IJOOAR

INDIAN JOURNAL OF ODYSSEY OF AYURVED RESEARCH

Ksharasutra Ligation Treatment for Arsha (3rd Degree Piles): A Case Report

Author -
Dr.Grishma Prasad Bhandari [1] , Dr.Manoj Vilas Patil [2]

1. Dr. Grishma Prasad Bhandari, PG scholar Shalya Tantra, Hon. Shri. Annasaheb Dange Ayurved Medical College,Post Graduate & Research Center, Ashta, Tal. Walwa, Dist. Sangli.
Email – grishmapbhandari@gmail.com

2. **Dr. Manoj Vilas Patil, M.S. (Shalya Tantra), Department of Shalya Tantra, HOD& Professor,** Hon. Shri. Annasaheb Dange Ayurved Medical College,Post Graduate & Research Center, Ashta, Tal. Walwa, Dist. Sangli.
Email - dr.patilmanoj77@gmail.com

ORCID ID: 0009-0004-8371-7054
DOI No.: https://doi.org/10.5281/zenodo.22842480
Date of Acceptance: 5 Sept 2026 **Date of Publication**: 10 Sept 2026

Abstract

Arsha is one of the prime important disease from Asthamahagada, a group of disease which is to be treated with great difficulty. Arsha is the gift of busy life style with main etiological factor Mithyaaahar-vihar. Ksharasutra treatment is in practice since ancient time as it is mentioned in sushruta samhita. It is an Ayurvedic para-surgical method, offers controlled chemical cauterisation and simultaneous cutting–healing, making it a promising option for haemorrhoid management. The case reported here is 3rd degree pile masses at 3,7 & 11 o clock position of anal canal pile masses were treated with Ksharasutra ligation (KSL) under local anaesthesia. Post operative assessment was done daily by recording the relief observed in signs and symptoms. The ligated pile masses were cut through by 7th post operative day and resultant wounds were healed latest by 25 day uneventfully. There were some advantages observed in Ksharasutra ligation in management of 3rd degree piles which is shared in this case report .

Key words
Arsha, piles,Haemorrhoids Apamarga, Kasharasutra ligation

Introduction

Arsha is included in Ashtomahagada (Eight dreadful diseases) [(1)] which occurs in Guda Pradesh. Guda is included in Sadyopranahara Marma which requires delicate management. The study of the medical history reveals that a comparative entity to the disease Arsha is available with the modern medical text, haemorrhoid.Multiple factors have been claimed to be etiologies of haemorrhoidal development, including constipation and prolonged straining. The abnormal dilataion and distortion of vascular channel, together with destructive changes in the supporting connective tissue within the anal canal cushions, is a paramount finding of haemorrhoidal disease[(2)].At present, different types of treatment modalities like rubber band ligation, cryo-surgery, infra-red coagulation therapy, haemorrhoidectomy, sclerosing injection therapy etc. are available with their own limitations.[(3)] There may be complication like incontinence, haemorrhage and anal stricture.[(4)] According to Acharya sushruta the management of Gudarshas is of four types: Aushadi chikitsa(conservative), Kshara karma, Agni karma, Shastra karma (surgical)[(5)]. There are so many modes of treatment available for Arshas. The treatment can be classified into surgical, parasurgical, and medicinal management.In this study, a case of third degree intero-external piles 3, 7 & 11 o' clock position of anus was treated by Ksharasutra (medicated thread) ligation. That Ksharasutra was prepared as per Ayurved Pharmacopeia of India (API) by using Snuhi (Latex of Euphorbia nerifolia), Apamarga Kshara (Ash of Achyranthus aspera Linn.) and turmeric (Curcuma longa Linn.) powder coated over the Barbour's surgical thread No. 20.[(6)]

Case report

A 42 years old male patient of Vatakaphaja Prakrit visited in the outpatient department of Shalya Tantra for treatment of Arsha. He was habitual for consuming spicy foods and has addiction for tobacco chewing. By occupation, he was an unskilled laborer. The patient had complaints of protrusion of piles per rectum during defecation for last 4 years. Bleeding per rectum during defecation in syringing form for last 1 month and pain-in-ano was noticed for 1 month. During local examination, piles at 3, 7 and 11 o` clock positions were noticed on inspection. After investigation for HIV, VDRL, HbsAg, proctoscopy examination was performed and there were intero-external piles at 3, 7 and 11 clock position were observed. Patient had tried conservative Ayurvedic treatment for 15 days but did not get relief. Hence, he was visited in Shalya OPD for Ksharasutra treatment. Routine laboratory investigation for blood, urine and stool were done and found within normal limit. Chest X-ray and USG of whole abdomen were done and all reports were found normal. The case was planned for Ksharasutra ligation under local anesthesia.

