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A REVIEW ON ARSHOGHNA MAHAKASHAYA GUGGULU-BASED KSHARASUTRA IN THE MANAGEMENT OF ARSHA (HAEMORRHOIDS): A CLASSICAL AND PHARMACOLOGICAL PERSPECTIVE

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Abstract

Background Arsha is a common anorectal disorder described extensively in Ayurvedic classical literature and is included among the Ashta Mahagada because of its chronicity and therapeutic difficulty. Its clinical manifestations include bleeding per rectum, pain, constipation, prolapse, itching and abnormal fleshy growth. Although Arsha is commonly correlated with haemorrhoids, the Ayurvedic concept encompasses a broader pathological spectrum. Ayurveda describes Bhesaja, Kshara, Agni and Shastra as principal approaches for the management of Arsha. Among parasurgical procedures, Ksharasutra combines the therapeutic action of Kshara with sustained local contact and mechanical ligation. **Aim** To review the classical, pharmacological and therapeutic rationale of Arshoghna Mahakashaya Guggulu-based Ksharasutra in the management of Arsha with special reference to Samprapti Vighatana. **Methodology** Classical

Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and relevant Nighantus were reviewed for the concepts of Arsha, Arshoghna Mahakashaya, Kshara and Guggulu. Published scientific and clinical literature related to haemorrhoids, Ksharasutra and Guggulu-based Ksharasutra was also reviewed. **Review** Arshoghna Mahakashaya comprises ten drugs having predominantly Katu, Tikta and Kashaya Rasa and properties relevant to Deepana, Pachana, Grahi, Anulomana, Krimighna and Shothahara actions. Kshara contributes Ksharana, Lekhana and Shodhana activity, whereas Ksharasutra provides sustained local action and mechanical ligation. Guggulu possesses classical Lekhana and Shothahara properties and has also been investigated experimentally and clinically. A previous clinical study has evaluated Guggul-based Apamarga Kshar Sutra in grade II and III haemorrhoids, demonstrating the feasibility of this modification. However, specific evaluation of an Arshoghna Mahakashaya-oriented Guggulu-based Ksharasutra remains limited. **Conclusion** Arshoghna Mahakashaya Guggulu-based Ksharasutra has a rational multidimensional basis involving systemic digestive and bowel-regulating actions, local Shodhana-Lekhana, mechanical ligation and tissue healing. Its specific therapeutic efficacy and possible advantages over standard Ksharasutra require systematic comparative clinical evaluation.

Keywords: Arsha, Haemorrhoids, Ksharasutra, Guggulu, Arshoghna Mahakashaya, Kshara.

1. Introduction

Arsha is one of the important diseases described in Ayurvedic surgical literature. Acharya Sushruta has included Arsha among the Ashta Mahagada, indicating its clinical significance and difficult management. The disease predominantly affects the Guda region and is characterized by abnormal fleshy growth associated with symptoms such as bleeding, pain, constipation and prolapse.¹

The development of Arsha is associated with inappropriate dietary practices, impaired digestion, constipation, suppression of natural urges, excessive straining and other factors capable of disturbing Dosha and Apana Vayu. Vitiated Doshas become localized in the anal region and produce pathological changes in the tissues, resulting in the manifestation of Arsha.^{1, 2}

From the modern perspective, haemorrhoids are symptomatic enlargement and distal displacement of normal anal vascular cushions. Internal haemorrhoids are conventionally classified into four grades according to their tendency to prolapse.³

Management of haemorrhoids includes dietary and lifestyle modification, pharmacological treatment, office-based procedures and surgical interventions. In Ayurveda, Arsha is managed according to the clinical presentation and strength of the disease using Bhesaja, Kshara, Agni and Shashtra Karma.¹

Kshara Karma is particularly important in Shalya Tantra because of its local Ksharana and Lekhana effects. Ksharasutra represents an established parasurgical application in which a medicated thread produces both mechanical and chemical effects.

Clinical research has demonstrated the utility of Ksharasutra ligation in Arsha. Gupta et al. reported favourable results with Ksharasutra ligation compared with haemorrhoidectomy, including advantages related to hospital stay and postoperative complications.⁴

A separate comparative clinical study evaluated **Guggul-based Apamarga Kshar Sutra** against Barron's rubber-band ligation in grade II and III haemorrhoids.⁵ Thus, Guggulu-based modification of Ksharasutra has a clinical precedent.

The present review focuses specifically on the **Arshoghna Mahakashaya-oriented therapeutic rationale combined with Guggulu and Ksharasutra**, with emphasis on classical properties, pharmacological relevance and Samprapti Vighatana.

