

Review Article



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“AYURVEDIC MANAGEMENT OF ARSHA (HEMORRHOIDS) THROUGH KSHARA, AGNI, AND SHASTRA KARMA: A CLASSICAL AND CONTEMPORARY REVIEW”

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ABSTRACT

Introduction: Arsha (hemorrhoids) is one of the most prevalent anorectal disorders described in Ayurveda, often compared to modern hemorrhoidal disease. Classical texts highlight three principal therapeutic approaches—Kshara (alkaline cauterization), Agni (thermal cauterization), and Shastra Karma (surgery). These methods remain highly relevant, even in the light of modern surgical advancements. **Methods:** A comprehensive literature review was conducted using classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya), contemporary commentaries, and modern medical databases (PubMed, Scopus, Web of Science, AYUSH Research Portal). Studies were included if they addressed therapeutic principles, clinical efficacy, or comparative outcomes of Kshara, Agni, or Shastra Karma in Arsha management. Both experimental and clinical trials from the last 20 years were reviewed. **Results:** Kshara Karma, particularly the use of Apamarga Kshara, demonstrates high efficacy in reducing recurrence rates with minimal complications. Agni Karma offers effective hemostasis and is especially useful in early-stage hemorrhoids. Shastra Karma, such as excision and ligation, provides definitive treatment in advanced cases but carries risks of pain, bleeding, and recurrence. Recent studies suggest that integration of Ayurvedic parasurgical methods with modern surgical techniques enhances patient outcomes. **Discussion:** Classical Ayurvedic approaches to Arsha are not only scientifically rational but also resonate with principles of minimally invasive techniques in modern surgery. However, standardized protocols, robust clinical trials, and global acceptance remain challenges. **Conclusion:** Ayurvedic interventions—Kshara, Agni, and Shastra Karma—offer safe, effective, and sustainable management of hemorrhoids. Their integration with modern surgical advancements can pave the way for evidence-based complementary anorectal care.

KEYWORDS: Agni Karma, Arsha, Ayurveda, Hemorrhoids, Kshara Karma, Shastra Karma



INTRODUCTION

Arsha, commonly correlated with hemorrhoids in modern medicine, is described in Ayurvedic classics as one of the Ashta Mahagada (eight major diseases) due to its chronicity, recurrence, and impact on quality of life^[1-2]. The condition is characterized by engorged venous plexuses in the anal canal, causing pain, bleeding, prolapse, and discomfort. Globally, hemorrhoids affect nearly 50% of the population at some stage in life, making it a significant public health concern^[3-4].

Ayurveda offers a holistic approach to Arsha, emphasizing the role of Ahara (diet), Vihara (lifestyle), and Aushadha (medications), along with Kshara, Agni, and Shastra Karma as definitive interventions^[5-6]. Sushruta Samhita, the foundational text of Shalya Tantra (surgery), provides detailed descriptions of these parasurgical and surgical measures, reflecting an advanced understanding of proctology in ancient India^[7-8].

The objective of this review is to critically analyze classical Ayurvedic descriptions of Kshara, Agni, and Shastra Karma in Arsha management, compare them with modern surgical approaches, and highlight their clinical relevance in contemporary healthcare^[9-10].

MATERIALS AND METHODS

Databases searched: PubMed, Scopus, Web of Science, AYUSH Research Portal, Google Scholar.

Classical sources: Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Bhavaprakasha, and Chakradatta^[11].

Search terms: "Arsha," "Hemorrhoids," "Kshara Karma," "Agni Karma," "Shastra Karma," "Ayurvedic surgery," "Anorectal disorders."^[12]

Inclusion criteria:^[13]

- Studies (2000–2024) focusing on clinical trials, case studies, or reviews of Ayurvedic or integrative interventions.
- Classical Ayurvedic references with validated commentaries.
- Comparative research between Ayurvedic and modern approaches.

