Prakriti - The International Multidisciplinary Research Journal
Year 2025, Vol.2 (1)

Integrative Ayurvedic Management of Arsha (Piles) in an Elderly Patient: A Case Study Combining Kshara Sutra Ligation, Shamana Chikitsa, Diet and Lifestyle Modifications

Acharya Manish[1], **Richa k**[2], **Manjeet Singh**[3], **Tanu Rani**[4] and **Prabha Chandrasekharan**[5*]

[1]Director, Meditation Guru, Jeena Sikho Lifecare Limited, India
[2]Senior Research Officer, BAMS, PGDIP, CICR, CAIM, CMW, Jeena Sikho Lifecare Limited, India
[3]Consultant, BAMS, PGDIP, ACLS, CCDN, CAIM, Jeena Sikho Lifecare Limited Hospital, Derabassi, Punjab, India.
[4]Research Associate, BAMS, Jeena Sikho Lifecare Limited, India
[5]Research Associate, M.Phil, Jeena Sikho Lifecare Limited Hospital

***Correspondence:** <shuddhi.research@jeenasikho.co.in>

DOI: https://doi.org/10.48165/prakriti.2025.2.01.16

ABSTRACT

Piles (Arsha) is a common anorectal disorder characterised by swelling, prolapse, bleeding, and discomfort, often resulting from Vata vitiation with Pitta and Kapha involvement. This case study reports a 78-year-old male with severe constipation, prolapsed hemorrhoidal mass, rectal bleeding, and an episode of syncope, managed at Jeena Sikho Lifecare Limited Hospital Derabassi, Punjab. An individualised Ayurvedic protocol was implemented, combining Kshara Sutra ligation, Shamana Chikitsa, dietary regulation (Ahar), and lifestyle modifications (Vihar). Targeted Ayurvedic therapy focused on Haritaki and Shunthi, providing anti-inflammatory, digestive, and bowel-regulating effects. Over the treatment course, the patient achieved substantial symptomatic relief: resolution of the prolapsed mass, alleviation of constipation and rectal bleeding, and overall clinical improvement, demonstrating the efficacy and holistic benefits of integrative Ayurvedic management for piles.

Keywords: Ahar; Arsha; Haemorrhoids; Kshara Sutra ligation; Piles; Shamana Chikitsa and Vihar

INTRODUCTION

Piles, clinically known as haemorrhoids, are a prevalent anorectal condition characterised by the swelling and inflammation of the vascular structures within the anal canal. These structures, known as haemorrhoidal cushions, are integral to maintaining faecal continence. However, when these cushions become engorged or prolapsed, they can lead to symptomatic haemorrhoidal disease. [1] Haemorrhoids are classified by their position in relation to the dentate line. Internal haemorrhoids lie above it and usually present as painless bleeding or prolapse, while external haemorrhoids occur below it, often causing pain or thrombosis. Mixed haemorrhoids exhibit features of both types. [2,3] The development of haemorrhoids is primarily attributed to elevated venous pressure, resulting in dilation of the haemorrhoidal vessels. Contributing factors include chronic constipation with excessive straining, pregnancy-related hormonal and pressure changes, obesity, prolonged sitting (particularly during defecation), and repetitive heavy lifting, all of which elevate intra-abdominal pressure and predispose to the condition. [4,5] The clinical presentation of haemorrhoids differs by type. Internal haemorrhoids typically manifest as painless rectal bleeding, mucous discharge, and occasional prolapse, whereas external haemorrhoids are more often associated with pain, itching, localised swelling, and, in some cases, thrombosis. [6,7] Haemorrhoids are primarily diagnosed through clinical evaluation, supplemented by specific examinations. Digital rectal examination (DRE) helps assess external haemorrhoids and anal sphincter tone, while anoscopy allows direct visualisation of the anal canal to detect internal haemorrhoids. Proctoscopy offers a more comprehensive assessment of the rectum when needed. [8] Haemorrhoid management follows a stepwise approach: conservative measures include a high-fibre diet, hydration, topical agents, sitz baths, and stool softeners. Persistent cases may require minimally invasive procedures like rubber band ligation or sclerotherapy,

while severe or complicated haemorrhoids may need surgical intervention such as haemorrhoidectomy or stapled hemorrhoidopexy. [9,10]

Recent research in haemorrhoid management emphasises minimally invasive and patient-centred approaches. Techniques such as infrared coagulation, cap-assisted endoscopic sclerotherapy, and hemorrhoidal artery embolisation provide effective, less invasive treatment options. [11,12] Innovative surgical methods, including Pallam's hybrid laser procedure, offer rapid relief for advanced cases. [13,14] Behavioural studies highlight prolonged sitting, such as extended smartphone use on the toilet, as a risk factor. [15] Updated clinical guidelines from the American Society of Colon and Rectal Surgeons advocate individualised treatment plans based on severity and patient preference. [16]

