International Journal of Holistic Health and AYUSH
Monthly | Open Access | Double-Blind Peer-Reviewed
Advancing Evidence-Based Integrative Medicine

Volume / Issue	Month and Year	Article Type	Article ID	DOI
Vol. 1, Issue 3	October 2026	Review Article	RA07IJHHA3577	https://doi.org/10.5281/zenodo.23890116s

REVIEW ARTICLE

An Ayurvedic Approach to the Clinical Assessment of Kshara Karma in the Treatment of Arsha (Hemorrhoids)

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ABSTRACT

Background: Arsha is an important anorectal disorder described in Ayurveda and is commonly correlated with hemorrhoids in contemporary medical terminology. It is characterized by the development of pathological masses in the anorectal region that may be associated with bleeding, pain, discomfort, itching and difficulty during defecation. Ayurveda describes several therapeutic approaches for Arsha, including medicinal treatment, dietary and lifestyle modifications, Agnikarma, Ksharakarma and Shastrakarma. Among these, Kshara Karma represents an important para-surgical intervention described in classical Ayurvedic literature.

Aim: To explore the classical Ayurvedic principles, therapeutic rationale and clinical assessment parameters associated with Kshara Karma in the management of Arsha.

Materials and Methods: This narrative review is based on the conceptual analysis of classical Ayurvedic literature, including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and relevant contemporary literature concerning hemorrhoidal disease and para-surgical management. The discussion focuses on the Ayurvedic understanding of Arsha, the principles of Kshara Karma, patient selection, procedural considerations, clinical assessment and safety.

Discussion: Kshara Karma is described in Ayurveda as a therapeutic intervention involving the application of medicinal alkaline substances. Its clinical application requires appropriate patient selection, assessment of the type and stage of Arsha, consideration of associated symptoms and careful procedural monitoring. The assessment of treatment outcomes should include bleeding, pain, prolapse, local discomfort, healing, recurrence and patient-reported improvement. Contemporary clinical evidence must be interpreted according to study design, methodological quality and the specific Kshara preparation used.

Conclusion: Kshara Karma represents a classical Ayurvedic para-surgical approach that may be considered in appropriately selected cases of Arsha. Its clinical evaluation should integrate classical Ayurvedic principles, standardized procedural methods, objective outcome assessment and contemporary safety considerations. Further well-designed clinical studies are required to establish its comparative effectiveness, safety and long-term outcomes.

Keywords: *Arsha, Kshara Karma, Hemorrhoids, Para-surgical procedure*

1. INTRODUCTION

Arsha is described in classical Ayurvedic literature as a disease affecting the Guda Pradesh, particularly the anorectal region. The condition is associated with the development of pathological growths that may interfere with normal defecation and produce discomfort, bleeding and other local symptoms. The disease is discussed extensively in the classical Ayurvedic texts, particularly in relation to its causative factors, pathogenesis, classification, prognosis and treatment.

In contemporary medical terminology, Arsha is commonly correlated with hemorrhoids. Hemorrhoids are vascular structures present within the anal canal that contribute to normal anorectal function. Their pathological enlargement, displacement or symptomatic involvement may result in bleeding, prolapse, irritation, pain and discomfort.

The clinical manifestations of hemorrhoidal disease vary according to the location, degree of prolapse, associated inflammation and presence of complications. Internal hemorrhoids commonly present with painless bleeding or prolapse, whereas external hemorrhoidal disease may be associated with local swelling, discomfort or pain, particularly when thrombosis occurs.

Ayurveda emphasizes the assessment of disease according to Nidana, Dosha involvement, Dushya, Agni, Srotas and Samprapti. The management of Arsha is therefore considered in relation to the patient's constitution, disease characteristics, severity and associated clinical manifestations.

Sushruta Samhita describes several therapeutic approaches for Arsha, including medicinal treatment and para-surgical interventions. Kshara Karma is one such intervention, based on the therapeutic application of alkaline medicinal preparations.

