Effectiveness of an Ayurveda Treatment Regimen in the Management of Thrombosed Pile Mass: A Case Study

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ABSTRACT

Arsha, extensively described in Ayurveda classics, is a chronic anorectal disorder caused by the vitiation of *Tridosha*, particularly *Vata* and *Pitta*, along with impaired *Agni*, chronic constipation, and venous congestion. It closely resembles hemorrhoids in contemporary medicine. A 42-year-old male presented with painful prolapsed masses at the anal verge, associated with a five-year history of constipation and intermittent rectal bleeding. Clinical examination revealed irreducible thrombosed external hemorrhoidal masses at the 3 and 7 o'clock positions. The patient was treated with *Dhanya Panchaka Kashaya* 60 ml twice daily, *Avipatthikara Choorna* 1 teaspoon twice daily, *Navarathna Kalkaya* ¼ teaspoon twice daily, and *Dhatri Choorna* 1 teaspoon at bedtime to promote *Agni Deepana*, pacify *Vata*, and regulate bowel habits. External application of *Lunuwila* (*Bacopa monnieri*) paste prepared with sesame oil, *Panchavalkala* decoction sitz baths, and 10 ml of *Narayana Taila Vasti* were administered to reduce inflammation and facilitate tissue healing. Significant clinical improvement was observed from the second day of treatment. Pain, swelling, and discomfort gradually subsided, and complete resolution of symptoms was achieved by the twelfth day. This case demonstrates the effectiveness of *Lunuwila* as a topical anti-inflammatory and wound-healing agent and highlights the importance of a multimodal Ayurveda treatment approach in the management of advanced internal and external hemorrhoids. Further clinical studies are warranted to evaluate the efficacy and safety of this treatment regimen in a larger patient population.

Keywords: *Arsha*, Ayurveda Management, Hemorrhoids, *Lunuwila*, Thrombosed Pile Mass

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Introduction

Arsha is one of the most distressing anorectal disorders described in Ayurveda, classified under *Maharoga* due to its chronicity, high prevalence, and impact on daily functioning. The term "*Arsha*" literally translates to "enemy," denoting the persistent suffering it inflicts on the patient. Ayurveda texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* describe *Arsha* as originating from vitiated *Vata*, *Pitta*, and occasionally *Kapha*, which disturb *Mamsa*, *Rakta*, *Meda*, and *Twak* in the *Guda Pradesha* (Susruta, 2018).

According to classical descriptions, causative factors include chronic constipation, suppression of natural urges, excessive consumption of *Pitta*-provoking foods, prolonged sitting or standing, straining activities, psychological stress, and faulty digestive habits (Sharma, 2007). These factors impair *Agni,* allowing undigested metabolic waste to accumulate and aggravate the *doshas*. Aggravated *Vata* leads to drying and hardening of stools and straining during defecation, whereas aggravated *Pitta* causes inflammation, burning, and occasional bleeding (Sharma, 2007; Susruta, 2018).

Arsha can be classified as *Sahaja* (congenital) or *Karmaja* (acquired), and further categorized according to *dosha* predominance into *Vataja, Pittaja, Kaphaja*, *Raktaja,* or *Sannipataja* types (Vagbhata, 1995). Ayurveda also describes internal (*Abhyantara*) and external (*Bahya*) varieties, with external *Arsha* presenting as painful, prolapsed masses.

In modern medicine, hemorrhoids are described as engorged vascular cushions located within the anal canal, resulting from prolonged venous stasis, increased intra-abdominal pressure, chronic straining, and reduced dietary fiber (Loder et al., 1994). External hemorrhoids often present with pain, fiber swelling, irritation, and thrombosis. While conventional management includes lifestyle modification, topical steroids, band ligation, sclerotherapy, or hemorrhoidectomy, Ayurveda provides a structured approach comprising *Bhesaja Chikitsa* (internal medicines), *Kshara Karma* (chemical cauterization), *Agni Karma* (thermal cauterization), and *Shastra Karma* (surgical removal). This case presents successful non-surgical management of advanced external hemorrhoids using *Lunuwila* paste and internal Ayurveda medications.

Objectives

To evaluate the efficacy of a holistic Ayurvedic treatment regimen in addressing both the systemic and local manifestations of Arsha (thrombosed external hemorrhoids) and to document the clinical outcome achieved without surgical intervention.

