



Review Article

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CURRENT ADVANCES IN THE MANAGEMENT OF ARSHA: A LITERATURE REVIEW

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Abstract

Background

Arsha (hemorrhoids) is one of the most prevalent anorectal disorders described in Ayurvedic classics and is characterized by the development of fleshy projections (mamsankura) in the guda (anal canal), leading to pain, bleeding, prolapse, discharge, and impaired quality of life. Acharya Sushruta described Arsha as a *Mahagada* owing to its chronicity, recurrence, and therapeutic challenges. Contemporary medicine recognizes hemorrhoids as enlarged and symptomatic vascular cushions of the anal canal caused by increased venous pressure, connective tissue degeneration, and inflammation.

Objective

To comprehensively review the current understanding of Arsha with emphasis on Ayurvedic concepts, modern pathophysiology, recent therapeutic advances, and evidence-based integrative management strategies.

Methods

A narrative literature review was conducted using classical Ayurvedic texts including **Charaka Samhita**, **Sushruta Samhita**, **Ashtanga Hridaya**, and contemporary scientific literature

retrieved from PubMed, Scopus-indexed journals, Google Scholar, AYUSH Research Portal, and other peer-reviewed databases published primarily between 2021 and 2026. Studies focusing on conservative treatment, Kshara Karma, Kshara Sutra, Agnikarma, herbal formulations, dietary interventions, and comparative management approaches were critically reviewed.

Results

Current evidence indicates that lifestyle modification, dietary correction, and bowel habit regulation remain the cornerstone of Arsha management. Ayurvedic para-surgical procedures such as Kshara Karma and Kshara Sutra demonstrate favorable outcomes in selected patients with low recurrence rates, minimal complications, and satisfactory healing. Herbal formulations possessing anti-inflammatory, wound-healing, venotonic, antioxidant, and mild laxative properties contribute significantly to symptom relief. Emerging clinical evidence supports the integration of Ayurvedic interventions with modern diagnostic protocols for individualized patient care.

Conclusion

An integrative approach combining classical Ayurvedic principles, para-surgical techniques, dietary regulation, and modern clinical assessment offers promising outcomes in the management of Arsha. Nevertheless, larger multicentric randomized controlled trials with standardized outcome measures are required to strengthen the evidence base and facilitate wider clinical acceptance.

Keywords: Arsha, Hemorrhoids, Ayurveda, Kshara Karma, Kshara Sutra, Agnikarma, Bhaisajya Chikitsa, Integrative Medicine.

Introduction

Arsha, commonly correlated with hemorrhoids in contemporary medicine, represents one of the oldest documented anorectal disorders in the history of medicine. The disease has been extensively described in the Ayurvedic classics, particularly in **Sushruta Samhita**, where it is regarded as one of the *Ashta Mahagada* (eight major diseases) due to its chronic course, tendency for recurrence, and significant impact on physical and psychological well-being. The Sanskrit term *Arsha* is derived from the root "*Hru*" meaning "to afflict or torment," reflecting the persistent suffering experienced by affected individuals.

Hemorrhoidal disease remains a major global health concern, affecting approximately 4–5% of the general population, with considerably higher prevalence among adults aged 40–65 years. Epidemiological studies suggest that nearly half of individuals older than 50 years experience symptomatic hemorrhoids at least once during their lifetime. Although not life-threatening, hemorrhoids significantly impair quality of life through recurrent bleeding, prolapse, pain, itching, mucous discharge, and social embarrassment. The socioeconomic burden includes healthcare expenditure, loss of productivity, and repeated clinical consultations.

Ayurveda attributes the development of Arsha primarily to derangement of **Tridosha**, particularly Apana Vata, accompanied by impairment of Agni and chronic disturbance of bowel habits. Excessive intake of dry, spicy, heavy, incompatible foods, prolonged sitting, suppression of natural urges, chronic constipation, sedentary occupations, obesity, pregnancy, and excessive straining during defecation are considered important etiological factors. These factors collectively disturb the normal physiology of the anorectal region, resulting in engorgement of vascular structures and formation of pathological masses.

Modern medicine explains hemorrhoids through the **sliding anal cushion theory**, which proposes that degeneration of supporting connective tissue causes downward displacement of normal anal cushions. Additional contributing mechanisms include increased venous pressure, chronic inflammation, deterioration of collagen fibers, altered anorectal vascular dynamics, and mechanical trauma during repeated straining. These pathological events culminate in enlargement of hemorrhoidal cushions and progression of symptoms.

