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A Comparative Study on the Management of Haemorrhoids with *Ksharakarma* and Sclerotherapy

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Abstract— *Lifestyle modifications and unhealthy dietary habits significantly contribute to the development of anorectal diseases, among which haemorrhoids are highly prevalent and commonly present with bleeding per rectum, prolapse, sensation of a mass, and difficulty in defecation. In Ayurveda, this condition correlates with Arshas and is attributed to impaired digestive function and imbalance of Dosha, with management strategies including dietary regulation, lifestyle modification, herbal drugs and para surgical procedures such as Ksharakarma, Agnikarma, and Shastra karma, while modern medicine employs lifestyle changes, pharmacotherapy, minimally invasive procedures like sclerotherapy, rubber band ligation, infrared coagulation, and surgical interventions in advanced cases; this comparative clinical study aimed to evaluate the efficacy of Ksharakarma using Apamarga Kshara versus sclerotherapy in the management of second-degree haemorrhoids, wherein one patient was treated with Ksharakarma according to Ayurvedic principles and another with sclerotherapy following standard modern protocols, with assessment of symptoms including bleeding per rectum, prolapse, pain, and difficulty during defecation before and after treatment; the results demonstrated that both modalities produced satisfactory improvement with a notable reduction in bleeding and prolapse, indicating their effectiveness in the management of second-degree haemorrhoids; however, Ksharakarma provided quicker symptomatic relief and greater reduction of the haemorrhoidal mass, emerging as a safe, effective, and minimally invasive option compared to sclerotherapy*

Keywords— *Arshas, Haemorrhoids, Ksharakarma, Sclerotherapy.*

I. INTRODUCTION

In the modern era, rapid changes in lifestyle, including sedentary habits, irregular dietary patterns, and inadequate physical activity, have contributed to an increasing prevalence of lifestyle-related disorders. Among these, anorectal diseases constitute a significant and growing health concern with haemorrhoids being one of the most prevalent conditions. These are dilated veins within the anal canal in the subepithelial region formed by radicles of the superior, middle and inferior rectal veins [1]. In Ayurveda, haemorrhoids may be correlated with *Arshas*, which is described as a disorder arising from the etiological factors include dietary habits such as excessive intake of incompatible foods like *Guru*, *Seeta*, and *Abhishyandi* diets; lifestyle (*Vihara*) factors including excessive sexual activity, straining, and suppression of natural urges; therapeutic abuses such as excessive *Snehana* therapy and improper *Vasti* karma administration; and other factors like prolonged sitting on hard or harsh surfaces and long-duration vehicle travel[2]. *Arshas*, mentioned in *Ayurveda* as one of the *Ashṭamahagada's* [3] (eight grave diseases), is a *Mamsakeelaka* which obstructs the *Gudamarga* and tortures the patient like an enemy[4]. Worldwide, the overall prevalence of haemorrhoids in the general population is estimated to with an estimated global prevalence of 2.9-29.7% [5]. *Ayurvedic* management includes dietary regulation, lifestyle correction, herbal formulations, and par surgical measures such as *Ksharakarma, Agnikarma*, and *Shastra karma*[6], while modern management comprises lifestyle modification, pharmacological therapy, minimally invasive procedures like sclerotherapy, rubber band ligation, and surgical interventions in advanced cases.

II. CASE REPORT

Case I

A 45-year-old male with no known comorbidities presented with a three-month history of hard stool and discomfort during defecation. He works as a clerk with prolonged sitting hours and reports irregular dietary habits, including frequent consumption of spicy food and low fiber intake. The patient initially noticed drops of bright red blood on stool, which gradually progressed to dripping blood at the end of defecation. He also experienced a sensation of a small mass protruding during bowel movements that reduced spontaneously. The symptoms were aggravated by straining and constipation. There was no history of weight loss, abdominal pain, or altered bowel habits apart from constipation.

On local examination, no external swelling or thrombosis was noted. Digital rectal examination revealed internal bulge consistent with second-degree haemorrhoids. No fissures or fistulas were detected. Proctoscopic evaluation showed internal haemorrhoids at 3, o'clock position with mild bleeding. Routine blood investigations, including haemoglobin level, were within normal limits. No evidence of anaemia or inflammatory pathology was observed.