Material and Methods

Case report

A 42-year-old male presented to Provincial Ayurveda Hospital, Pallekele, with complaints of a painful, protruding mass from the anus for four days. He experienced severe burning during defecation, discomfort while sitting, and increasing swelling. He reported chronic constipation for five years and straining during defecation. For the preceding three years, he experienced intermittent rectal bleeding and prolapsing anal masses that spontaneously reduced. Symptoms had worsened over the week before seeking treatment, with the mass becoming irreducible. Aggravation followed consumption of spicy foods, deep-fried items, and alcohol. The patient had no previous history of modern or Ayurveda medical interventions for hemorrhoids.

Inspection revealed large, irreducible external thrombosed hemorrhoids at the 3 and 7 o'clock positions. The mass was congested, edematous, and tender. Perianal skin appeared inflamed. No fissures or fistulas were present. Proctoscopy examination was not performed due to the pain and tenderness.

Full Blood Count (FBC), Fasting Blood Sugar (FBS), Clotting Time (CT), and Bleeding Time (BT) were within normal ranges. Following the consent of the patient, a comprehensive treatment plan was initiated.

Table 1. Therapeutic Interventions Administered for Thrombosed Pile Mass

Therapy	Dose and Administration	Duration
Dhanyapanchaka Kashaya	60 ml, orally, twice daily before meals	12 days
Avipattikara Choorna	1 teaspoonful, orally, twice daily after meals	12 days
Navarathna Kalka	¼ teaspoonful, orally, twice daily with ginger juice	12 days
Dhatri Choorna	1 teaspoonful, orally, at bedtime	12 days
Panchavalkala Avagaha (Sitz	Local application using *Panchavalkala*	Daily for 12

Bath)	decoction	days
Narayana Taila Vasti	10 ml per rectum daily	3 days
Lunuwila (*Bacopa monnieri*) Paste with Sesame Oil	Topical application over hemorrhoidal mass, secured with *Gopana Bandhana*	Daily for 12 days

Treatment aimed at correcting *Agnimandya*, reducing inflammation, relieving constipation, and pacifying aggravated *Vata* and *Pitta*. *Dhanyapanchaka Kashaya* was administered twice daily to restore digestive fire. The ingredients possess *Deepana* and *Pachana* effects that correct deranged *Agni*, an essential step in *Arsha* management. *Pippalyadyasava* was prescribed for its *Vata-Kapha* pacifying properties. It reduces abdominal bloating, eases bowel movements, and improves metabolism.

Navarathna Kalka, combined with ginger juice, supported to restore *Agni*. The ginger juice acted as a bio-enhancer, increasing drug absorption. *Dhatri Churna* served as a *Rasayana* promoting mucosal healing while acting as a mild laxative to reduce straining. *Avipattikara Churna* was included to regulate bowel movements gently, avoiding dehydration or irritation.

As the External therapies *Panchavalkala Avagaha* (sitz bath) was administered daily to reduce local inflammation. *Narayana Taila Vasti* (10 ml daily) was administered for three days. This *Vasti* pacifies *Vata*, eases anal sphincter spasm, and supports local healing.

The most notable external treatment was the application of paste prepared from *Lunuwila* (*Bacopa monnieri*) fried in sesame oil. When combined with sesame oil, its penetration and action are enhanced due to the lipid-soluble nature of its phytoconstituents.

The paste was applied over the hemorrhoidal mass and secured using *Gopana Bandhana*, ensuring constant exposure and maximum therapeutic effect. The combination minimized inflammation, reduced pain, and supported tissue repair. Pain was assessed using the Visual Analogue Scale (VAS), a 10-point scale ranging from 0 (no pain) to 10 (worst imaginable pain) (Hawker et al., 2011). Burning sensation was evaluated using a 4-point ordinal grading system: 0 = none, 1 = mild, 2 = moderate, and 3 = severe (Guy, 1976).