Management strategies have evolved considerably over the past decade. Conventional treatment includes dietary fiber supplementation, pharmacotherapy, rubber band ligation, infrared coagulation, sclerotherapy, Doppler-guided hemorrhoidal artery ligation, stapled hemorrhoidopexy, and excisional hemorrhoidectomy. Although these interventions are effective, postoperative pain, recurrence, complications, and treatment costs continue to influence patient preferences.

Ayurveda offers a comprehensive therapeutic framework encompassing **Nidana Parivarjana** (elimination of causative factors), **Pathya-Apathya**, **Bhaisajya Chikitsa**, **Kshara Karma**, **Kshara Sutra**, **Agnikarma**, and appropriate surgical intervention according to disease severity. Increasing scientific validation of these interventions has attracted attention toward integrative management approaches that combine traditional wisdom with modern evidence-based medicine.

This review critically examines current advances in the management of Arsha by integrating classical Ayurvedic concepts with recent scientific evidence, highlighting evolving therapeutic strategies, comparative effectiveness, and future research directions.

Epidemiology of Arsha

Hemorrhoidal disease constitutes one of the most common anorectal disorders encountered in surgical and primary healthcare practice worldwide. Despite its widespread occurrence, the true prevalence remains difficult to estimate because many individuals self-medicate or avoid seeking medical attention due to embarrassment. Population-based studies indicate that symptomatic hemorrhoids affect approximately **4–5% of the global population**, whereas clinical examination suggests that up to **35–40% of adults** may harbor asymptomatic hemorrhoidal cushions.

The highest incidence is observed between **45 and 65 years of age**, although younger adults are increasingly affected owing to sedentary lifestyles, prolonged screen time, low-fiber diets, obesity, and reduced physical activity. Men and women are affected almost equally; however, women experience an increased incidence during pregnancy and the postpartum period because of hormonal changes, increased intra-abdominal pressure, venous congestion, and prolonged labor.

Several occupational and lifestyle factors contribute significantly to disease occurrence. Individuals engaged in prolonged sitting, heavy lifting, long-distance driving, office work, and occupations requiring continuous standing demonstrate a higher risk of developing symptomatic hemorrhoids. Chronic constipation remains the single most important modifiable risk factor, while obesity, metabolic syndrome, smoking, alcohol consumption, and inadequate dietary fiber further increase susceptibility.

Recent epidemiological studies have also identified associations between hemorrhoidal disease and chronic inflammatory conditions, altered gut microbiota, connective tissue disorders, and genetic predisposition. Increasing life expectancy and urbanization have further contributed to the growing burden of anorectal diseases worldwide.

Within India, the incidence of Arsha appears to be rising due to rapid lifestyle transitions, consumption of processed foods, reduced physical activity, and increasing prevalence of constipation. Ayurveda practitioners frequently encounter Arsha in routine clinical practice, making it one of the most commonly managed anorectal disorders in Ayurvedic hospitals.

The disease imposes substantial socioeconomic costs through outpatient consultations, surgical procedures, absenteeism from work, reduced productivity, and recurrent healthcare utilization. Consequently, emphasis has shifted toward preventive strategies, early diagnosis, minimally invasive interventions, and comprehensive lifestyle modification programs aimed at reducing disease recurrence and improving long-term quality of life.

Etiopathogenesis of Arsha (Ayurvedic and Modern Perspectives)

Ayurvedic Etiopathogenesis

Ayurveda explains the pathogenesis (*Samprapti*) of Arsha as a multifactorial process involving the derangement of **Tridosha**, predominantly **Apana Vata**, along with impairment of **Jatharagni** and **Dhatvagni**. According to **Sushruta Samhita**, Arsha develops when continuous indulgence in unwholesome dietary habits (*Ahitakara Ahara*) and improper lifestyle practices (*Vihara*) disturb the equilibrium of Doshas. These vitiated Doshas localize in the **Guda Pradesh** (anorectal region), leading to pathological changes in the **Twak (skin)**, **Mamsa (muscle)**, **Meda (adipose tissue)**, and **Rakta (blood)**, ultimately producing fleshy projections known as *Mamsankura*.

Classical Ayurvedic texts identify numerous etiological factors (*Nidana*) responsible for the development of Arsha, including:

- Excessive consumption of dry, spicy, pungent, fermented, heavy, and incompatible foods.
- Chronic constipation (*Vibandha*) and habitual straining during defecation.
- Suppression of natural urges (*Vegadharana*).
- Prolonged sitting or standing.
- Sedentary lifestyle and lack of physical activity.
- Heavy weight lifting.
- Psychological stress and anxiety.
- Pregnancy and repeated childbirth.
- Chronic digestive disorders causing impaired Agni.