Case II

A 38-year-old male with no significant medical history presented with complaints of constipation and a prolapsing rectal mass for the past six weeks. He works in a desk-based job with limited physical activity and reports inadequate water intake and a low-fibre diet. Initially, the patient experienced mild bleeding per rectum for a few days, which subsequently

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reduced spontaneously and presented only as occasional drops of blood. Since then, he has mainly experienced constipation, straining during defecation, and a sensation of a soft mass protruding from the anus during bowel movements, which reduces spontaneously after passing stool. He denied pain, persistent bleeding, or any recent change in body weight or appetite.

On examination, there were no external haemorrhoids, fissures, or signs of inflammation. Digital rectal examination revealed a smooth, congested internal swelling with mild tenderness. Proctoscopic evaluation confirmed enlarged internal haemorrhoids with prolapse, particularly at the 11 o'clock position. No active bleeding was noted. Routine blood tests were normal, with no evidence of anaemia or infection

III. METHODS

Methods

Case I received *Ksharakarma* and case II received sclerotherapy. Clinical parameters including bleeding per rectum, feeling of mass, difficulty during defecation, and reduction in hemorrhoidal mass were assessed at 1st, 2nd, 7th ,14th and 28th days.

Case 1 – Ksharakarma

Written informed consent was obtained from the patient, who was advised to take a light meal (rice gruel) three hours before the procedure. The perianal and perineal regions were shaved, cleaned, and a sodium phosphate enema was given two hours prior. In the operating room, the patient was placed in the lithotomy position, the area was prepared aseptically, and local anaesthesia was administered as needed. A slit proctoscope was introduced to expose the haemorrhoids, which were cleaned with a cotton swab. *Apamarga Pratisaraneeya Kshara* was applied using a *Salaka*, keeping the instrument opening closed for one minute until Samyak Dagdha Lakshana (*Pakwajambu Varna*)[6] appeared. The *Kshara* was then neutralized with *Nimbu Swarasa*, and the area was dressed with *Murivenna* before shifting the patient to the postoperative ward. The patient was observed for four hours with vital monitoring and advised to take Sitz baths with *Triphala Kashayam* twice daily for two weeks and *Brihat Triphala Choornam* nightly for one week. Follow-up assessments were done on days 1, 2, 7, 14, and 28, with final follow-up on day 45. The treatment was completed in a single sitting.

Case 2 – Sclerotherapy

Written informed consent was obtained from the patient, who was advised to take a light diet (rice gruel) three hours before the procedure; a sodium phosphate enema was administered two hours prior. In the operating room, the patient was placed in the lithotomy position, and the anal and perianal areas were cleaned with antiseptic solution and draped. Local anaesthesia was given if required, the anus was lubricated and gently dilated with anaesthetic jelly, and a proctoscope coated with jelly was introduced to locate the pile mass. After cleaning the hemorrhoidal mass with a cotton swab and removing the proctoscope, a slit proctoscope was inserted. Using a Gabriel syringe, 5% phenol in virgin coconut oil was injected into the centre of the hemorrhoidal plexus above the dentate line[7]. The area was dressed, and the patient was shifted to the postoperative ward. Postoperatively, the patient was advised to take Sitz baths with *Triphala Kashayam* twice daily for two weeks and *Brihat Triphala Choornam* (one teaspoon at night) for one week.

IV. RESULT

Assessment of Case 1

	Assessment days					Follow-up day
	1st	2nd	7th	14th	28th	45th
Subjective criteria						
Bleeding per rectum	1	1	1	0	0	0
Difficulty in defecation	1	2	1	0	0	0
Feeling of mass	2	1	1	0	0	0
Objective criteria						
Reduction in hemorrhoidal mass	3	2	1	0	0	0

Assessment of Case 2

	Assessment days					Follow-upd day
	1st	2nd	7th	14th	28th	45th
Subjective criteria						
Bleeding per rectum	1	1	0	0	0	0
Difficulty in defecation	2	2	0	1	0	0
Feeling of mass	1	2	1	0	0	0
Objective criteria						
Reduction in hemorrhoidal mass	3	2	1	1	0	0