2. Methodology / Search Strategy

The present article is a narrative conceptual review.

2.1 Classical literature

The following sources were considered:

- Charaka Samhita
- Sushruta Samhita
- Ashtanga Hridaya
- Bhavaprakasha Nighantu
- Relevant Ayurvedic Nighantus
- Classical literature describing Kshara and Ksharasutra
- Classical literature describing Guggulu and Arshoghna drugs

2.2 Contemporary literature

Published literature related to:

- Arsha and haemorrhoids
- Kshara Karma
- Ksharasutra
- Guggulu-based Ksharasutra
- Clinical management of haemorrhoids
- Anti-inflammatory and antimicrobial activity
- Wound healing

was reviewed using electronic scientific databases and accessible journal literature. The major clinical evidence identified included studies comparing Ksharasutra with haemorrhoidectomy and rubber-band ligation.^{4, 5} Recent clinical research has also continued to investigate modified Ksharasutra preparations, including Palasha Kshara Sutra.⁶

3. Ayurvedic Concept of Arsha

3.1 Nidana

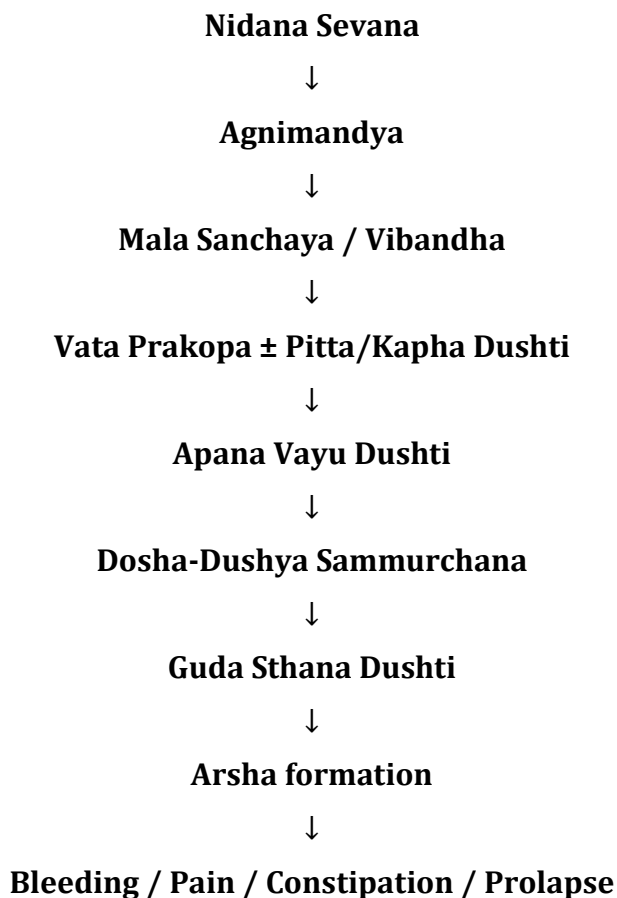
The important causative factors include:

- Agnimandya
- Improper dietary habits
- Excessive intake of heavy and unsuitable food
- Constipation
- Excessive straining during defecation
- Suppression of natural urges
- Sedentary habits
- Prolonged sitting
- Irregular bowel habits

These factors contribute to disturbance of Doshas and Apana Vayu.

3.2 Samprapti

A simplified sequence of pathogenesis can be represented as:



This multifactorial pathogenesis explains why local treatment alone may not address every component of the disease.

4. Clinical Correlation with Haemorrhoids

Arsha and haemorrhoids may be correlated clinically, particularly when symptoms include bleeding, prolapse and pile mass.

Table 1. Clinical correlation

Ayurvedic manifestation	Clinical correlation
Raktasrava	Bleeding per rectum
Shoola	Pain/discomfort
Vibandha	Constipation
Mamsankura	Pile mass
Prolapse	Prolapsed haemorrhoidal tissue
Kandu	Anal itching
Srava	Mucous discharge

The correlation should be regarded as **clinical rather than absolute**, because the Ayurvedic description of Arsha is broader than the modern anatomical definition of haemorrhoids.