Piles, or *Arsha* in *Ayurveda*, are an anorectal disorder primarily caused by vitiation of *Vata*, often accompanied by *Pitta* and *Kapha* imbalance, leading to swelling, bleeding, pain, and discomfort in the anal region. Predisposing factors include chronic constipation, irregular diet, sedentary lifestyle, and excessive physical exertion, which disturb digestion (*Agni*) and produce toxins (*Ama*). Internal piles present with painless bleeding and prolapse, while external piles cause pain, itching, and swelling. *Ayurvedic* management involves avoiding causative factors, herbal and topical therapies, purification treatments like *Virechana* and *Basti*, and para-surgical interventions such as *Ksharasutra* for severe cases, alongside dietary and lifestyle modifications to prevent recurrence. [17,18,19]

Ayurveda aims to manage *Arsha* (piles) through a holistic approach involving correction of impaired digestion *(Agni),* detoxification *(Shodhana),* Ayurvedic medications, dietary regulation *(Pathya),* and lifestyle modifications *(Vihara).* This integrated approach is intended to alleviate symptoms, support bowel health, and promote overall well-being.

OBJECTIVE

To evaluate the efficacy of an integrative *Ayurvedic* approach, combining *Kshara Sutra* ligation, *Shamana Chikitsa*, dietary regulation, and lifestyle modifications, in managing severe piles (*Arsha*) in an elderly patient.

CASE STUDY

A 78-year-old male with a known history of Piles (*Arsha*) presented to Jeena Sikho Lifecare Limited Hospital, Derabassi, Punjab, on September 9, 2025, with complaints of severe constipation for 6–7 days (*Vibandha*), prolapsed hemorrhoidal mass (*Arsha Shotha*), rectal bleeding (*Rakta Srava*), grade IV piles, and an episode of syncope (*Murchha*), though notably without pain. A consolidated summary of his initial clinical assessments is provided in Table 1, while the findings of *Ashtasthana Pareeksha* (eight-fold *Ayurvedic* diagnostic evaluation) are detailed in Table 2. Based on these observations, an individualised treatment protocol was designed, incorporating *Kshara Sutra* ligation (para-surgical intervention), *Ayurvedic* medications, dietary recommendations, and lifestyle modifications. The *Samprapti* (pathogenesis) of the condition is depicted in Figure 1. [17,18,19]

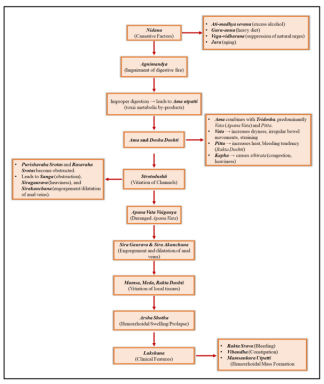


Figure 1. Samprapti of this case

Table 1: Initial Assessment at each consultation

Date	Blood Pressure	Weight	Pulse Rate
03-09-2025	160/100 mm Hg	64 Kg	86/min
04-09-2025	160/100 mm Hg	64 Kg	82/min

Table 2: *Ashtasthana Pareeksha* findings

Parameters	Findings
Nadi (Pulse)	*Pittaj Vataj*
Mala (Stool)	*Badh* (Constipation)
Mutra (Urine)	*Avikrit* (Normal)
Jiwha (Tongue)	*Malin* (Coated)
Shabda (Voice)	*Spasht* (Clear)
Sparsha (Touch)	*Ruksh* (Dry)
Akriti (Face)	*Madhyam* (Normal)
Drikk (Eyes)	*Prakrit* (Normal)

TREATMENT PLAN

Kshara Sutra ligation

Based on clinical evaluation, the patient was recommended *Kshara Sutra* ligation for the prolapsed hemorrhoidal mass. The procedure, including preoperative preparation, intraoperative intervention, and postoperative care, was executed with meticulous attention to protocol.

Shaman Chikitsa (Ayurvedic medications)

Based on the clinical evaluation, a detailed and patient-

specific medication protocol was devised, as outlined in Table 3.

Table 3: *Ayurvedic* medicines prescribed

Date	Medicine	Dosage with *Anupana* (Medium)
03-09-2025	*Pet Shuddhi*	1 Tab OD (*Adhobhakta* with *Koshna Jala*)
	Aarogyvardhini Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Dr. Liv Shuddhi Tablet	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Chander Prabha Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
04-09-2025, 05-09-2025, 06-09-2025, 07-09-2025 & 08-09-2025	Dr. *Shuddhi* Powder	Half Teaspoon HS (*Adhobhakta* with *Sama Matra Koshna Jala*)
Discharge	*Triphala Choorna*	One and a half teaspoon HS (*Nishikala* with *Koshna Jala*)
	Arshkuthar Ras	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Abhyarishtha	30 ml BD (*Adhobhakta* with *Sama Matra Koshna Jala*)