V. DISCUSSION

Probable mode of action of Ksharakarma

A patient diagnosed with second-degree haemorrhoids was treated with *Apamarga Pratisaraṇeeya Kṣhara*, which, owing to its *Kṣharaṇa* (removal of morbid tissue) and *Kṣhaṇana* (cauterizing and destructive) properties, exerts therapeutic actions comparable to incision, excision, scraping, debridement, and dissolution of the haemorrhoidal mass[8]. When applied to the pile mass, its properties—*Pachana, Teekṣhṇa, Vilayaka, Sodhana, Soṣhaṇa, Amahara, Dahana, Sthambhana,* and *Lekhana*—help reduce inflammation, shrink prolapse, halt bleeding, and minimize discharge. Rectal bleeding reduced due to *Sthambhana* and *Dahana*, prolapse improved through *Vilayana* and *Soṣhaṇa*, and the mass size decreased because of *Pacana, Lekhana,* and *Amahara*. Pain during defecation also lessened due to the *Kṣharaṇa* and *Tridoṣhahara* actions of the *Kṣhara*. The action of *Kṣhara* begins immediately after application, penetrating the mucosal layer and causing chemical cauterization of the haemorrhoidal tissue. Protein coagulation leads to localized necrosis,

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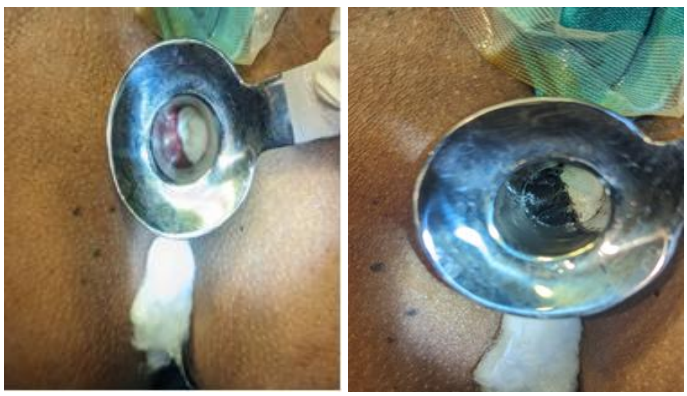
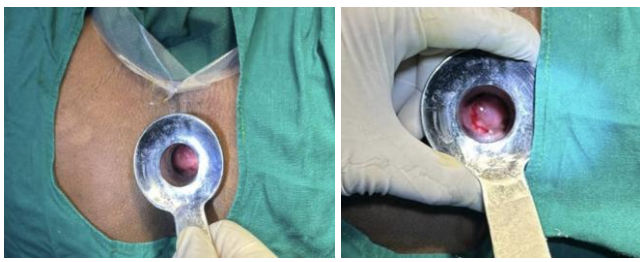
followed by fibrosis that fixes the mucosa and reduces engorgement and prolapse. Its antibacterial property further helps prevent secondary infection[9]. Overall, this patient showed rapid and pronounced improvement, with significant reduction across all clinical parameters within the first few follow-up days, establishing *Kṣhara Karma* as highly effective for second-degree haemorrhoids.

Probable mode of action of Sclerotherapy

In the second case, the patient with second-degree haemorrhoid received sclerotherapy using 5% phenol in virgin coconut oil. The sclerosant induced a controlled inflammatory response, causing endothelial damage followed by fibroblast proliferation and fibrosis. Additional actions such as thrombosis, protein denaturation, osmotic dehydration, and mechanical occlusion contributed to sclerosis of the hemorrhoidal plexus. Endothelial changes occurred rapidly, leading to gradual shrinkage of the hemorrhoidal tissue. The patient showed symptomatic relief, although the response appeared slower compared to *Kṣhara Karma*. Reduction in mass and improvement in defecation were evident over time, but the overall effect was less pronounced in the early follow-up period. Despite steady improvement, the treatment outcome was moderate in comparison to the rapid and substantial relief seen in first case



Case 1 : *Pratisaraniya Ksharakarma* for haemorrhoids



Case 1 : *Sclerotherapy* for haemorrhoids

VI. Conclusion

The assessment of this study indicates that *Kṣhara Karma* with *Apamarga Kṣhara* is markedly more effective in managing second-degree haemorrhoids than phenol sclerotherapy. Patients treated with *Kṣhara Karma* experienced faster and more substantial improvement in key symptoms, including bleeding per rectum, reduction of hemorrhoidal mass, sensation of mass, and difficulty during defecation. though larger-scale studies are necessary to draw definitive conclusions, and an integrated approach combining Ayurvedic interventions, lifestyle modification, and modern therapeutic measures may further enhance treatment outcomes and patient satisfaction.

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