The present article discusses the Ayurvedic approach to the clinical assessment of Kshara Karma in Arsha, emphasizing its classical foundations, clinical applicability, procedural considerations and outcome assessment.

2. AIM AND OBJECTIVES

2.1 Aim

To evaluate the classical Ayurvedic principles and clinical assessment framework of Kshara Karma in the management of Arsha (hemorrhoids).

2.2 Objectives

1. To describe the Ayurvedic concept, classification and pathogenesis of Arsha.
2. To explain the classical principles and therapeutic rationale of Kshara Karma.
3. To identify the clinical considerations involved in selecting patients for Kshara Karma.
4. To discuss the procedural principles and safety considerations associated with Kshara application.
5. To identify relevant clinical parameters for assessing therapeutic outcomes.
6. To discuss the limitations of available evidence and the need for further clinical research.

3. MATERIALS AND METHODS

The present article is designed as a narrative review of classical Ayurvedic literature and relevant contemporary medical literature.

3.1 Sources of Literature

The principal classical sources considered include:

- Charaka Samhita
- Sushruta Samhita
- Ashtanga Hridaya
- Relevant commentaries and classical interpretations

Contemporary literature concerning hemorrhoidal disease, anorectal assessment, clinical outcomes and procedural safety may also be considered.

3.2 Review Approach

The literature is discussed under the following thematic headings:

1. Ayurvedic understanding of Arsha.
2. Nidana and Samprapti of Arsha.
3. Classification and clinical manifestations.
4. Concept of Kshara Karma.
5. Therapeutic rationale and patient selection.
6. Clinical assessment and outcome parameters.
7. Safety considerations and limitations.

This article does not represent a systematic review, meta-analysis or original clinical investigation. No patient records, experimental observations or unpublished clinical results have been incorporated.

4. AYURVEDIC CONCEPT OF ARSHA

Arsha is described in Ayurveda as a disease involving the Guda region and characterized by the development of abnormal growths that may obstruct or disturb the normal process of defecation.

The classical descriptions emphasize the importance of identifying the causative factors, Dosha predominance, disease duration, location and clinical manifestations.

The term Arsha is traditionally associated with pathological growths that produce persistent discomfort or distress. The disease may affect the patient's daily activities, bowel habits and quality of life.

4.1 Nidana of Arsha

The etiological factors described in classical Ayurvedic literature include dietary, behavioral and physiological factors that may disturb normal digestive and excretory functions.

Important factors discussed in the context of Arsha include:

- Excessive consumption of inappropriate or incompatible dietary substances.
- Irregular dietary habits.
- Excessive intake of heavy or difficult-to-digest foods.
- Suppression of natural urges.
- Prolonged sitting.
- Disturbance of normal bowel habits.
- Factors associated with impaired digestion and elimination.

These factors should be interpreted within the classical Ayurvedic framework rather than considered direct equivalents of modern hemorrhoidal risk factors.

In contemporary clinical assessment, constipation, straining during defecation, pregnancy, increased intra-abdominal pressure and other anorectal conditions may also be relevant to the evaluation of hemorrhoidal symptoms.

4.2 Dosha Involvement

Arsha is described in relation to the involvement of Vata, Pitta and Kapha Dosha.

The clinical manifestations may vary according to the predominant Dosha and associated pathological changes.

Vata involvement: May be associated with dryness, pain, irregular bowel habits and discomfort during defecation.

Pitta involvement: May be associated with burning sensations, inflammatory manifestations and bleeding.

Kapha involvement: May be associated with heaviness, itching, local swelling and comparatively less acute symptoms.

These descriptions represent traditional Ayurvedic interpretations and should not be considered direct diagnostic equivalents of modern hemorrhoidal grades.

4.3 Samprapti of Arsha

The Samprapti of Arsha may be understood through the interaction of Nidana, Dosha, Dushya, Agni and Srotas.