Among the three Doshas, **Apana Vata** plays the principal role. Its dysfunction leads to impaired evacuation of feces, increased straining, and venous congestion within the anorectal region.

Simultaneously, aggravated **Pitta Dosha** contributes to inflammation and bleeding, whereas **Kapha Dosha** promotes tissue overgrowth and mucosal swelling.

The classical sequence of pathogenesis (*Samprapti Ghataka*) may be summarized as follows:

Nidana Sevana → Agnimandya → Ama Formation → Tridosha Prakopa (Predominantly Apana Vata) → Srotorodha → Rakta Dushti → Venous Congestion in Guda Pradesh → Mamsankura Formation → Arsha.

From an Ayurvedic perspective, untreated Arsha progressively affects digestion, bowel habits, strength (*Bala*), complexion (*Varna*), and quality of life. Therefore, early correction of Agni and Dosha imbalance remains the cornerstone of management.

Modern Etiopathogenesis

Modern medicine recognizes hemorrhoids as symptomatic enlargement and distal displacement of the normal vascular cushions of the anal canal. Earlier theories considered hemorrhoids merely as varicose veins; however, contemporary research has established that they represent a complex disorder involving vascular, connective tissue, inflammatory, and mechanical factors.

The most widely accepted explanation is the **Sliding Anal Cushion Theory**, proposed by Thomson. According to this concept, degeneration of the fibroelastic supporting tissue and weakening of the suspensory ligaments result in downward displacement of the anal cushions during defecation. Progressive prolapse leads to venous congestion, vascular dilatation, and chronic inflammation.

Several mechanisms contribute to disease development:

1. **Increased Venous Pressure:** Chronic constipation, prolonged straining, pregnancy, obesity, and portal venous congestion elevate pressure within hemorrhoidal venous plexuses.
2. **Connective Tissue Degeneration:** Age-related reduction in collagen and elastin weakens support to the anal cushions, facilitating prolapse.
3. **Inflammation:** Persistent mechanical trauma triggers inflammatory cytokines such as TNF- α , IL-1 β , and IL-6, promoting edema, pain, and tissue remodeling.
4. **Microvascular Dysfunction:** Abnormal vascular regulation results in increased arterial inflow with impaired venous drainage, producing enlargement of hemorrhoidal cushions.
5. **Mechanical Factors:** Repeated straining, prolonged toilet sitting, and hard stool passage produce chronic trauma to anorectal tissues.

Recent molecular studies also suggest involvement of oxidative stress, angiogenic growth factors, matrix metalloproteinases, and alterations in extracellular matrix metabolism, providing potential targets for future therapeutic interventions.

Classification of Arsha

Ayurvedic Classification

Ayurvedic literature classifies Arsha on multiple bases to facilitate individualized management.

1. According to Etiology

Sahaja Arsha (Congenital):

- Present since birth.
- Attributed to hereditary or developmental factors.
- Often difficult to treat and associated with constitutional weakness.

Janmottarakalaja Arsha (Acquired):

- Develops after birth due to improper diet, lifestyle, constipation, and Dosha aggravation.
- Represents the majority of clinical cases encountered in practice.

2. According to Predominant Dosha

Vataja Arsha

- Severe pain
- Dryness
- Constipation
- Hard, dark-colored piles
- Minimal bleeding

Pittaja Arsha

- Bright red bleeding
- Burning sensation
- Inflammation
- Tenderness

- Yellowish discoloration

Kaphaja Arsha

- Large, pale, soft masses
- Itching
- Mucous discharge
- Heaviness
- Minimal pain

Sannipataja Arsha

- Involvement of all three Doshas
- Mixed clinical features
- Difficult prognosis

Raktaja Arsha

- Dominated by Rakta Dushti
- Profuse bleeding
- Severe anemia in chronic cases

3. According to Location

Abhyantara Arsha

- Internal piles
- Located above the dentate line
- Usually painless bleeding

Bahya Arsha

- External piles
- Situated below the dentate line
- Painful due to rich somatic nerve supply

Current Advances in Conservative Management

Conservative management remains the first-line therapeutic approach for Grade I and Grade II hemorrhoids and serves as an adjunct to para-surgical and surgical interventions in advanced disease. Contemporary management focuses on relieving symptoms, correcting bowel habits, preventing recurrence, and improving patient quality of life. Integrative management combining evidence-based modern medicine with Ayurvedic principles has shown promising clinical outcomes.