***Adhobhakta* with *Koshna Jala* - After Meals with Lukewarm Water**

***Adhobhakta* with *Sama Matra Koshna Jala* - After Meals with Equal Amount of Lukewarm Water**

***Nishikala* with *Koshna Jala* - At Bedtime with Lukewarm Water**

Ahar

A targeted dietary strategy, notably the incorporation of a diabetes-specific meal plan, is essential in mitigating the progression of Piles (*Arsha*). In this case, a personalised diet regimen was meticulously formulated to address the patient's specific clinical requirements. [20,21,22,23]

a) *Pathya* (allowed):

· Raw fruits and vegetables (especially morning to noon)

· Uncooked sprouts

· No salt, sugar, or oil (or very minimal)

· Plant-based whole foods only

· No animal products or processed foods

b) *Apathya* (Avoid):

· Wheat, Packed food, Refined food, Diary food/ Animal food, Coffee and Tea

· Never eat after 8 PM

· In solid take small bite and chew 32 times

· In liquid, take a sip and drink slowly

c) Hydration

· Alkaline water - 3-4 times a day (1 litre)

· Herbal Tea (32 herbs tea)

· Living water

· Coconut water, Coconut milk and Almond milk

d) Millet meal

· Foxtail (*Setaria italica*)

· Barnyard (*Echinochloa esculenta*)

· Little (*Panicum sumatrense*)

· Kodo (*Paspalum scrobiculatum*)

· Browntop (*Urochloa ramose*)

e) Special Instructions

· Brisk walking for 30 min barefoot

· Sit in sunlight for 1 hour

· 10 min slow walk after every meal

· One day fasting is recommended

· Get quality sleep (8 hours)

· Cook millets in steel cookware using only mustard oil.

· Sit in *Vajrasana* after every meal

f) Meal Structure

Vihar [20,21,22,23]

· **Meditation**: The patient was advised to incorporate a one-hour daily meditation practice as part of the prescribed therapeutic protocol.

· ***Yoga***: The patient was recommended to practice *Sukshm Pranayam* and *Sukhasan* for 40 minutes daily.

· **Sleep**: The patient was advised to maintain 6 to 8 hours of continuous and restorative sleep each night.

· **Walking**: The patient was instructed to perform a daily 30-minute brisk walk without footwear.

· **Daily Routine**: The patient was advised to follow a structured and disciplined daily regimen.

OBSERVATION & RESULT

Throughout treatment, the patient showed steady clinical

improvement, with quality-of-life assessments reflecting marked gains in both physical and emotional well-being. By the end of treatment, substantial symptomatic relief was achieved. Table 4 summarises the changes in clinical symptoms.

Table 4: Comparative Analysis of Symptoms Pre- and Post-Treatment

Symptoms before treatment	Symptoms after treatment
Prolapsed hemorrhoidal mass (*Arsha Shotha*)	Recovered after *Kshara Sutra* ligation
Severe constipation (*Vibandh*)	Relieved
Rectal bleeding (*Rakta Srava*)	Relieved
Episode of syncope (*Murchha*)	Relieved

DISCUSSION

A 78-year-old male with a documented history of Piles (*Arsha*) underwent a comprehensive *Ayurvedic* management protocol at Jeena Sikho Lifecare Limited. Hospital Derabassi, Punjab. He presented with complaints of severe constipation for 6–7 days (*Vibandha*), prolapsed hemorrhoidal mass (*Arsha Shotha*), rectal bleeding (*Rakta Srava*), grade IV piles, and an episode of syncope (*Murchha*). Based on these observations, an individualised treatment protocol was designed, incorporating *Kshara Sutra* ligation (para-surgical intervention), *Shaman Chikitsa*, *Ahar* and *Vihar*.

Nidan Parivarthan

In Piles, *Nidana* (causative factors) include intake of heavy, spicy, oily, and constipating foods, excess alcohol, irregular eating habits, suppression of natural urges, sedentary lifestyle, prolonged sitting, and straining during defecation, along with psychological stress and hereditary tendency. *Parivarjana* (avoidance) involves refraining from such dietary and lifestyle triggers, maintaining a high-fibre diet with adequate fluids, regular bowel habits, mild exercise, *yoga*, and stress management, while avoiding alcohol, junk food, constipation, and prolonged sitting. This preventive approach forms the cornerstone of *Ayurvedic* management of piles. [20,21,22,23]

Samprapti (pathogenesis)

Figure 1 explains the *Ayurvedic* pathogenesis of piles (*Arsha*). Causative factors such as excessive alcohol intake, heavy diet, suppression of natural urges, and ageing impair digestive fire (*Agni*), leading to the formation of *Ama* (toxic by-products). *Ama* vitiates the *Tridoshas*, mainly *Apana Vata* and *Pitta*, causing irregular bowel habits, dryness, straining, and bleeding tendencies. This results in *Strotodushti* (vitiation of channels) and obstruction in *Purishavaha* and *Rasavaha Srotas*, leading to engorgement and dilatation of anal veins. Progressive tissue and blood vitiation cause hemorrhoidal swelling (*Arsha Shotha*) and clinical symptoms such as bleeding (*Rakta Srava*), constipation (*Vibandha*) and mass formation (*Mamsankura Utpatti*).

