agnikarma* (thermal cautery), and *Shastrakarma* (surgical excision).(4)

Local intervention addressing tissue pathology (*Dhatuvaigunya*) at the anal structures proves essential. Previous research indicates *Ksharakarma* demonstrates optimal therapeutic outcomes. Given that *Saptaparna* had not been previously utilized in this context, this investigation proposed evaluating *Saptaparna-Kshar Pratisaran*(5), selecting this botanical ingredient for *Kshara* preparation. While physician expertise remains crucial for *Kshara* application, the procedure was designed for accessibility to facilitate patient treatment of internal haemorrhoids with minimal medical intervention requirements. This study was conceptualized to evaluate the therapeutic effects of *Saptaparna Pratisaraniya Kshara* application on internal haemorrhoids, specifically targeting first and second degree pathology. The low concentration of *Saptaparna Pratisaraniya Kshar* helps prevent inadvertent damage to normal mucosal tissue.

Aim

To evaluate the clinical efficacy of *Saptaparna Pratisaraniya Kshara* in managing first and second degree Haemorrhoids.

Methodology

Study Design: Single-arm prospective clinical trial

Sample Size: 32 participants

Data Collection Instruments: Standardized case record forms with written informed consent documentation

Study Population: Patients meeting eligibility criteria (minimum three of seven cardinal symptoms) and providing voluntary written consent were recruited from Shalya Tantra outpatient department.

Study Site: Department of *Shalyatantra*, Dr. D Y Patil College of Ayurved and Research Centre, Pimpri, Pune - 411018 (Outpatient and Inpatient Departments)

Study Duration: 18 months

Ethical Clearance: The Institutional Ethics Committee of Dr. D Y Patil College of Ayurved and Research Center, Pimpri, Pune-411018 granted ethical approval for this human subjects clinical investigation. Registration number: DPU/924/23/2021.

CTRI Registration

The investigation was registered with the Clinical Trials Registry of India (CTRI) under registration number: CTRI/2021/11/038000.

Participant Selection (Eligibility Criteria)

Thirty-two patients were recruited from the *Shalya Tantra* department's outpatient and inpatient services at Dr. D Y Patil College of Ayurved and Research Center, Pimpri, Pune-411018. Written informed consent was obtained prior to trial commencement. Standardized case record forms were maintained systematically.

Inclusion Criteria: Patients diagnosed with *Arsha* presenting minimum three of seven cardinal symptoms (anal pruritus/*Guda Kandu*, constipation/*Vibandha*, pile mass dimensions, pile mass quantity, discharge/*Strava*, bleeding/*Raktastrava*, pain/*Vedana*) who provided voluntary consent. Age range: 19-80 years. All genders eligible for participation

Exclusion Criteria: Planned pregnancy during study period. Currently pregnant or lactating women. Congenital bleeding disorders (e.g., hemophilia). Severe psychiatric conditions. Third or fourth degree prolapsed haemorrhoids. Associated conditions: HIV positivity, HBsAg positivity, rectal prolapse, anal fistula, thrombosed/strangulated haemorrhoids, rectal carcinoma, Hepatic disease.

Withdrawal Criteria

Patient voluntary withdrawal from treatment protocol.

Assessment Parameters

Primary evaluation focused on symptomatic and clinical indicator relief in *Arsha*. All assessment parameters were evaluated at baseline, post-intervention, and follow-up visits to determine overall therapeutic impact.

Drug Preparation Methodology

a) Pharmaceutical analysis of *Saptaparna Pratisaraniya Kshara*

b) Standardization: *Saptaparna Pratisaraniya Kshara* obtained from legitimate authenticated sources with standardization verification

c) Preparation Protocol

Formulation prepared according to *Pratisaraniya Kshara* preparation methodology described in *Sushruta Samhita*.(6)

Plant material used: *Saptaparna Panchanga* (whole plant)

Preparation steps:(6)

Saptaparna plant *Panchanga* was collected, dried, and sectioned into small pieces. Material incinerated with limestone; dispersed plant fragments retained using sesame stalk (*tilanala*). Ash mixed with six-fold volume of water. Filtrate strained twenty-one times through cloth. Residue discarded; filtrate (*Ksharodaka*) heated on low flame (*mandagni*). Continuous stirring until reddish-brown coloration and viscosity (*pichilata*) achieved, reduced to one-third volume. Heating continued to powder form to obtain mild *Kshara* (*mridu kshara*)

Kshara Administration Method

Procedures performed with patients in lithotomy position. Anal canal and perianal region cleansed with antiseptic solution. Proctoscopic examination conducted for confirming haemorrhoid number and position. Haemorrhoids prolapsed through slit proctoscope. *Kshara* applied to haemorrhoidal tissue using spatula, maintained for 100 *Matrakala*. Applied *Kshara* irrigated with lemon juice (*Nimbu Swarasa*)(7). Post-procedure, haemorrhoids exhibited reddish-brown discoloration

(*Pakwajambuphal Sadrishya*), indicating proper *Kshara* application (*Samyak Lakshana*). Procedure repeated for additional haemorrhoidal masses if present.