1. Dietary Modification

Dietary intervention is the cornerstone of conservative treatment. A high-fiber diet (25–35 g/day) significantly reduces constipation, straining during defecation, and recurrence of hemorrhoidal symptoms. Fresh fruits, green leafy vegetables, whole grains, legumes, and adequate hydration soften stools and facilitate painless bowel evacuation.

Ayurveda emphasizes **Pathya Ahara**, recommending warm, freshly prepared, easily digestible food. Foods rich in fiber, such as barley (*Yava*), green gram (*Mudga*), bottle gourd (*Lauki*), ridge gourd (*Turai*), papaya, figs, and soaked raisins, are advised. Spicy, oily, fried, fermented, and excessively dry foods are discouraged as they aggravate **Pitta** and **Vata**.

2. Lifestyle Modification

Lifestyle correction plays a vital role in preventing disease progression and recurrence.

Recommended measures include:

- Regular physical exercise (30–45 minutes daily)
- Avoiding prolonged sitting or standing
- Timely evacuation of bowel without excessive straining
- Maintaining healthy body weight
- Adequate hydration (2–3 L/day)
- Avoiding prolonged toilet sitting
- Stress management through Yoga and meditation

Yoga postures such as **Pavanamuktasana**, **Malasana**, **Vajrasana**, **Bhujangasana**, and **Moola Bandha** improve bowel function and pelvic circulation.

3. Pharmacological Management

Modern conservative treatment includes:

- Stool softeners
- Bulk-forming agents
- Flavonoids (Diosmin-Hesperidin)
- Topical anesthetics
- Corticosteroid creams
- Venotonic agents
- NSAIDs for pain control (short-term)

These therapies primarily provide symptomatic relief but do not eliminate enlarged hemorrhoidal tissue.

4. Ayurvedic Bhaisajya Chikitsa

Ayurveda advocates individualized treatment based on Dosha predominance.

Commonly prescribed formulations include:

- Triphala Churna
- Abhayarishta
- Arshoghni Vati
- Kankayan Vati
- Saptavinshati Guggulu
- Nimbadi Kwatha
- Aragwadhadi Kashaya
- Kutajavaleha
- Haritaki Churna
- Eranda Taila (Castor oil) in selected patients

These medicines improve digestion, regulate bowel habits, reduce inflammation, promote wound healing, and prevent recurrence.

5. Sitz Bath

Warm sitz bath for 10–15 minutes, two to three times daily, improves local blood circulation, relieves sphincter spasm, decreases edema, and reduces pain. It is recommended both in modern surgery and Ayurvedic postoperative care.

6. Recent Advances in Conservative Therapy

Recent research (2021–2026) has focused on:

- Micronized purified flavonoid fractions
- Plant-derived venotonic compounds
- Polyherbal anti-inflammatory formulations
- Probiotic supplementation
- Bioflavonoid-rich nutraceuticals
- Topical herbal gels
- Nano-herbal drug delivery systems
- Personalized integrative treatment protocols

Emerging evidence suggests that combining Ayurvedic medicines with dietary regulation produces better long-term symptom control compared with pharmacotherapy alone.

Kshara Karma

Kshara Karma is one of the most distinctive para-surgical procedures described by **Acharya Sushruta**. It involves the controlled application of alkaline herbal preparations (*Kshara*) over hemorrhoidal masses to achieve chemical cauterization.

According to Ayurveda, Kshara possesses:

- Chedana (Excision)
- Bhedana (Incision)
- Lekhana (Scraping)
- Shodhana (Purification)
- Ropana (Healing)
- Stambhana (Hemostasis)

Procedure

1. Patient preparation and bowel evacuation.
2. Local anesthesia where indicated.
3. Visualization using a proctoscope.
4. Application of Apamarga Kshara over hemorrhoidal tissue.
5. Retention for 1–2 minutes until tissue discoloration.
6. Neutralization using lemon juice or acidic solution.
7. Irrigation with normal saline.
8. Application of Jatyadi Taila or healing ointment.

Ayurvedic Formulations and Herbal Medicines

Medicinal therapy remains an integral component of Arsha management, especially in early disease and postoperative care.

Common Classical Formulations

Formulation	Major Therapeutic Action
Triphala Churna	Mild laxative, antioxidant, bowel regulator
Arshoghni Vati	Anti-inflammatory, anti-hemorrhoidal
Kankayan Vati	Improves digestion, reduces Vata
Abhayarishta	Corrects constipation and Agni
Saptavinshati Guggulu	Anti-inflammatory and wound healing
Kutajavaleha	Controls discharge and improves bowel health
Jatyadi Taila	Local wound healing after procedures

Future Perspectives

The management of Arsha is progressively shifting from symptom-oriented treatment to comprehensive, patient-centered care integrating traditional Ayurvedic principles with evidence-based modern medicine. Advances in clinical research, biotechnology,

pharmacognosy, and minimally invasive surgical techniques have created new opportunities for improving therapeutic outcomes while minimizing recurrence and postoperative complications.