The classical Ayurvedic approach considers the following sequence:

1. Exposure to causative factors.
2. Disturbance of Dosha.
3. Involvement of relevant tissues and channels.
4. Alteration in digestive and excretory functions.
5. Development of pathological manifestations in the Guda region.
6. Appearance of clinical symptoms associated with Arsha.

The Samprapti should be assessed individually because the clinical presentation may differ according to the patient's constitution, disease duration, Dosha involvement and associated conditions.

5. CLASSIFICATION OF ARSHA

Classical Ayurvedic literature describes Arsha according to several characteristics, including Dosha predominance, origin, location and prognosis.

5.1 Classification According to Dosha

Arsha may be described as:

- Vataja Arsha
- Pittaja Arsha
- Kaphaja Arsha
- Sannipataja Arsha
- Raktaja Arsha

These classifications provide a traditional framework for understanding the clinical characteristics and therapeutic considerations of the disease.

5.2 Classification According to Origin

Classical descriptions distinguish between manifestations associated with congenital or hereditary factors and those developing during life.

The assessment of the disease should consider its duration, progression, associated symptoms and overall clinical condition.

5.3 Classification According to Prognosis

Ayurvedic literature discusses the prognosis of Arsha according to the involvement of Dosha, disease duration, severity and associated manifestations.

The prognosis may influence the selection of therapeutic approaches.

However, the classical prognostic classification should not be directly equated with modern hemorrhoidal grading systems.

6. CLINICAL FEATURES OF ARSHA

The clinical manifestations of Arsha may include:

- Bleeding during or after defecation.

- Pain or discomfort in the anorectal region.
- Prolapse of hemorrhoidal tissue.
- Itching.
- Local irritation.
- Difficulty during defecation.
- Sensation of incomplete evacuation.
- Discomfort associated with prolonged sitting.

The severity and combination of symptoms vary among patients.

6.1 Modern Clinical Assessment

Contemporary assessment of suspected hemorrhoidal disease includes:

1. Detailed history.
2. Evaluation of bleeding characteristics.
3. Assessment of bowel habits.
4. Inspection of the perianal region.
5. Digital rectal examination when appropriate.
6. Anoscopy or other investigations when clinically indicated.

Rectal bleeding should not automatically be attributed to hemorrhoids.

Other conditions, including anal fissure, inflammatory bowel disease, colorectal polyps and colorectal malignancy, may produce similar symptoms.

Persistent bleeding, unexplained anemia, significant weight loss, altered bowel habits, severe pain or other concerning manifestations require appropriate medical evaluation.

7. CONCEPT OF KSHARA KARMA

Kshara Karma is described in Ayurveda as a therapeutic procedure involving the application of medicinal alkaline substances.

The classical explanation of Kshara emphasizes its therapeutic properties and its application in selected pathological conditions.

Sushruta Samhita discusses Kshara in the context of para-surgical treatment and describes its preparation, properties, indications, contraindications and application principles.

Kshara is considered an important therapeutic modality because of its ability to produce localized effects on tissues.

The classical description includes different considerations concerning the strength, preparation and application of Kshara according to the condition being treated.

7.1 Types of Kshara

Classical Ayurvedic literature discusses Kshara in relation to its preparation, strength and therapeutic application.

Broadly, Kshara may be considered in the following categories:

Mridu Kshara: A comparatively mild preparation.

Madhyama Kshara: A preparation of moderate therapeutic strength.

Tikshna Kshara: A comparatively strong preparation.

The selection of the preparation depends on the intended therapeutic application and the condition being managed.

These classifications should not be interpreted as standardized chemical concentrations unless the preparation has been specifically characterized.

7.2 Kshara Karma as a Para-surgical Intervention

Kshara Karma is classified among the para-surgical procedures described in Ayurveda.

The therapeutic approach is based on the controlled application of an alkaline medicinal substance to the intended tissue.

The procedure requires consideration of:

- Appropriate patient selection.
- Identification of the lesion.
- Selection of the preparation.
- Control of the application.
- Protection of surrounding tissues.
- Assessment of the response.
- Follow-up for healing and complications.