Ahar (Diet)

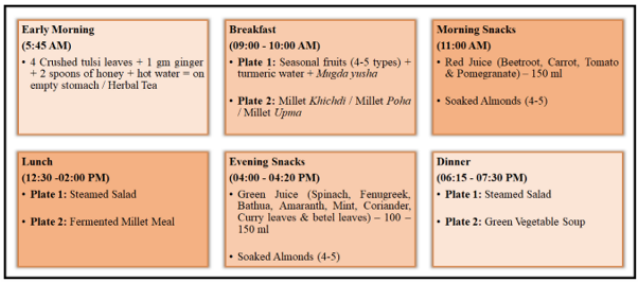
The patient was prescribed a structured *Ayurvedic* diet emphasising light, easily digestible, and healing foods. The regimen included early morning herbal tea or tulsi-ginger-honey water, followed by seasonal fruits and millet-based dishes for breakfast. Mid-morning and evening snacks consisted of fresh vegetable juices with soaked almonds, while lunch and dinner featured steamed salads, fermented millet meals, and green vegetable soups prepared with digestive herbs like ginger, garlic, and lemon. Herbal teas with ingredients such as *tulsi, ashwagandha, guduchi, and punarnava* were advised to support digestion, reduce inflammation, and promote healing. Overall, the diet focused on balancing *doshas*, improving gut health, and easing bowel movements. [20,21,22,23]

Vihar

For the patient with piles (*Arsha*), the *Vihar* regimen was designed to support bowel health, reduce stress, and improve circulation. The patient was advised to practice one hour of daily meditation to alleviate psychological stress, which can aggravate digestive disturbances and *Vata* imbalance. *Sukshma Pranayama* and *Sukhasana* for 40 minutes were recommended to enhance blood circulation in the pelvic region, promote relaxation, and improve gastrointestinal function. A 30-minute barefoot brisk walk was prescribed to stimulate bowel movement, strengthen lower body muscles, and reduce venous congestion in the hemorrhoidal plexus. Maintaining 6–8 hours of uninterrupted restorative sleep was emphasised to support tissue healing and regulate digestive and metabolic functions. Overall, adherence to a disciplined daily routine ensures regular bowel habits and prevents aggravation of *Pitta* and *Vata*, thereby aiding in the prevention and management of piles. [21,22,23]

Chikitsa

The patient was managed with an integrative treatment approach combining *Kshara Sutra* ligation and *Shamana Chikitsa*. Following clinical assessment, *Kshara Sutra* ligation was indicated for the prolapsed hemorrhoidal tissue. The procedure, encompassing preoperative preparation, intraoperative intervention, and postoperative care, was performed with strict adherence to established protocols. Comparative pre- and post-procedure images are presented in Figure 2.



Following a detailed clinical evaluation, a customised medication regimen was formulated to address the patient's specific needs. A comprehensive overview of the *Ayurvedic* formulations used in this case is provided in Table 5. *Haritaki* and *Shunthi* are the principal herbs commonly incorporated in *Ayurvedic* formulations. Their therapeutic efficacy is determined by their *Ras Panchak* – a comprehensive analysis of taste (*Rasa*), qualities (*Guna*), potency (*Virya*), post-digestive effect (*Vipaka*), and specific action (*Prabhava*) – as follows. [24]