Exclusion criteria:^[14]

- Non-peer-reviewed articles.
- Studies lacking methodological clarity or clinical evidence.

- **Type of studies reviewed:** Ayurvedic classical literature, experimental studies, clinical trials, and systematic reviews^[15].

OBSERVATION AND RESULTS

1. Classical Understanding of Arsha: Ayurvedic Perspective

Ayurvedic texts describe Arsha as a disease arising due to derangement of Tridosha (Vata, Pitta, Kapha) along with vitiation of Rakta and Mamsa Dhatu in the Guda Pradesha (anal region). Factors such as improper diet (Guru, Snigdha, Amla, Lavana ahara), sedentary lifestyle, excessive straining during defecation, and chronic constipation are mentioned as etiological contributors. Arsha is classified into Sadhya (curable), Yanya (palliative), and Asadhyta (incurable) types depending upon chronicity, tissue involvement, and systemic strength. Sushruta, the father of Indian surgery, categorizes management of Arsha into Bheshaja (medicinal), Kshara (alkaline therapy), Agni (thermal cauterization), and Shastra Karma (surgery). This stratified approach aligns with disease severity: early stages respond to conservative therapy, while advanced cases require parasurgical or surgical interventions.

2. Kshara Karma in Arsha Management

2.1 Concept and Preparation

Kshara is an alkaline preparation obtained by processing plant materials such as *Apamarga* (*Achyranthes aspera*), *Snuhi* (*Euphorbia neriifolia*), and others. The preparation involves incineration of dried plant material followed by dissolution of ash in water, filtration, and evaporation, yielding a concentrated alkaline paste or powder. *Apamarga Kshara* is the most widely recommended for Arsha.

2.2 Application Method

Kshara is applied locally over hemorrhoidal masses using a specially designed applicator after proper exposure with a proctoscope. The contact is maintained until the pile mass attains a blackish-brown discolouration, followed by neutralization with acidic agents like lemon juice.

2.3 Clinical Effects

Kshara exerts Lekhana (scrapping), Chedana (excision), Bhedana (incision), and Tridoshahara actions. Its caustic effect leads to controlled necrosis of the hemorrhoidal tissue, followed by fibrosis, thus reducing recurrence. Clinical studies report reduced

bleeding, quick sloughing of the pile mass, and faster wound healing.

2.4 Modern Parallels

Modern science parallels Kshara Karma with chemical cauterization techniques, such as phenol injection, sclerosant therapy, and rubber band ligation, which similarly aim to induce fibrosis and obliteration of vascular supply. Comparative studies suggest Kshara Karma offers lower recurrence rates, minimal postoperative pain, and reduced cost compared to these methods.

3. Agni Karma in Arsha Management

3.1 Concept and Classical Description

Agni Karma refers to the application of heat to diseased tissue using metallic instruments (*Shalaka*) heated in fire. In Arsha, Agni Karma is primarily indicated for bleeding hemorrhoids (Raktaja Arsha) and in conditions where immediate hemostasis is required.

3.2 Technique

The pile mass is exposed using a proctoscope, and heated metallic rods are applied directly to the hemorrhoidal tissue until bleeding is arrested. Sushruta emphasized Agni Karma as superior in cases where excision is not possible due to high risk of hemorrhage.

3.3 Clinical Effects

Agni Karma achieves hemostasis by coagulation of blood vessels, shrinkage of tissues, and stimulation of wound healing. Patients often experience rapid cessation of bleeding, less recurrence, and minimal hospitalization requirements.

3.4 Modern Correlations

In modern proctology, Agni Karma closely resembles electrocautery, infrared coagulation, cryotherapy, and laser coagulation. Studies comparing infrared coagulation and Agni Karma demonstrate equivalent efficacy in controlling bleeding with fewer complications and lower costs in the Ayurvedic method.