The classical descriptions provide a conceptual foundation, while contemporary clinical application requires appropriate procedural training, standardized preparation and safety monitoring.

8. THERAPEUTIC RATIONALE OF KSHARA KARMA IN ARSHA

The classical Ayurvedic rationale for Kshara Karma is based on its therapeutic properties and its suitability for selected pathological growths.

In Arsha, the procedure is considered in relation to the characteristics of the lesion, its location, clinical manifestations and the patient's overall condition.

The therapeutic rationale may include:

1. Localized application to the intended pathological tissue.
2. Controlled therapeutic action on the treated area.
3. Reduction of the pathological tissue according to the intended procedure.
4. Facilitation of subsequent tissue healing.
5. Management of selected lesions when conservative treatment is insufficient.

These considerations describe the intended therapeutic framework.

They should not be interpreted as proof that Kshara Karma is superior to other treatments or that it produces a particular success rate.

The actual clinical response depends on the specific preparation, procedural technique, disease characteristics, patient selection and follow-up.

9. CLINICAL ASSESSMENT BEFORE KSHARA KARMA

A comprehensive clinical assessment is essential before considering Kshara Karma.

The assessment should combine the Ayurvedic examination with contemporary anorectal evaluation.

9.1 Patient History

The history should include:

- Duration of symptoms.
- Frequency and characteristics of bleeding.

- Pain during defecation.
- Prolapse or protrusion.
- Itching and local irritation.
- Constipation or straining.
- Bowel frequency.
- Previous treatment.
- Previous anorectal procedures.
- Relevant medical conditions.
- Medication history, particularly anticoagulants and antiplatelet agents.

The presence of significant bleeding or other concerning symptoms should prompt appropriate investigation before treatment.

9.2 Ayurvedic Examination

The Ayurvedic examination may include:

Nidana: Identification of relevant dietary and behavioral factors.

Dosha assessment: Evaluation of the predominant Dosha and associated manifestations.

Agni assessment: Consideration of digestive function.

Koshtha assessment: Evaluation of bowel habits and elimination.

Roga Bala: Assessment of disease severity.

Rogi Bala: Assessment of patient strength and general condition.

Prakriti: Consideration of individual constitution.

These parameters provide a traditional framework for individualized treatment planning.

9.3 Local Examination

The local examination should identify:

- Location of the lesion.
- Number of lesions.
- Size and appearance.
- Degree of prolapse.
- Presence of bleeding.
- Local inflammation.
- Associated fissure or other anorectal pathology.
- Evidence of thrombosis or ulceration.

The examination should be performed using appropriate clinical methods.

A lesion should not be treated solely on the basis of its presumed Ayurvedic classification without adequate clinical assessment.

9.4 Patient Selection

The suitability of Kshara Karma depends on the characteristics of the lesion and the patient's clinical condition.

The decision should consider:

- Type of hemorrhoidal disease.
- Severity of symptoms.

- Degree of prolapse.
- Presence of complications.
- Previous treatment response.
- General health.
- Patient preference.
- Availability of appropriately trained personnel.

The procedure should be undertaken only when the indication is established and the anticipated benefits justify the risks.

10. PROCEDURAL PRINCIPLES OF KSHARA KARMA

The classical description of Kshara Karma provides a framework for its therapeutic application.

The procedure requires appropriate preparation, identification of the intended tissue, controlled application and observation of the local response.

10.1 Preparation

The preparation phase includes:

- Confirmation of diagnosis.
- Assessment of suitability.
- Review of relevant medical history.
- Explanation of the procedure.
- Informed consent.
- Preparation of the necessary equipment.
- Verification of the quality and identity of the Kshara preparation.

The procedure should be performed by a qualified practitioner with appropriate training.

10.2 Application

The application of Kshara requires careful control.

The practitioner should consider:

- The location of the lesion.
- The amount and strength of the preparation.
- The intended tissue response.
- Protection of surrounding healthy tissue.
- The possibility of pain, bleeding or local injury.