One of the major future directions is the **standardization of Ayurvedic interventions**. Although procedures such as Kshara Karma, Kshara Sutra, and Agnikarma have demonstrated encouraging clinical outcomes, variations in preparation techniques, drug composition, application protocols, and outcome assessment continue to limit reproducibility across different healthcare settings. Development of standardized operating procedures (SOPs), Good Manufacturing Practices (GMP), and quality control parameters for herbal formulations will enhance consistency and scientific acceptance.

High-quality **multicentric randomized controlled trials (RCTs)** comparing Ayurvedic interventions with conventional therapies are urgently needed. Future studies should incorporate larger sample sizes, longer follow-up periods, validated quality-of-life scales, recurrence rates, cost-effectiveness analyses, and patient-reported outcome measures. Such evidence will strengthen the global credibility of Ayurvedic management for hemorrhoidal disease.

Recent advances in pharmaceutical technology have opened new avenues for the development of **novel herbal drug delivery systems**, including nano-formulations, liposomal preparations, bioadhesive rectal gels, sustained-release suppositories, and phytosome-based formulations. These innovations may improve drug stability, enhance bioavailability, prolong local therapeutic action, and reduce adverse effects.

Artificial intelligence (AI), digital health platforms, and telemedicine are expected to facilitate early diagnosis, individualized treatment planning, patient education, and long-term follow-up. Mobile health applications integrating dietary counseling, bowel habit monitoring, medication reminders, and symptom tracking may improve treatment adherence and reduce disease recurrence.

Another promising area is **integrative anorectal care**, where Ayurvedic conservative therapies and para-surgical procedures are combined with modern diagnostic modalities, evidence-based pharmacotherapy, and minimally invasive surgical techniques. Such collaborative approaches may provide individualized treatment with improved efficacy, reduced postoperative pain, shorter recovery periods, and enhanced patient satisfaction.

Future translational research should also focus on elucidating the molecular mechanisms underlying the therapeutic effects of Ayurvedic formulations. Investigations involving inflammatory cytokines, oxidative stress biomarkers, angiogenic factors, collagen metabolism, extracellular matrix remodeling, and gut microbiota modulation may provide scientific explanations for the observed clinical benefits.

Overall, the future management of Arsha lies in evidence-based integrative medicine, emphasizing prevention, early intervention, personalized therapy, and rigorous scientific validation of classical Ayurvedic knowledge.

Conclusion

Arsha (hemorrhoids) remains one of the most prevalent anorectal disorders, significantly affecting patients' physical, psychological, and social well-being. Both Ayurveda and contemporary medicine recognize the multifactorial nature of the disease, involving dietary indiscretions, chronic constipation, sedentary lifestyle, obesity, pregnancy, and increased intra-abdominal pressure as major contributing factors.

Ayurveda provides a comprehensive therapeutic approach encompassing **Nidana Parivarjana**, **Pathya-Apathya**, **Bhaisajya Chikitsa**, **Kshara Karma**, **Kshara Sutra**, **Agnikarma**, and surgical intervention when indicated. Modern medicine offers several effective conservative, office-based, and surgical treatment modalities; however, recurrence, postoperative pain, and procedure-related complications continue to present therapeutic challenges.

Current evidence suggests that Ayurvedic para-surgical procedures, particularly Kshara Karma and Kshara Sutra, provide satisfactory clinical outcomes with minimal complications, shorter hospital stay, reduced recurrence, and improved patient acceptance when appropriately selected. Herbal formulations possessing anti-inflammatory, antioxidant, venotonic, wound-healing, and mild laxative properties further contribute to symptom relief and long-term disease control.

The integration of classical Ayurvedic principles with contemporary diagnostic methods and evidence-based therapeutic strategies represents a promising direction for the comprehensive management of Arsha. Nevertheless, well-designed multicentric randomized controlled trials, standardized treatment protocols, validated outcome measures, and long-term follow-up studies are required to establish stronger scientific evidence for wider clinical implementation.

In conclusion, an integrative, patient-centered approach combining lifestyle modification, dietary regulation, Ayurvedic medicines, para-surgical procedures, and modern clinical practices offers the most rational strategy for improving treatment outcomes and quality of life in patients suffering from Arsha.

Conflict of Interest

The authors declare that there are no conflicts of interest regarding the publication of this review article.

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Author Contributions

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