Table 5: Detailed description of medicines prescribed

Medicines	Ingredients	Therapeutic Effects
Pet Shuddhi	***Amalaki*** *(Emblica officinalis)*, ***Vibhitaki*** *(Terminalia bellirica)*, ***Haritaki*** *(Terminalia chebula)*, ***Nishoth*** *(Operculina turpethum)*, ***Bilva*** *(Aegle marmelos)*, ***Amaltas*** *(Cassia fistula)*, ***Ajwain*** *(Trachyspermum ammi)*, ***Shunthi*** *(Zingiber officinale)*, ***Saunf*** *(Foeniculum vulgare)*, ***Gulab*** *(Rosa damascena)*, ***Sanaye*** *(Cassia angustifolia)*, ***Lavang*** *(Syzygium aromaticum)*, ***Krishna Lavan*** (Black Salt), ***Sodium Methylparaben*** (Preservative), ***Sodium Propylparaben*** (Preservative)	It relieves *Vibandha* (constipation), enhances *Deepana-Pachana* (digestion) and alleviates *Aruchi* (loss of appetite), thereby supporting the management of *Arsha* (piles)
Aarogyvardhini Vati	***Shuddh Parad*** (Purified Mercury), ***Shuddh Gandhak*** (Purified Sulfur), ***Lauha Bhasma*** (Calcinated Iron Oxide), ***Abhraka Bhasma*** (Calcinated Mica), ***Tamra Bhasma*** (Calcinated Copper Oxide), ***Haritaki*** (*Terminalia chebula*), ***Vibhitaki*** (*Terminalia bellirica*), ***Amalaki*** (*Phyllanthus emblica*), ***Shuddh Shilajeet*** (*Asphaltum punjabinum*), ***Shuddh Guggulu*** (*Commiphora mukul*), ***Chitraka*** (*Plumbago zeylanica*), ***Kutaki*** (*Picrorhiza kurroa*), ***Nimb Patra*** (*Azadirachta indica*), **Methylparaben sodium** (Sodium methyl p-hydroxybenzoate) and **Propylparaben sodium** (Sodium propyl p-hydroxybenzoate)	Promotes *Raktashodhan* (blood purification) and *Twak Prasadana* (skin health), supports *Agni Deepana* & *Medohara* (digestion and metabolism for weight balance), and aids detoxification with liver support.
Dr. *Liv Shuddhi* Tablet	***Milk Thistle*** *(Silybum marianum) extract*, ***Bhumi Amalaki*** *(Phyllanthus amarus) panchang*, ***Kutaki*** *(Picrorhiza kurroa) root extract*, ***Kalmegh*** *(Andrographis paniculata) whole plant*, ***Chhoti Makoy*** *(Solanum nigrum) whole plant*, ***Curcuminoids*** *soft extracts*, ***Krishna Marich*** *(Piper nigrum) extract*, ***Punarnava*** *(Boerhavia diffusa) root, and* ***Xanthan gum***	*Yakrit Shodhan* (liver detoxification), *Rasayan* (rejuvenation therapy) and *Yakrit Balya* (liver strengthening)

Chander Prabha vati	***Camphor*** *(Cinnamomum camphora),* ***Vacha*** *(Acorus calamus),* ***Nagarmotha*** *(Cyperus rotundus),* ***Bhumi Amalaki*** *(Phyllanthus niruri),* ***Guduchi*** *(Tinospora cordifolia),* ***Haridra*** *(Curcuma longa),* ***Daruharidra*** *(Berberis aristata),* ***Dhanyaka*** *(Coriandrum sativum),* ***Haritaki*** *(Terminalia chebula),* ***Vibhitaki*** *(Terminalia bellerica),* ***Amalaki*** *(Phyllanthus emblica),* ***Vidanga*** *(Embelia ribes),* ***Shunthi*** *(Zingiber officinale),* ***Krishna Marich*** *(Piper nigrum),* ***Himalayan Salt,*** ***Nishoth*** *(Operculina turpethum),* ***Tejpatta*** *(Cinnamomum tamala),* ***Tvak*** *(Cinnamomum cassia),* ***Kshudra Ela*** *(Elettaria cardamomum),* ***Shilajeet***	*Mutrakrichrahar* (anti-dysuric), *Mutrala* (diuretic), *Krimighna* (antimicrobial), *Balya, Pittashaman (Pitta*-pacifying) and *Ojovardhaka*
Dr. *Shuddhi* Powder	***Trikatu*** *(Piper nigrum, Piper longum* and *Zingiber officinale),* ***Triphala*** *(Emblica officinalis, Terminalia chebula* and *Terminalia bellirica),* ***Nagarmotha*** *(Cyperus rotundus),* ***Vaya Vidang*** *(Embelia ribes),* ***Kshudra Ela*** *(Elettaria cardamomum),* ***Tej Patta*** *(Cinnamomum tamala),* ***Lavang*** *(Syzygium aromaticum),* ***Nishoth*** *(Operculina turpethum),* ***Saindhava Lavana,*** ***Dhanyaka*** *(Coriandrum sativum),* ***Pippali-Mool*** *(Piper longum root),* ***Jeerak*** *(Cuminum cyminum),* ***Nagkesar*** *(Mesua ferrea),* ***Amarvati*** *(Achyranthes aspera),* ***Dadima*** *(Punica granatum),* ***Brihat Ela*** *(Amomum subulatum),* ***Hing*** *(Ferula assafoetida),* ***Kanchnar*** *(Bauhinia variegata),* ***Ajmoda*** *(Trachyspermum ammi),* ***Sajji-kshar,*** ***Pushkarmool*** *(Inula racemosa),* ***Mishri*** *(Saccharum officinarum)*	*Shodhan* (therapeutic purification), *Ama Pachan* (elimination of metabolic toxins)
Triphala Churna	***Amalaki*** *(Emblica officinalis),* ***Haritaki*** *(Terminalia chebula)* and ***Vibhitaki*** *(Terminalia bellirica)*	Enhances *Bala* (immunity), supports *Rasayana* (rejuvenation), and relieves *Vibandha* (constipation)