Treatment Protocol

- **Treatment course duration:** 15 days
- **Follow-up schedule:** Day 7 and Day 15
- **Kshara application:** Day 1, repeated on Day 7 if clinically indicated
- **Administration route:** Local topical application
- **Adjuvant therapy:** *Gandharva Haritaki* (2 tablets at bedtime)
- **Dosage:** *Saptaparna Pratisaraniya Kshara* quantity determined by disease severity

Subjective Parameters

Table 1: Grading of subjective parameters

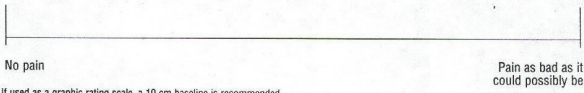
1. Anal region pruritus	Gradation
No itching	0
Itching once a day	1
More then once a day	2
Intense itching and discomfort whole Day	3
2. Vibandha (constipation)	Gradation
Smooth evacuation	0
Hard stool once a day	1
Hard stool after 2 days	2
Hard stool after 2 plus days	3

Objective parameters

Table 2: Grading of Objective parameters

1. Number of pile mass	Grading
None	0
One	1
Two	2
Three	3
2. Size of pile mass	
None	0
First degree pile mass (bleeding only but no Prolapse)	1
Second degree pile mass(prolapse but reduce Spontaneously)	2
3. Mucous discharge (Strava)	
Absent	0
Present	1
4. Per rectal bleeding (Rakta strava)	
No bleeding	0
1-2 drops	1
5-10 drops	2
10-20 drops	3
5. Anal region pain/discomfort (Vedana)	Gradation
Based on vas scale	0-10

c. Visual Analog Scale (VAS)^a



Statistical Analysis

Collected data analyzed using Friedman test statistical methodology.

Results

A Friedman test was performed to evaluate the changes in clinical parameters of hemorrhoids (pain, constipation, bleeding, size, mucous discharge, itching, and number of pile masses) at Day 0, Day 7, and Day 15 among 32 participants.

The mean rank values for all parameters showed a progressive decline from Day 0 to Day 15, indicating a gradual improvement in symptoms over the study period. For pain, the mean rank decreased from 3.00 on Day 0 to 1.98 on Day 7 and 1.02 on Day 15. Similar reductions were observed for constipation (2.88, 2.09, and 1.03), bleeding (2.52, 2.20, and 1.28), size of hemorrhoids (2.58, 2.30, and 1.13), mucous discharge (2.31, 2.08, and 1.61), itching (2.55, 2.25, and 1.20), and number of pile masses (2.45, 2.38, and 1.17).

The Friedman test demonstrated statistically significant differences across the three assessment periods for all evaluated parameters. The test statistics were as follows: pain ($\chi^2 = 63.512$, $df = 2$, $p < 0.001$), constipation ($\chi^2 = 59.458$, $df = 2$, $p < 0.001$), bleeding ($\chi^2 = 39.694$, $df = 2$, $p < 0.001$), size of hemorrhoids ($\chi^2 = 52.323$, $df = 2$, $p < 0.001$), mucous discharge ($\chi^2 = 23.333$, $df = 2$, $p < 0.001$), itching ($\chi^2 = 47.465$, $df = 2$, $p < 0.001$), and number of pile masses ($\chi^2 = 51.537$, $df = 2$, $p < 0.001$).

Since the p-values for all parameters were less than 0.05, the null hypothesis was rejected, and the alternative hypothesis was accepted. These findings indicate that there was a statistically significant reduction in the severity of all assessed symptoms and signs from baseline to Day 15, suggesting that the intervention was effective in improving the clinical condition of patients with hemorrhoids.

The Friedman test revealed highly significant improvements in pain, constipation, bleeding, hemorrhoidal size, mucous discharge, itching, and number of pile masses over the 15-day treatment period ($p < 0.001$ for all parameters). The lowest mean ranks observed on Day 15 indicate maximum clinical improvement at the end of treatment.