4. Shastra Karma in Arsha Management

4.1 Classical Techniques

Sushruta outlines excision (Chedana), ligation (Bandhana), and excision with cauterization as surgical approaches for advanced Arsha. Shastra Karma was considered definitive for large, prolapsed, or complicated hemorrhoids, especially when conservative and parasurgical methods fail.

4.2 Modern Parallels

Shastra Karma corresponds to hemorrhoidectomy in modern practice—open (Milligan-Morgan), closed (Ferguson), stapler hemorrhoidopexy (Longo's technique), and Doppler-guided hemorrhoidal artery ligation.

4.3 Clinical Outcomes

While Shastra Karma ensures immediate removal of hemorrhoidal masses, it carries risks of postoperative pain, bleeding, anal stenosis, and recurrence. Classical texts anticipated these issues and suggested the combination of excision with Kshara or Agni Karma for better hemostasis and healing.

5. Comparative Efficacy of Kshara, Agni, and Shastra Karma

- Early-stage hemorrhoids: Kshara Karma and Agni Karma are most effective, minimally invasive, and associated with rapid recovery.
- Moderate cases with bleeding: Agni Karma provides instant hemostasis, making it the preferred choice.
- Advanced prolapsed hemorrhoids: Shastra Karma remains the gold standard, though combining it with Kshara or Agni Karma reduces recurrence.
- Patient comfort and outcomes: Kshara Karma shows superior patient satisfaction due to less postoperative pain and outpatient applicability.

Recent clinical trials confirm that Kshara Karma has a significantly lower recurrence rate compared to conventional hemorrhoidectomy. For example, a randomized trial comparing Apamarga Kshara with Milligan-Morgan hemorrhoidectomy reported equal efficacy in symptom control but faster recovery, lower pain scores, and reduced complications in the Kshara group.

6. Safety Profile and Complications

- Kshara Karma: Rare complications include local burning, ulceration, and mild pain, usually self-limiting. Proper neutralization minimizes adverse effects.
- Agni Karma: Minimal complications, primarily transient pain or burning; improper technique may cause tissue damage.
- Shastra Karma: High incidence of postoperative pain, delayed wound healing, urinary retention, and occasional recurrence.



Thus, Kshara and Agni Karma are considered safer with fewer complications, especially in early and moderate cases.

7. Integration with Modern Proctology

The increasing incidence of hemorrhoids, recurrence after surgery, and limitations of modern techniques have renewed interest in Ayurvedic parasurgical methods.

- Kshara Karma is now being adopted in Ayurvedic institutes as an outpatient daycare procedure, attracting patients who prefer minimally invasive treatment.
- Agni Karma is gaining acceptance for its role in controlling bleeding piles, paralleling energy-based modern interventions.
- Shastra Karma is practiced in combination with modern surgical techniques, highlighting Ayurveda's foresight in addressing recurrence and complications.

Global recognition of these methods is still limited, largely due to lack of large-scale randomized controlled trials and standardization of procedures. However, growing evidence suggests that Ayurvedic parasurgical techniques can complement modern proctology, offering safe, effective, and economical alternatives.

DISCUSSION

The management of Arsha (hemorrhoids) in Ayurveda demonstrates a sophisticated understanding of pathogenesis and therapeutics, highlighting the classical principles of Tridosha balance, Rakta Dushti, and local tissue derangement. Sushruta's categorization of treatment modalities—Bheshaja (medical), Kshara (alkaline cauterization), Agni (thermal cauterization), and Shastra Karma (surgery)—presents a tiered framework that aligns remarkably well with the modern stratification of hemorrhoid therapy into conservative, minimally invasive, and surgical approaches^[16].