***Arshkuthar Ras* Tablet**	***Shuddh Parad*** (Purified Mercury), ***Shuddh Gandhak*** (Purified Sulphur), ***Lauh Bhasma*** (Ferrum / Iron calx), ***Tamra Bhasma*** (Cuprum / Copper calx), ***Danti*** (*Baliospermum montanum*), ***Shunthi*** (*Zingiber officinale*), ***Krishna Marich*** (*Piper nigrum*), **Pippali** (*Piper longum*), ***Jimmikhand*** (*Amorphophallus paeoniifolius*), ***Vanslochan*** (*Bambusa arundinacea*), ***Shuddh Tankan Bhasma*** (Borax – Sodium biborate), **Potassium Carbonate** (K_2CO_3), ***Saindhava Lavan*** (*Rock salt* – Sodium chloride), ***Snuhi Ksheer*** (*Euphorbia neriifolia*), ***Gomutra*** (Cow's urine)	Supports the management of *Arsha* (piles/haemorrhoids), *Parikartika* (fissures), and *Bhagandara* (fistula) by relieving *Vibandha* (constipation) and providing *Kashaya* (astringent) action.
Abhyarishtha	***Haridra*** (*Terminalia chebula*), ***Vidanga*** (*Embelia ribes*), ***Munakka*** (*Vitis vinifera*), ***Dhataki*** (*Woodfordia fruticosa*), ***Gokshur*** (*Tribulus terrestris*), ***Nishoth*** (*Operculina turpethum*), ***Dhanyaka*** (*Coriandrum sativum*), ***Shatapushpa*** (*Foeniculum vulgare*), ***Shunthi*** (*Zingiber officinale*), ***Danti*** (*Baliospermum montanum*) and ***Jaggery*** (*Saccharum officinarum*)	With its *Rechana, Deepana, Pachana,* and *Vata*-balancing actions, it relieves constipation, improves digestion, and supports the management of *Arsha* (Piles).

Haritaki (Terminalia chebula)

· *Haritaki* possesses *Madhura* (sweet), *Amla* (sour), and *Kashaya* (astringent) *Rasa* (taste), is *Laghu* (light) and *Ruksha* (dry) in *Guna* (quality), with *Ushna* (hot) *Virya* (potency) and *Madhura* (sweet) *Vipaka* (post-digestive effect), and its *Prabhava* (special effect) includes *Tridosha Shamaka* (balances *Vata*, *Pitta*, *Kapha*), *Medhya* (enhances cognition), and *Grahani-shodhaka* (aids digestion). [24,25]

· *Haritaki* aids in the treatment of piles by promoting gentle bowel cleansing, relieving constipation, reducing inflammation, and supporting digestive and hemorrhoidal tissue health. [25]

Shunthi (Zingiber officinale)

· *Shunthi* has a *Ras* (taste) that is *Kashaya* (astringent) and *Katu* (pungent). Its *Guna* (qualities) are *Laghu* (light) and *Ruksha* (dry), with a *Virya* (potency) that is *Ushna* (hot). The *Vipaka* (post-digestive effect) is *Katu* (pungent). Its *Prabhava* (special effect) includes *Deepana* (digestive stimulant), *Vata*-pacifying, and anti-inflammatory properties. [24,26]

· *Shunthi* helps manage piles by reducing inflammation, alleviating pain, improving digestion, and supporting bowel regularity. [26]

FUTURE RESEARCH ASPECTS

Future *Ayurvedic* research on piles (*Arshas*) treatment is likely to focus on integrating classical herbal formulations with modern clinical evaluation to validate efficacy, safety, and mechanisms of action. Studies may explore standardised extracts of key ingredients like *Haritaki, Shunthi*, and *Guduchi*, combined with procedural therapies such as *Kshara Sutra* ligation, to optimise therapeutic outcomes. Advances in pharmacology, molecular biology, and clinical trials could help identify bioactive compounds responsible for anti-inflammatory, analgesic, and laxative effects, enabling evidence-based protocols. Additionally, research on lifestyle interventions, dietetics, and personalised treatment regimens may enhance preventive strategies and long-term management of haemorrhoidal disorders. [17,27,28]

CONCLUSION

This case study demonstrates that an *Ayurvedic* approach, combining *Kshara Sutra* ligation, *Shamana Chikitsa*, dietary regulation (*Ahar*), lifestyle modifications (*Vihar*), and individualised *Ayurvedic* therapy, can provide effective management of Piles (*Arsha*), even in elderly patients with severe manifestations. The structured dietary regimen, emphasising easily digestible and fibre-rich foods, along with *Vihar* practices such as meditation, *yoga*, walking, and restorative sleep, supported bowel regularity, reduced venous congestion, and alleviated stress, which are key contributors to hemorrhoidal disease. Para-surgical intervention with *Kshara Sutra* effectively addressed the prolapsed hemorrhoidal tissue, while targeted *Ayurvedic* medications, notably *Haritaki* and *Shunthi*, promoted gentle bowel cleansing, reduced inflammation, relieved

pain, and enhanced digestive and anorectal health through their specific *Rasapanchak* properties. Although the observed clinical improvements are encouraging, the findings should be interpreted with caution because this is a single case report without a control group. Therefore, a causal relationship between the Ayurvedic intervention and the observed outcomes cannot be established. Larger, well-designed controlled clinical studies with longer follow-up are required to evaluate the safety, effectiveness, and potential role of this integrative Ayurvedic approach in the management of hemorrhoidal disease.