Discussion

Arsha, classically described by *Acharya Vagbhata* and documented in Vedic and post-Vedic texts, represents a longstanding disease entity characterized by pathological alterations of the anal cushions. Its pathogenesis is multifactorial, arising from dietary, behavioral, mechanical, psychological, and hereditary influences that perturb the normal function of *Apana* and *Vyana* *vayus* and lead to progressive destruction and hypertrophy of perianal tissues. Dietary patterns that accentuate *Kashaya*, *Katu*, and *Tikta* *rasas* predispose to *Vata*-dominant manifestations, while frequent exposure to *Katu*, *Amla* and *Lavana* *rasas* favors *Pitta* predominance; *Kaphaja* involvement associates with sedentary habits and heavy, unctuous dietary intake. Chronic alcohol abuse, persistent constipation, excessive or abnormal physical exertion (including prolonged travel on irregular terrain and certain prolonged postures), suppression or forcible induction of natural urges, traumatic childbirth, and hereditary predisposition contribute to local tissue damage (*Gudakshanana*) and promote the formation of fleshy proliferations (*Mamsakanda*) through repeated mechanical and inflammatory insult. Classical sources also note local irritants

such as water contact, grass and wood fragments, and coarse clothing as perpetuating factors. Clinically, patients present with rectal bleeding—typically bright red and postdefecatory—prolapse of haemorrhoidal cushions, pain, pruritus, mucous discharge, and varying degrees of constipation. Untreated disease may lead to systemic consequences including weight loss, anorexia, cognitive dulling, reproductive dysfunction, reduced digestive capacity, lethargy, and, in advanced cases involving disruption of both *Apana* and *Vyana* *vayus* across all anal cushions, potentially life-threatening outcomes.

Contemporary classification of haemorrhoidal disease by degree provides a useful anatomical and functional correlate: first degree involves bleeding without prolapse, second degree prolapse with spontaneous reduction, and third degree prolapse requiring manual reduction. This study evaluated *Kshar Karma* using *Saptaparna Pratisaraniya Kshara* in combination with *Gandharva Haritaki* as an adjuvant laxative to facilitate smooth fecal passage and reduce mechanical trauma. The therapeutic rationale integrates local caustic and cauterizing effects of the *Kshara* with the stool-softening, lubricant and mild laxative properties of *Gandharva Haritaki*. *Kshara* induces local chemical cauterization and controlled tissue necrosis at haemorrhoidal masses, producing edema followed by fibrosis and scarring of the haemorrhoidal plexus and adjacent mucosa; this fibrosis functions as a protective fibrous cushion and stabilizes the vascular endothelium, thereby reducing susceptibility to bleeding and supporting mucosal fixation to limit prolapse. *Gandharva Haritaki* reduces fecal hardness and straining, diminishing ongoing frictional injury to inflamed haemorrhoidal tissue and synergizing with *Kshar Karma* to expedite symptom relief. The combined pharmacodynamic profile—characterized by Tikshna (sharp), Ushna (hot), and Katu (pungent) properties in classical terms—manifests clinically as scraping or debridement (*Lekhan*), caustic action (*Ksharan*), and controlled tissue removal (*Kshapan*), all contributing to reduction in haemorrhoidal bulk and symptomatic improvement.

In a cohort of 32 patients treated and evaluated over serial follow-ups, the highest disease incidence occurred in the 20–30 year age group (75%), consistent with haemorrhoidal disease predominance in young to middle-aged adults. The sample comprised 62.5% males and 37.5% females; dietary assessment showed a predominance of non-vegetarian intake in 75% of patients, and 37.5% reported alcohol or substance use. Occupational patterns revealed a mix of sedentary and strenuous work, reflecting lifestyle factors implicated in disease expression. Treatment outcomes were quantified using standardized grading for pile mass number, degree, pain severity, pruritus, burning sensation, mucous discharge, and constipation. By the 15-day follow-up, 65.6% of patients reported complete resolution of pain, 28.1% reported residual minimal pain (VAS 1), and 6.3% reported mild pain (VAS 2), demonstrating rapid analgesic and anti-inflammatory effects. Pruritus resolved completely in all patients by day 15, and burning sensation resolved fully in 87.5% with partial improvement in the remainder. Haemorrhoid degree showed statistically significant reduction post-treatment, with 93.8% of patients demonstrating improvement and 84.4% experiencing a decrease in the number of haemorrhoidal masses. Mucous discharge, present in a minority, decreased in 46.9% by the 15-day endpoint. Importantly, bleeding—which directly reflects vascular stabilization and mucosal repair—ceased completely in 84.4% of patients by the second 15-day follow-up, corroborating the hypothesized haemostatic effect of chemical cauterization and subsequent fibrosis. Constipation improved markedly, with 96.6% achieving complete resolution by the

second follow-up interval, validating the role of *Gandharva Haritaki* as an effective adjuvant to reduce straining and mechanical aggravation.