Method of Ksharasutra ligation

Pre-operative:

The informed written consent was taken from patient. Shaving and cleaning of peri-anal area was done on one day before operation. Soap water enema at previous night and proctoclysis enema in morning on the day of operation was given. Inj. Tetanus Toxoid, 0.5ml IM was given as prophylactic measure and sensitivity test was done with Inj. Xylocaine on one day before operation. 2 Tablet of gasex was given at night with luke warm water.The patient was advised nil by mouth from 9 pm on previous day of surgery.

Operative procedure

Patient was laid in lithotomy position after giving spinal anesthesia. Anus and peri-anal area was painted with Betadine solution and spirit. Draping was done with sterilized linen cut sheet. Up to four

fingers anal dilatation was carried out. First of all the interno-external pile mass at 3 o'clock was hold by piles holding forceps and skin of external part of piles was incised by cutting scissors up to mucocutaneous junction with saving the sphincter muscles and mucosal part. Then transfixation and ligation was done at the base of pedicle by Ksharasutra with help of a round body curved needle. The thread then placed along the incised part of interno-external piles mass and reef knot was applied. Same procedure was adopted for piles situated at 7 and 11 o'clock positions of anal canal. After achieving proper haemostasis, the part was cleaned by Betadine solution and a diclofenac suppository was inserted inside rectum. Finally, T-bandage was applied and patient was shifted to the recovery room with stable vitals.

Post-operative

Patient was kept nil by mouth for six hours and intravenous fluid of Ringer Lactate and Dextrose Normal Saline one litre each was given. Liquids allowed after six hours of operation. Intravenous injection of ceftriaxone 1gm two times, intravenous ornidazole two times and injection diclofenac as per need was given for two days. From next morning 2 tablets of gasex given, at bed time for bowel regulation and TriphalaGuggulu, 500mg, thrice in a day was prescribed and sitz bath with warm water and Panchavalkala Kwatha for two times in a day was advised. Dressing was done regularly and Matrabasti with 10 ml Jatyadi Taila was given daily after dressing. From next day evening patient advised to take diet like green vegetables, fruits, rice, daal and plenty of water. Patient was also advised to avoid non-veg, oily as well as spicy foods, junk foods and alcohol. By 7th post-operative day, some ligated necrosed piles masses were sloughed out and some were required twisting of Ksharasutra so that necrosed piles masses were sloughed out and fresh wounds were observed in the respective places of the pile masses. Dressing and Matra Basti with Jatyadi Taila was continued for further 10 days. After 10th post-operative day anal dilatation was started with anal dilator no. 4 lubricated with Jatyadi Ghrita daily. By the end of 25th post operative day, all the wound were observed healed and there was no feature of anal spasm / stricture or any complication.

Discussion

Sushruta described fourfold modality for treatment of A rsha (Piles) that is use of A ushadhi (Medicines), Kshara (external use of Caustic), Agni (therapeutic cauterization) and Shastra (Surgical procedure)[(7)]. In contemporary science there are many treatment options for piles like cryo surgery, sclerosant injection therapy, infra-red therapy, rubber band ligation and open and closed haemorrhoidectomy etc. These treatment modalities have their own limitations in respect of postoperative complications, pain, haemorrhage, delayed healing, stricture formation etc. In comparison to haemorrhoidectomy, Ksharasutra ligation therapy is said be better as it has minimum post operative undesirable sequels. In the present case there was no post-operative haemorrhage and retention of urine after Ksharasutra ligation. The delayed complications like anal stricture and fecal incontinence, were not observed.