The exact technique, application duration and neutralization method must follow a validated clinical protocol appropriate to the preparation being used.

A generic narrative review cannot establish a universally safe application time or concentration.

10.3 Post-procedural Assessment

Following the procedure, the patient should be assessed for:

- Pain.
- Bleeding.
- Local irritation.
- Swelling.

- Tissue response.
- Urinary symptoms.
- Evidence of infection.
- Healing progression.

The patient should receive appropriate instructions regarding hygiene, bowel habits, diet, follow-up and symptoms requiring urgent medical attention.

11. CLINICAL OUTCOME ASSESSMENT

Clinical assessment should use clearly defined parameters rather than relying only on subjective impressions.

The outcomes should be recorded before treatment and at specified follow-up intervals.

11.1 Primary Clinical Parameters

Bleeding: Frequency, severity and occurrence during or after defecation.

Pain: Intensity, duration and relationship to bowel movements.

Prolapse: Presence, degree and changes in protrusion.

Local discomfort: Itching, irritation and discomfort during daily activities.

Healing: Clinical assessment of the treated area.

11.2 Secondary Parameters

Additional outcomes may include:

- Bowel habits.
- Constipation.
- Straining.
- Patient satisfaction.
- Quality of life.
- Recurrence.
- Need for additional treatment.
- Adverse events.

11.3 Suggested Assessment Framework

Parameter	Assessment method
Bleeding	Frequency and severity
Pain	Standardized pain scale
Prolapse	Clinical examination
Itching	Patient-reported symptom assessment
Healing	Local examination
Recurrence	Follow-up assessment
Quality of life	Validated questionnaire
Safety	Documentation of adverse events

The use of standardized instruments improves consistency and facilitates comparison between studies.

11.4 Clinical Grading

Modern internal hemorrhoids are commonly classified according to the degree of prolapse.

Grade	Clinical description
Grade I	No prolapse; may present with bleeding
Grade II	Prolapse during defecation with spontaneous reduction
Grade III	Prolapse requiring manual reduction
Grade IV	Irreducible prolapse

This classification is useful for contemporary clinical assessment.

It should not be considered directly equivalent to the classical Ayurvedic classification of Arsha.

12. SAFETY CONSIDERATIONS

Kshara Karma involves the application of alkaline substances and therefore requires careful attention to tissue safety.

Potential complications associated with inappropriate application or inadequate procedural control may include:

- Excessive pain.
- Chemical injury.
- Ulceration.
- Bleeding.
- Local inflammation.
- Infection.
- Delayed healing.
- Injury to surrounding tissues.
- Anal stenosis or other complications in severe tissue injury.

The occurrence and frequency of these complications cannot be determined from the classical descriptions alone.

Clinical studies should document adverse events systematically.

12.1 Contraindications and Precautions

The suitability of the procedure should be evaluated carefully in patients with:

- Active anorectal infection.
- Significant uncontrolled bleeding.
- Severe local inflammation.
- Suspected malignancy.
- Unexplained rectal bleeding.
- Poor wound healing.
- Relevant coagulation disorders.
- Significant immunocompromising conditions.
- Other conditions that increase procedural risk.

These considerations require individualized clinical judgment.

The presence of any concerning condition should prompt appropriate investigation and specialist evaluation.

13. ROLE OF DIET AND LIFESTYLE

Dietary and behavioral modifications are important components of hemorrhoidal management.

The contemporary approach generally emphasizes the prevention of constipation and excessive straining.

Relevant measures may include:

- Adequate dietary fiber.
- Appropriate fluid intake.
- Regular bowel habits.
- Avoidance of excessive straining.
- Physical activity according to individual capacity.
- Avoidance of prolonged unnecessary sitting on the toilet.

Within Ayurveda, dietary and lifestyle considerations are assessed in relation to Agni, Koshtha and the factors contributing to Arsha.

These measures may be used as supportive management but should not replace appropriate evaluation or treatment of significant hemorrhoidal disease.

14. DISCUSSION

Arsha is a well-described anorectal condition in classical Ayurvedic literature.