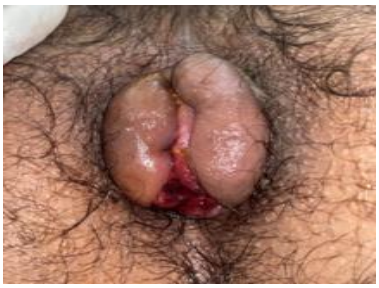

Figure 1: Before treatments

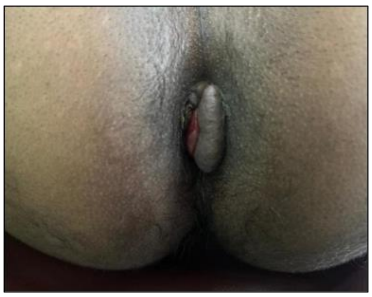

Figure 2: 1st day after treatments

Figure 3: 2nd day after treatments ceased to protrude

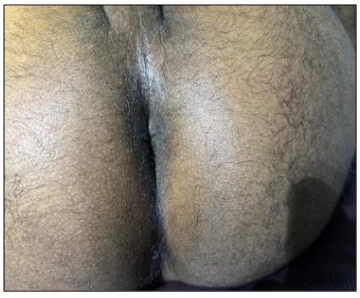

Figure 4: 5th day after treatments The hemorrhoidal mass

Results

Table 1. Clinical Progress Following Ayurvedic Treatment of Thrombosed Pile Mass

Follow-up Day	Clinical Findings and Progress
Day 2	The patient reported a substantial reduction in pain. The hemorrhoidal mass became softer, edema decreased, and the prolapsed mass became partially reducible. Bowel movements improved without excessive straining.
Day 5	The hemorrhoidal mass no longer protruded externally. Pain and burning sensation were minimal. The patient reported improved appetite and reduced abdominal heaviness.
Day 7–10	Local inflammation continued to subside. The patient adhered to dietary recommendations and maintained regular bowel habits. No significant discomfort was reported.
Day 12	Complete symptom relief was achieved. No pain, swelling, bleeding, or prolapse was observed. The patient was discharged with advice regarding diet, bowel habits, adequate hydration, and lifestyle

	modifications to prevent recurrence.

The patient showed marked clinical improvement following the Ayurvedic treatment regimen. Pain, edema, and prolapse began to reduce by the second day, with improved bowel movements and decreased straining. By the fifth day, the hemorrhoidal mass had regressed significantly, and associated symptoms such as burning sensation and abdominal heaviness had markedly improved. Continued reduction in local inflammation and maintenance of regular bowel habits were observed between days 7 and 10. Complete resolution of pain, swelling, bleeding, and prolapse was achieved by day 12, indicating a successful therapeutic outcome without the need for surgical intervention.

Discussion

Arsha arises due to the complex interaction of impaired digestion, chronic constipation, and vitiation of *Tridosha*. The patient's long history of constipation and dietary triggers reflects classical etiological factors described in Ayurveda (Sharma, 2007; Susruta, 2018). The pathogenesis involves disturbed *Apana Vata* causing dryness of stools and increased straining, which further aggravates *Pitta* leading to inflammation.

The therapeutic approach was rational and multimodal. Correction of *Agni* played a central role, as impaired digestion perpetuates disease. *Dhanyapanchaka Kashaya* and *Pippalyadyasava* improved digestion, reduced inflammation, and corrected metabolic imbalances. *Lunuwila* paste contributed significantly to rapid improvement. Studies have confirmed the anti-inflammatory and wound-healing actions of *Bacopa monnieri* (Meena, 2015) supporting classical claims. *Lunuwila* is highly regarded in Ayurveda for its potent anti-inflammatory (Shothahara) (Williams, 2014) analgesic (*Vedanasthapana*), and wound-healing (*Vranaropana*) properties (Channa, 2006). The sesame oil medium deepened the absorption of *Lunuwila*'s active compounds and pacified *Vata*, which is essential in painful external hemorrhoids.
Panchavalkala decoction sitz baths reduced swelling through its astringent and anti-inflammatory nature. *Panchavalkala* is known for its astringent, anti-inflammatory, and wound-healing actions (Meena, 2015)

Narayana Taila Vasti pacified *Vata* and ensured smooth bowel evacuation. The therapeutic synergy between internal digestion-correcting medicines and external anti-inflammatory paste created an ideal environment for rapid tissue recovery. The resolution achieved within twelve days corresponds to successful outcomes described in previous Ayurvedic case studies (Silva, 2022; Raju, 2020).

Conclusion

The combination of *Lunuwila* paste processed in sesame oil with appropriate internal Ayurvedic therapies proved highly effective in managing fourth-degree external haemorrhoids. The treatment addressed both systemic and local causes of *Arsha*, achieving complete recovery within twelve days without surgical intervention. *Lunuwila*, due to its potent anti-inflammatory and healing properties, emerges as a promising external therapy for advanced haemorrhoids.

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