5. Arshoghna Mahakashaya

Charaka described Arshoghna Mahakashaya as a group of ten drugs specifically indicated in Arsha.²

Table 2. Arshoghna Mahakashaya

S. No.	Drug	Botanical identity
1	Kutaja	Holarrhena antidysenterica
2	Bilva	Aegle marmelos
3	Chitraka	Plumbago zeylanica
4	Shunthi	Zingiber officinale
5	Ativisha	Aconitum heterophyllum
6	Abhaya	Terminalia chebula

S. No.	Drug	Botanical identity
7	Dhanvayasa	Classical identity as per adopted reference
8	Daruharidra	Berberis aristata
9	Vacha	Acorus calamus
10	Chavya	Piper retrofractum

6. Dravyaguna and Therapeutic Significance

Table 3. Selected properties of Arshoghna Mahakashaya drugs

Drug	Important properties	Relevant Karma
Kutaja	Tikta, Kashaya; Laghu, Ruksha	Grahi, Krimighna
Bilva	Kashaya, Tikta; Laghu, Ruksha	Grahi, Deepana
Chitraka	Katu; Laghu, Ruksha, Tikshna	Deepana, Pachana, Lekhana
Shunthi	Katu; Laghu, Snigdha; Ushna	Deepana, Pachana, Anulomana
Ativisha	Tikta, Katu; Laghu, Ruksha	Deepana, Grahi
Abhaya	Pancharasa except Lavana	Anulomana
Dhanvayasa	Tikta/Kashaya	Arshoghna, Shothahara
Daruharidra	Tikta, Kashaya; Laghu, Ruksha	Krimighna, Shothahara
Vacha	Katu, Tikta; Laghu, Tikshna	Deepana, Kapha-Vata Shamaka
Chavya	Katu; Laghu, Tikshna	Deepana, Pachana

The group demonstrates complementary actions rather than a single mechanism.

6.1 Deepana-Pachana

Chitraka, Shunthi and Chavya are important Deepana-Pachana drugs.

Agnimandya ↓ → Ama ↓ → improved digestion and bowel function

6.2 Anulomana

Abhaya and Shunthi may facilitate appropriate movement of Vata and bowel evacuation.

Vibandha ↓ → straining ↓ → local aggravation ↓

6.3 Grahi

Kutaja and Bilva possess Grahi properties that may be useful in controlling excessive bowel frequency and local irritation.

6.4 Krimighna

Kutaja, Daruharidra and Vacha possess classical Krimighna actions and have pharmacological relevance for microbial control.

6.5 Shothahara

Daruharidra and related drugs contribute to the anti-inflammatory therapeutic profile of the group.

7. Kshara Karma in Arsha

Kshara is a distinctive Ayurvedic parasurgical modality described in Shalya Tantra.

Its important actions include:

- Ksharana
- Lekhana
- Chedana
- Bhedana
- Patana
- Shodhana

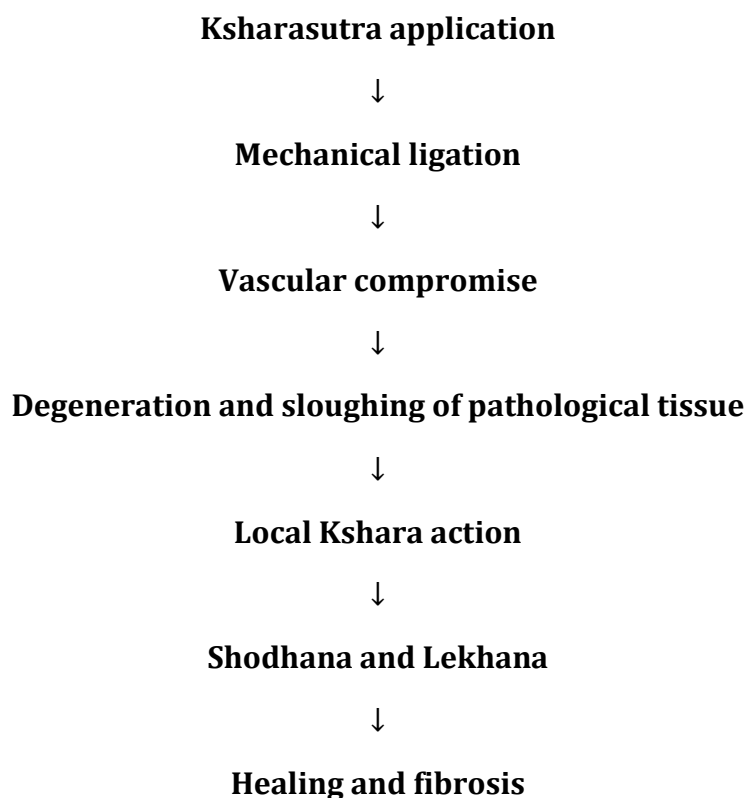
In Arsha, the local application of Kshara can be understood as producing controlled destruction/removal of pathological tissue. Kshara therefore differs from systemic medication by providing a **direct local therapeutic effect**.