The classical approach emphasizes understanding the disease through its causative factors, Dosha involvement, clinical manifestations and prognosis.

Kshara Karma is discussed as a para-surgical intervention that may be considered in selected cases.

Its therapeutic application requires a clear understanding of the lesion, the characteristics of the preparation and the intended tissue response.

The clinical assessment of Kshara Karma should therefore involve both traditional Ayurvedic parameters and contemporary clinical evaluation.

The Ayurvedic examination provides information concerning Nidana, Dosha, Agni, Koshtha and individual patient characteristics.

Modern clinical assessment provides information concerning hemorrhoidal grade, bleeding, prolapse, associated anorectal pathology and potential complications.

Combining these approaches may provide a more comprehensive framework for clinical decision-making.

However, the integration of traditional and contemporary assessment should be performed carefully.

The classical description of a therapeutic procedure does not automatically establish its clinical effectiveness according to contemporary standards.

Likewise, a clinical outcome observed in one study cannot necessarily be generalized to all Kshara preparations, procedural techniques or patient populations.

The interpretation of clinical outcomes should consider:

1. The type and grade of hemorrhoidal disease.
2. The specific Kshara preparation.
3. The procedural protocol.
4. The experience of the practitioner.
5. The number of patients studied.
6. The duration of follow-up.
7. The outcome measures used.
8. The presence of a comparison group.
9. The reporting of adverse events.

A major consideration is the distinction between symptom improvement and complete disease resolution.

For example, reduction in bleeding does not necessarily establish the absence of prolapse or recurrence.

Similarly, improvement in local symptoms does not automatically demonstrate long-term effectiveness.

Future clinical investigations should therefore include multiple outcome parameters and adequate follow-up.

14.1 Comparison with Contemporary Management

Contemporary hemorrhoidal management includes dietary and behavioral interventions, office-based procedures and surgical treatment, depending on disease severity and clinical characteristics.

The selection of treatment depends on the degree of prolapse, symptoms, associated pathology and response to previous management.

Kshara Karma should not be considered interchangeable with all contemporary hemorrhoidal procedures.

The procedures may differ in mechanism, preparation, technique, indications and risk profile.

Comparative clinical studies are necessary to determine their relative effectiveness and safety.

14.2 Research Implications

Future clinical studies evaluating Kshara Karma should use:

- Clearly defined inclusion and exclusion criteria.
- Standardized diagnostic criteria.
- Documented Kshara preparation.
- Reproducible procedural methods.
- Defined primary and secondary outcomes.
- Appropriate comparison groups.
- Adequate follow-up.
- Systematic adverse-event reporting.
- Appropriate statistical analysis.

The use of validated symptom scales and quality-of-life measures would improve the reliability of the findings.

The distinction between a clinical case series, observational study and randomized clinical trial should also be clearly maintained.

15. CONCLUSION

Arsha is an important anorectal condition described in classical Ayurvedic literature and commonly correlated with hemorrhoidal disease.

Kshara Karma represents a classical para-surgical approach that may be considered in selected cases according to the characteristics of the lesion, patient condition and clinical indication.

The clinical assessment of Kshara Karma should include a detailed history, Ayurvedic examination, local anorectal assessment, appropriate patient selection and standardized outcome evaluation.

Bleeding, pain, prolapse, healing, recurrence, quality of life and adverse events are important parameters for evaluating treatment outcomes.

The integration of classical Ayurvedic principles with contemporary clinical assessment may provide a comprehensive framework for studying Kshara Karma.

However, its effectiveness, comparative benefits and long-term safety should be established through well-designed clinical investigations using standardized preparations, reproducible procedures and adequate follow-up.

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HOW TO CITE THIS ARTICLE

Singh MK, Mishra AK, Sharma SK. An Ayurvedic Approach to the Clinical Assessment of Kshara Karma in the Treatment of Arsha (Hemorrhoids). Int J Holist Health AYUSH. 2026;1(3):48–60.