Clinical

· The patient showed substantial overall symptomatic improvement over the duration of the treatment.

· The prolapsed hemorrhoidal mass (*Arsha Shotha*) resolved following *Kshara Sutra* ligation.

· Severe constipation (*Vibandha*) and rectal bleeding (*Rakta Srava*) were effectively relieved with the prescribed *Ayurvedic* management.

· Additionally, the patient's episode of syncope (*Murchha*) subsided, reflecting overall clinical improvement.

PATIENT CONSENT

Written informed consent was obtained from the patient for publication of this case report and the accompanying laboratory data. The patient was informed that all personal identifiers would be removed to maintain confidentiality and anonymity. The patient reviewed and approved the publication of the clinical details.

ETHICS STATEMENT

Institutional Ethics Committee approval was not required for this single-patient case report in accordance with institutional policy and applicable reporting guidelines. Written informed consent for publication was obtained from the patient.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest regarding the publication of this case report. The authors have no financial or personal relationships that could have inappropriately influenced the work reported in this manuscript.

FUNDING

This work was supported by Jeena Sikho Lifecare Limited. No external funding was received.

AUTHOR CONTRIBUTIONS

Acharya Manish: Conceptualization, funding acquisition, resource provision, clinical supervision, overall project administration, and critical review of the manuscript.

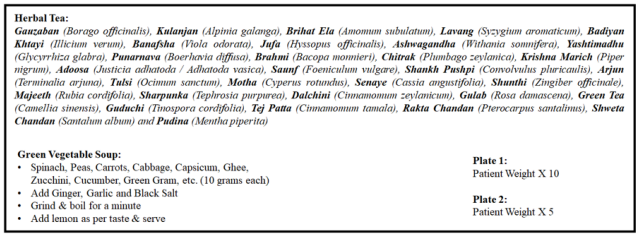
Dr. Richa: Study conceptualization and design, literature review, data collection and analysis, interpretation of findings, manuscript drafting and revision, reference management, and corresponding author responsibilities.

Dr. Manjeet Singh: Patient diagnosis, clinical assessment, patient management, clinical data acquisition, and manuscript review.

Dr. Tanu Rani: Literature search, data compilation, manuscript editing, and review of the scientific content.

Prabha Chandrasekharan: Clinical documentation, data collection, reference management, manuscript formatting, and manuscript review.

All authors critically reviewed the manuscript, approved the final version, and agree to be accountable for all aspects of the work.



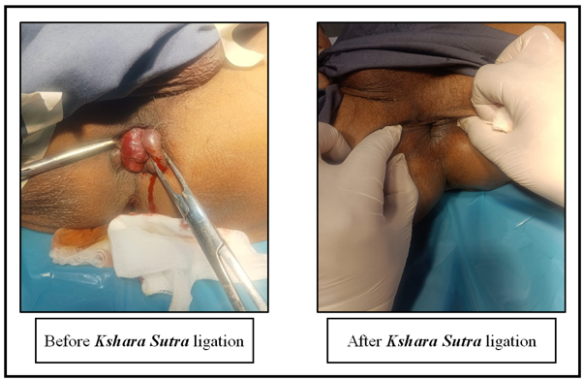


Figure 4. Pre- and post-operative images following Kshara Sutra ligation for Arsha (Piles)

REFERENCES

Mayo Clinic. (2025, August 23). *Hemorrhoids*. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/hemorrhoids/symptoms-causes/syc-20360268

Mott, T., Latimer, K., & Edwards, C. (2018). Haemorrhoids: Diagnosis and treatment options. *American Family Physician, 97*(3), 172–179. https://www.aafp.org/pubs/afp/issues/2018/0201/p172.html

Hawkins, A. T., Davis, B. R., Bhama, A. R., Fang, S. H., Dawes, A. J., Feingold, D. L., Lightner, A. L., Paquette, I. M., & Clinical Practice Guidelines Committee of the American Society of Colon and Rectal Surgeons. (2024). The American Society of Colon and Rectal Surgeons clinical practice guidelines for the management of haemorrhoids. *Diseases of the Colon & Rectum*, *67*(5), 614–623.

https://doi.org/10.1097/DCR.0000000000003276

National Institute of Diabetes and Digestive and Kidney Diseases. (n.d.). *Hemorrhoids*. National Institutes of Health. https://www.niddk.nih.gov/health-information/digestive-diseases/hemorrhoids

Kumar, R., Gupta, S. N., Chauhan, A., Gupta, N., & Minhas, A. S. (2013). Piles: Rural North Indians' perspective—a qualitative study. *Indian Journal of Ancient Medicine and Yoga, 3*(21000), 171.