8. Ksharasutra

Ksharasutra combines the action of a medicated thread with mechanical ligation.

The standard Apamarga Ksharasutra used in published clinical research contains surgical linen thread, Snuhi latex, Apamarga Kshara and Haridra.⁴

The therapeutic sequence may be represented as:



Clinical evidence supports the usefulness of Ksharasutra in selected cases of Arsha.^{4, 5}

9. Guggulu: Therapeutic Rationale

Guggulu is an important Ayurvedic drug with classical actions including:

- Lekhana
- Shothahara
- Vata-Kapha Shamaka
- Vranashodhana
- Vranaropana
- Krimighna

Guggulu also possesses pharmacologically active constituents, particularly guggulsterones and related resin components, which have been investigated for anti-inflammatory and other biological activities. Its inclusion in a Ksharasutra therefore provides a plausible basis for combining:

Ksharana + Lekhana + Shothahara + Vranashodhana + Vranaropana

A published clinical study specifically used **Guggul-based Apamarga Kshar Sutra** for grade II and III haemorrhoids. The authors selected Guggulu because of its classical wound-cleansing, wound-healing, antimicrobial and analgesic properties.⁵ This previous study is important when defining the novelty of the present research.

10. Arshoghna Mahakashaya Guggulu-Based Ksharasutra

The therapeutic concept of the proposed formulation can be understood as a combination of four components.

Table 4. Components and probable therapeutic contribution

Component	Principal action
Arshoghna Mahakashaya	Deepana, Pachana, Grahi, Anulomana, Krimighna, Shothahara
Guggulu	Lekhana, Shothahara, Vranashodhana, Vranaropana
Kshara	Ksharana, Lekhana, Shodhana
Ksharasutra	Mechanical ligation and sustained local action

Arshoghna Mahakashaya + Guggulu + Kshara + Ksharasutra → Multidimensional therapeutic action

11. Probable Mode of Action

11.1 Mechanical effect

The medicated thread produces ligation of the pathological pile mass.

Ligation → vascular compromise → tissue degeneration → sloughing

11.2 Kshara effect

Kshara produces local Ksharana and Lekhana, assisting in removal of pathological tissue.

11.3 Arshoghna effect

The constituent drugs provide complementary Deepana-Pachana, Grahi, Anulomana, Krimighna and Shothahara actions.

11.4 Guggulu effect

Guggulu contributes local Lekhana and Shothahara activity and may support the wound-healing environment.

11.5 Healing effect

Following controlled removal of pathological tissue, healing and fibrosis may reduce the tendency for recurrent prolapse.

12. Samprapti Vighatana

Table 5. Probable Samprapti Vighatana

Samprapti component	Therapeutic intervention	Probable action
Agnimandya	Chitraka, Shunthi, Chavya	Deepana-Pachana
Ama	Deepana-Pachana drugs	Ama Pachana
Vibandha	Abhaya, Shunthi	Anulomana
Kapha Dushti	Katu/Tikta drugs	Kapha Shamaka
Kleda	Kashaya/Ruksha drugs	Kledashoshana
Shotha	Guggulu, Daruharidra	Shothahara
Krimi	Kutaja, Daruharidra, Vacha	Krimighna
Pile mass	Kshara	Lekhana/Ksharana
Pathological tissue	Ksharasutra	Ligation and tissue removal
Local wound	Guggulu and healing process	Shodhana/Ropana

13. Modern Pharmacological Correlation

Table 6. Ayurvedic and contemporary correlation

Ayurvedic action	Possible contemporary interpretation
Shothahara	Anti-inflammatory activity
Krimighna	Antimicrobial activity
Lekhana	Controlled removal/reduction of pathological tissue
Shodhana	Local cleansing/debridement
Ropana	Tissue repair
Anulomana	Improved bowel evacuation
Deepana-Pachana	Improvement of digestive function
Kledashoshana	Reduction of excessive moisture/discharge

14. Evidence from Clinical Studies

- Clinical research has investigated Ksharasutra for haemorrhoids using different comparators.
- Gupta et al. studied Ksharasutra ligation in 35 patients and compared it with haemorrhoidectomy in 26 patients. The authors reported favourable outcomes with

Ksharasutra, including less hospital stay and absence of postoperative anal stenosis in the reported series.⁴

- Singh et al. conducted a comparative study of Barron's rubber-band ligation and Ksharasutra ligation in 20 patients with grade II and III haemorrhoids. The Ksharasutra group received **Guggul-based Apamarga Kshar Sutra**. The study followed patients for four weeks and compared multiple clinical parameters.⁵
- The study found advantages of rubber-band ligation in some immediate postoperative parameters, including lesser pain on day 1, while Ksharasutra demonstrated its own advantages in management of prolapse and patient satisfaction.⁵
- Further studies have evaluated Ksharasutra modifications. A 2025 study compared Apamarga Kshara Sutra with Agnikarma in interno-external haemorrhoids, while a 2026 study evaluated Palasha Kshara Sutra against haemorrhoidectomy.^{6,7}
- These studies indicate continuing interest in developing and scientifically evaluating modified Ksharasutra techniques.