Photographic documentation supported clinical observations by demonstrating characteristic tissue changes after *Kshar Karma*, including darkened and fibrotic appearance of treated haemorrhoidal tissue consistent with controlled cauterization and subsequent scarring. First degree internal haemorrhoids showed complete resolution over a delayed follow-up period, while second degree lesions displayed variable but meaningful size reduction and symptomatic improvement, suggesting that internal mucosal restoration may occur progressively over weeks to months after initial cauterization. Reduction in prolapsing mass and bleeding led to measurable improvements in personal hygiene and decreased soiling of clothing, which in turn reduced patient distress and improved quality of life. The combination of local cauterization and laxative therapy therefore addresses both the vascular and mechanical contributors to disease: chemical cauterization reduces vascularity and induces fibrosis, while laxation minimizes re-injury and promotes mucosal healing.

Mechanistically, the observed therapeutic effects can be attributed to the interplay of *Kshara*'s caustic and cauterizing properties with the stool-softening and motility-modulating activity of *Gandharva Haritaki*. Controlled mucosal ablation and subsequent fibrosis reduce the caliber and friability of haemorrhoidal plexuses, decrease bleeding tendency, and promote mucosal fixation—thereby limiting prolapse. Reduced fecal hardness and straining decrease recurrent mechanical trauma and stimulus for inflammation, accelerating symptom resolution for pain, pruritus, and burning. The net clinical effect is a rapid symptomatic improvement in the majority of treated patients, with durable anatomic and functional gains documented by reduction in pile degree and number. These findings align with classical Ayurvedic therapeutic aims—removal of pathological tissue, restoration of normal *vayu* function, and promotion of mucosal healing—while also mapping onto contemporary pathophysiological constructs of vascular plexus stabilization and mechanical support.

Limitations of the present investigation include the modest sample size and relatively short follow-up interval for complete assessment of long-term mucosal remodeling and recurrence rates, particularly for higher-degree haemorrhoids. Further studies with larger cohorts, randomized controls, and extended longitudinal follow-up are warranted to quantify recurrence, compare *Kshar Karma* with alternative surgical and minimally invasive therapies, and elucidate histopathological correlates of the observed fibrotic response. Nevertheless, the current clinical data support the efficacy of *sPratisaraniya Kshara* with *Gandharva Haritaki* as an effective intervention for internal haemorrhoids, particularly first degree and selected second degree lesions, by combining local cauterization that produces protective fibrosis with adjuvant laxation that minimizes re-injury and accelerates symptomatic recovery.

Conclusion

In summary, haemorrhoids represent the most prevalent ano-rectal pathology and common surgical condition, affecting all ethnic populations globally without gender predilection. The therapeutic intervention demonstrates optimal suitability as palliative treatment, consistently managing symptomatology while addressing underlying disease causation. Furthermore, this painless procedure proves applicable for surgical contraindication cases and patients experiencing surgical pain anxiety. While

contemporary para-surgical procedures offer painless intervention, they present cost barriers limiting accessibility for economically disadvantaged populations.

Saptaparna Pratisaraniya Kshara substantially reduces cardinal *Arsha* symptoms including pain, discomfort, pruritus, mucous discharge, bleeding, and burning sensation. Adjuvant *Gandharva Haritaki* effectively alleviates constipation. Additionally, treatment reduces haemorrhage severity. This medication represents a safe, economical, and effective alternative to conventional therapeutic modalities. Given the current investigation's limited sample size of 32 patients, larger-scale studies would establish more definitive conclusions and validate these preliminary findings for broader clinical application.

Conflict of interest -The authors declare no conflict of interest.

References

1. Shastri KA. Sushruta Samhita, sutra sthana. Ayurveda tatva sandipika, 2019; edition 1: Varanasi; Chaukhamba Sanskrit Sansthan, 163.
2. Sarvanga Sundara of arunadatta, Astanga Hridaya, chaukhamba publication, 2014, shlok no: A.ni:7/1, Page-490.
3. Goligher J.C. (1992), Surgery of Anus, Rectum and Colon. 5th edition, Bailliere tindal, London, page no.98.
4. Priya vrata Sharma, Sushruta Samhita with English translation Volume 2, Chaukhamba Vishwabharat, Varansi, shlok no:su.chi:6/1, Page-328
5. Acharya Sushruta, Sushruta Samhita, Dalhana. Nibandhasangraha commentary, Edited by Yadavji Trikamji Acharya and Naarayana Ram Acharya, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, Sutrasthana 2013; 11 (12-14):46- 48.
6. Acharya Sushruta, Sushruta Samhita, Dalhana. Nibandhasangraha commentary, Edited by Yadavji Trikamji Acharya and Naarayana Ram Acharya, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint, Sutrasthana 2013; 11 (11-15):46- 48.
7. Sushrutacharya Sushruta samhita, Ayurved Tatva Sandipika, Dr. Ambikadata Shastri, Varanasi: Chaumbika Sanskrit Sansthan; 2001. Sutra sthan. 11/18 p. 36.