In the present study, Ksharasutra was applied under local anesthesia, and the ligated pile mass was dislodged by the 7th postoperative day. The Kshara applied on the thread acts as an antimicrobial, anti-inflammatory and chemical cauterizing agent, which promotes the healing process after sloughing of the pile mass.[(8)] The pH of Ksharasutra is alkaline (pH 10.3); therefore, it does not favour the growth of bacteria at the site of ligation. The cutting and sloughing of the pile mass are presumed to occur due to the local action of Kshara and Snuhi, along with the mechanical pressure exerted by Ksharasutra ligation during the initial 1–2 days after its application, followed by healing during the subsequent days. The turmeric (Curcuma longa) powder incorporated in Ksharasutra helps to minimise the reaction caused by

excessive caustic action and supports the healing process.[9] Ksharasutra exhibits the combined effects of these three herbal components—Apamarga Kshara, Snuhi Ksheera and Haridra—and is considered a unique formulation for cutting the pile pedicle as well as promoting healing of the resultant wound.

The adjuvant drug Panchavalkala Kwath plays an important role in maintaining local hygiene and promoting Shodhana (cleansing) and Ropana (healing) of the wound.[10] As the patient had a history of constipation, tablet gasex was prescribed for Anulomana, following which the patient obtained relief from constipation. Triphala Guggulu possesses anti-inflammatory properties and therefore helped in reducing postoperative swelling. After cutting through of the pile mass, anal dilatation was advised to prevent the development of anal stricture. Hence, along with Ksharasutra ligation, these adjuvant drugs play an important role in facilitating smooth healing of the postoperative wound. The patient was advised regular follow-up and, after 26 days, was free from all symptoms of piles.

Conclusion

This case indicates that Ksharasutra ligation may be an effective and safe. Studies and clinical experiences indicate low recurrence rates and favorable patient feedback, highlighting its therapeutic value in routine practice.

Consent:Written informed consent was obtained from the patient for treatment and use of images.eatment option for interno-external piles, with no adverse effects observed in the present case. However, as this report is based on a single case, further studies involving a larger number of patients are required to establish its efficacy and safety more conclusively.

References

1. Sushruta Samhita with Ayurved Tatva Sandipika commentary by Ambikadata Shastri, sutrasthana, chapter 33, sutra 4, Page 35, published by Chowkhambha Sanskrit SansthanVaranasi, 13th edition, 2001.
2. Loder PB, Kamm MA, Nichols RJ, Phillips RK. Haemorrhoids: Pathology, Pathophysiology and ateiology. BR Surg. 1994; 81: 946-954 [Pub Med].
3. R.C.G. Russell, Norman S. Williams, Christopher J.K. Bulstrode & P.Ronan O'Connell(2008) Bailey & Love's Short practice of Surgery, Chapter 75, Page 1256 (25th Edition), Edward Arnold Publishers Ltd., London.
4. R.C.G. Russell, Norman S. Williams, Christopher J.K. Bulstrode & P.Ronan O'Connell (2008) Bailey & Love's Short practice of Surgery, Chapter 75, Page 1258 (25th Edition), Edward Arnold Publishers Ltd., London.
5. Shastri A. Chikitsa sthana. 11ed. 03. Vol. 6 Varanasi: Published Chaukhamba,, Sanskrit sansthan ; 1953. Sushrutaacharya, Sushruta samhita Dalanacharya Kaviraj p.35.
6. Unanimously, Ayurvedic Pharmacopia of India part-II volume-II chapter 51Ksharasutra (Medicated thread) 1st ed. Published by AYUSH, Govt. of India, Delhi. 2001 p.209-13
7. Sushruta Samhita with Ayurved Tatva Sandipikacommentary by Ambikadata Shastri, chikitsasthana, chapter 6, sutra 3, Page 35, published by Chowkhambha Sanskrit SansthanVaranasi, 13th edition, 2001.
8. Londonkar M, Reddy VC and Abhay Ku (2011). Potential Antibacterial and Antifungal Activity of Achyranthes aspera L., Recent Research in Science and Technology. 3(4): 53-57

9. Kohli K, Ali J, Ansari MJ, Raheman Z. (2005) Curcumin: A natural antiinflammatory agent. Indian Journal of Pharmacology. 37(3): 141-47.
10. Arawatti S, Boppareddy S, Narinder S, Ashok K, Shringi M. (2012) Clinical evaluation on the effect of nishadya taila and Panchavalkal kwath in the management of bhagandar vrana (Fistulotomy wound). e: Publication, 5th WAC. Art. No.10969.