Comparative Analysis of Ayurvedic and Modern Approaches

Modern proctology addresses hemorrhoids through dietary modification, pharmacological agents (stool softeners, venotonics), minimally invasive procedures (sclerotherapy, rubber band ligation, infrared coagulation), and definitive surgical interventions such as hemorrhoidectomy and stapled hemorrhoidopexy. Ayurvedic parasurgical measures,

particularly Kshara Karma and Agni Karma, parallel these minimally invasive procedures in their mechanism of inducing tissue necrosis, fibrosis, and vascular obliteration. The major difference lies in the holistic framework of Ayurveda, which integrates systemic purification, lifestyle regulation, and local intervention, thereby addressing both cause and manifestation.

Kshara Karma, with its Lekhana (scrapping), Chedana (excision), and Tridoshahara actions, finds close analogy to chemical cauterization and sclerotherapy but is described in more precise doshic terms in Ayurveda. Agni Karma offers immediate hemostasis similar to electrocautery and infrared coagulation, while Shastra Karma directly corresponds to hemorrhoidectomy. Notably, the ancient recommendation to combine surgical excision with cauterization resonates with modern practices of using electrocautery or laser-assisted excision to minimize bleeding and recurrence^[17].

Strengths of Ayurvedic Methods

Ayurvedic parasurgical methods demonstrate several advantages over modern techniques. Kshara Karma, in particular, is associated with lower recurrence rates, minimal pain, shorter hospital stays, and cost-effectiveness. Agni Karma is an outpatient procedure that provides rapid hemostasis without the need for general anesthesia, while Shastra Karma, when combined with Kshara or Agni, ensures comprehensive management of advanced cases. Moreover, the integration of internal medications such as *Triphala*, *Haritaki*, and *Arshoghna dravyas* enhances wound healing, reduces inflammation, and prevents recurrence, offering a multimodal approach absent in purely surgical systems^[18].

Limitations and Gaps in Current Evidence

Despite encouraging outcomes, there are notable limitations in validating these Ayurvedic methods within modern biomedical frameworks. Most studies are limited to small sample sizes, non-randomized designs, and lack of blinding. Standardization of Kshara preparation, concentration, and application time is still variable across institutions, making reproducibility a challenge. Similarly, the thermal parameters of Agni Karma are not consistently quantified, and long-term follow-up data remain scarce.

Moreover, while Sushruta's surgical insights are

acknowledged globally, the integration of Kshara and Agni Karma into mainstream colorectal surgery remains limited due to insufficient translational research, regulatory barriers, and lack of international clinical guidelines. Bridging this gap requires robust comparative studies, systematic reviews, and meta-analyses^[19].

Future Prospects

Future research should focus on multicenter randomized controlled trials (RCTs) comparing Kshara and Agni Karma with established modern interventions like rubber band ligation and stapled hemorrhoidopexy. Biochemical studies on the tissue-level effects of Kshara, particularly its influence on inflammatory mediators, vascular remodeling, and microbiome balance, may elucidate mechanistic insights. Additionally, standardization of instruments, dosage forms, and procedural techniques will enhance clinical acceptance.

The integration of Ayurveda with modern proctology holds promise for developing patient-friendly, cost-effective, and low-complication treatment algorithms. Global recognition of Kshara and Agni Karma may also be facilitated by framing them as evidence-based minimally invasive therapies^[20].

CONCLUSION

Arsha (hemorrhoids) remains a common anorectal disorder with significant clinical and social implications. Ayurvedic texts describe three definitive approaches—Kshara, Agni, and Shastra Karma—each with unique advantages and limitations. Kshara Karma offers minimally invasive management with reduced recurrence, Agni Karma ensures effective hemostasis in early cases, while Shastra Karma provides radical cure in advanced conditions.

Modern surgical approaches parallel many of these principles but often carry higher risks of pain, recurrence, or cost. Evidence suggests that combining classical Ayurvedic parasurgical measures with modern surgical practices may yield optimal outcomes in terms of efficacy, safety, and patient satisfaction.

This review underscores the scientific relevance and clinical potential of Ayurvedic methods in contemporary anorectal care, while also emphasizing the need for rigorous clinical validation, global standardization, and interdisciplinary collaboration.

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