15. Research Gap

Although Ksharasutra has been investigated for Arsha, several areas require further research.

15.1 Limited formulation-specific evidence

Available studies primarily concern standard Apamarga Ksharasutra or selected modifications. Evidence specifically addressing an **Arshoghna Mahakashaya-oriented formulation** is limited.

15.2 Limited direct comparative evidence

There is insufficient direct evidence comparing the proposed modified formulation with a standardized conventional Ksharasutra under identical clinical conditions.

15.3 Need for standardization

The composition, preparation, coating procedure, physicochemical properties and therapeutic consistency of modified Ksharasutra require systematic standardization.

15.4 Need for objective clinical assessment

Future studies should assess:

- Rectal bleeding
- Pain
- Constipation
- Prolapse
- Degree of haemorrhoids
- Pile-mass size

- Healing
- Recurrence
- Adverse effects

15.5 Need for randomized comparative trials

Randomized comparative studies can establish whether incorporation of the Arshoghna therapeutic principle provides additional benefit over standard Ksharasutra.

16. Discussion

- Arsha represents a disease in which systemic and local factors interact. The classical description emphasizes impaired digestion, abnormal bowel function, Dosha disturbance and localization in the Guda region. Therefore, an ideal treatment should address both the pathological pile mass and associated functional factors.
- Arshoghna Mahakashaya is particularly relevant because it represents a classical therapeutic group rather than an arbitrary combination of drugs. The drugs collectively demonstrate actions directed toward digestion, bowel regulation, local inflammation, excessive Kleda and pathological tissue.
- Ksharasutra adds a parasurgical component. Its mechanical ligation produces vascular compromise, while Kshara provides local chemical action. Thus, the therapy combines **mechanical and chemical tissue modification**.
- Guggulu provides another therapeutic dimension. Classical descriptions attribute Lekhana, Shothahara, Vranashodhana and Vranaropana actions to Guggulu. Importantly, a published clinical study has already demonstrated the practical feasibility of incorporating Guggulu into Apamarga Kshar Sutra for haemorrhoids.⁵
- Therefore, the scientific novelty of the present research should not be stated as simply “first Guggulu-based Ksharasutra.” Instead, the relevant research question is whether the **Arshoghna Mahakashaya-based therapeutic concept incorporated into a Guggulu-containing Ksharasutra can provide clinically meaningful additional benefit compared with standard Ksharasutra**.
- This distinction is important for scientific publication because the journal specifically requires authors to state the novelty of their work or research approach in the covering letter.
- The proposed approach therefore has both classical and translational relevance. Classical principles provide the therapeutic rationale, while objective clinical assessment can determine whether this rationale translates into superior clinical outcomes.

17. Conclusion

Arsha is an important anorectal disorder with a multifactorial pathogenesis involving impaired digestion, bowel dysfunction, Dosha disturbance and local pathological changes. Arshoghna Mahakashaya provides a classical group of ten drugs with complementary Deepana-Pachana,

Anulomana, Grahi, Krimighna and Shothahara actions. Kshara provides local Ksharana, Lekhana and Shodhana, while Ksharasutra adds mechanical ligation and sustained therapeutic contact. Guggulu contributes additional Lekhana, Shothahara, Vranashodhana and Vranaropana potential. Existing clinical literature confirms that Guggul-based Apamarga Kshar Sutra has already been studied in grade II and III haemorrhoids.⁵ Hence, the scientific justification of the present research lies in evaluating the **Arshoghna Mahakashaya-oriented Guggulu-based Ksharasutra as a standardized therapeutic modification and comparing it directly with standard Ksharasutra**. Well-designed randomized comparative clinical research is required to establish its efficacy, safety, healing profile and possible advantages over conventional Ksharasutra.

Conflict of Interest

The authors declare that there is **no conflict of interest** associated with this article.

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Figures



Figure 1: Photographic documentation of Ksharasutra thread preparation.



Figure 2: Photographic documentation of Ksharasutra thread-coating procedure.

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