Hulme-Moir, M., & Bartolo, D. C. (2001). Hemorrhoids. *Gastroenterology Clinics of North America, 30*(1), 183–197.

Javed, A., & Rahman, A. (n.d.). *A diversified approach to the prevention and management of hemorrhoids (piles).*

Alexander-Williams, J. (1982). The management of piles. *British Medical Journal (Clinical Research Edition), 285*(6349), 1137.

Kenney, J. A. (1910). Treatment of hemorrhoids. *Journal of the National Medical Association, 2*(2), 79.

Suri, H., Suri, D., Bansal, K., Suri, S., Ghodke, V., & Narayan, L. (2024). Effectiveness of GMS Piles Relief Spray in the treatment of piles (hemorrhoids) and fissure in ano: A study of 1737 patients. *International Journal of Medical and Oral Research, 9*(2), 23–25.

Mullaicharam, A. R., Maheswari, R. U., Geetha, K., Panicker, P. S., & Chandralekha, V. (2010). Hemorrhoids: A review. *Research Journal of Pharmacy and Technology, 3*(2), 296–299.

Mekonnen, R., & Gelana, T. (2024). Current updates on human hemorrhoid disease and its treatment options. *Journal of Disease and Global Health, 17*, 21–34. https://doi.org/10.56557/jodagh/2024/v17i29027

Qazi Rashid, A., Qureshi, M. A., & Chandni, K. (2024). *Hemorrhoids through the ages: From ancient remedies to modern therapies.*

Ogbuanu, C. C., Amujiogu, S. N., & Agboeze, E. (2019). Recent advances to account for the efficacy of phytochemicals in hemorrhoid (pile) management. *Chemistry, Biology and Physical Sciences Academic Journal, 1*(3), 1–8.

Javed, A., & Rahman, A. (n.d.). *A diversified approach to the prevention and management of hemorrhoids (piles).*

Haider, R. (2023). Hemorrhoids: The clinical practice. *Journal of Surgical Case Reports Images, 6*(5), e166.

Patil, K. P., & Mahajan, V. P. (n.d.). *Literature review study on Arsha (piles) and its management.*

Lal, C., Dixit, M., & Meena, H. (2020). *A classical Ayurvedic and modern review and treatment of Arsha (haemorrhoids/piles).*

Nema, A., Dudhamal, T. S., & Gupta, S. K. (2016). Efficacy of Ksharasootra in Arsho-Bhagandara (piles and fistula-in-ano) in single sitting: A case study. *European Journal of Biomedical, 3*(3), 442–445.

Saha, S., Rao, M. V., & Chowdhury, K. (n.d.). *A review on Arsha and its management with Pathya Apathya in Ayurveda.*

Chowdhury, B. R. (2024). *World's best: The DIP diet book (Fastest and evidence-based).*

HIIMS – Hospital & Institute of Integrated Medical Sciences. (n.d.). *Recover naturally with the D.I.P. Diet: Insights from HIIMS: Panchkula*. https://hiims.jeenasikho.com/miranpur-bakshiwala-panchkula/mapview/30-7524058/76-92368789999999

Rafiuddin, S. M. N., Zohaib, S., Waheeduzzama, S. A., & Afroz, A. (2025). *Piles and lifestyle: Analyzing risk factors, treatment approaches, and preventive measures.*

Bhola, S., & Rao, M. P. (2016). Are Rasapanchaka physical effects or pharmacological effects? A detailed review. *World Journal of Pharmaceutical Research*, 404–415.

Gupta, P. C. (2012). Biological and pharmacological properties of *Terminalia chebula* Retz. (Haritaki): An overview. *International Journal of Pharmaceutical and Pharmaceutical Sciences, 4*(3), 62–68.

Byadgi, P. S., Kanashetti, D. S., Tiwari, R., Maurya, B. N., Rana, M., Dwivedi, V. K., ... & Dwivedi, K. N. (2021). Shunthi (*Zingiber officinale* Rosc.): A miraculous medicinal plant. *International Journal of Advanced Research in Medical Chemistry, 3*(1), 8–13.

Sewwandi, S. L. G., Vidhyajini, R. V., & Jayasena, S. B. C. J. (2023). *A review of a selected Ayurvedic herbal formula in the management of thrombosed external hemorrhoids (Bāhya Arshas): A critical analysis.*

Mehra, R., Makhija, R., & Vyas, N. (2011). A clinical study on the role of an indigenous formulation for Shonitarsha (bleeding piles). *AYU: An International Quarterly Journal of Research in Ayurveda, 32*(2).

How to Cite this Article: Manish A., k R., Singh M., Rani T., Chandrasekharan P.. (2025). Integrative Ayurvedic Management of Arsha (Piles) in an Elderly Patient: A Case Study Combining Kshara Sutra Ligation, Shamana Chikitsa, Diet and Lifestyle Modifications. *Prakriti*, ***2***(1), 25-33. https://doi.org/10.48165/prakriti.2025.2.01.16