

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF PARIBHADRA PRATISARANIYA KSHARA AND NIMBA PRATISARANIYA KSHARA IN THE MANAGEMENT OF ABHYANTARA ARSHA (INTERNAL HAEMORRHOIDS)

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How to cite this Article: Dr. Pushpendra Singh Pal^{1*}, Dr. Nadakuduru Tejo Lakshman², (2025). A Comparative Clinical Study to Evaluate the Efficacy of Paribhadra Pratisaraniya Kshara and Nimba Pratisaraniya Kshara in the Management of Abhyantara Arsha (Internal Haemorrhoids). International Journal of Advance Healthcare Research, 2(2), 12-16.
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Article Info: Received: 15 May 2026, Revised: 05 June 2026, Accepted: 25 June 2026, Published on: 01 July 2026.

ABSTRACT

Background: Abhyantara Arsha (internal haemorrhoids) is a common anorectal disorder described in Ayurveda and is classified among the Ashta Mahagada because of its chronicity, recurrence, and impact on patients' quality of life. Among the various treatment modalities described by Acharya Sushruta, Kshara Karma is considered an effective minimally invasive para-surgical procedure. Although different herbal Pratisaraniya Ksharas have been used in clinical practice, comparative evidence on the efficacy of Paribhadra and Nimba Pratisaraniya Kshara is limited. **Objective:** To evaluate and compare the clinical efficacy of Paribhadra Pratisaraniya Kshara and Nimba Pratisaraniya Kshara in the management of Abhyantara Arsha. **Materials and Methods:** A prospective, randomized, comparative clinical study was conducted on 60 patients with first-, second-, and third-degree internal haemorrhoids. Patients were randomly allocated into two groups of 30 each. Group A received Paribhadra Pratisaraniya Kshara, while Group B received Nimba Pratisaraniya Kshara following the standard Kshara Karma procedure. Clinical assessment was performed using subjective parameters (bleeding per rectum and pain), objective parameters (size and colour of pile mass and sphincter tone), and secondary outcome measures including patient satisfaction, recovery time, time to return to work, and duration of hospital stay. Statistical analysis was performed using appropriate tests, with $P < 0.05$ considered statistically significant. **Results:** Both groups demonstrated statistically significant improvement in all assessed clinical parameters. However, Group A showed greater reductions in bleeding (88.32% vs. 71.25%), pain (88.94% vs. 75.11%), and pile mass size (77.15% vs. 64.70%) compared with Group B. Patients treated with Paribhadra Pratisaraniya Kshara also experienced faster recovery, earlier return to routine activities, and higher satisfaction scores. No major postoperative complications or serious adverse events were observed in either group. **Conclusion:** Both Paribhadra and Nimba Pratisaraniya Kshara are safe and effective para-surgical interventions for Abhyantara Arsha. However, Paribhadra Pratisaraniya Kshara demonstrated comparatively superior therapeutic efficacy and may be considered a preferable treatment option for first-, second-, and selected third-degree internal haemorrhoids.

KEYWORDS: Abhyantara Arsha, Internal Haemorrhoids, Paribhadra Pratisaraniya Kshara, Nimba Pratisaraniya Kshara, Kshara Karma, Ayurveda.

INTRODUCTION

Haemorrhoids are one of the most common benign anorectal disorders encountered in clinical practice and are characterized by the pathological enlargement and distal displacement of the normal anal cushions. The condition commonly manifests as painless rectal bleeding, prolapse, pain, mucous discharge, and discomfort during defecation, often resulting in impaired quality of life. The increasing

prevalence of sedentary lifestyles, low-fibre diets, chronic constipation, obesity, and prolonged straining during defecation has contributed to the growing burden of haemorrhoidal disease worldwide.

In Ayurveda, haemorrhoids are described as Arsha, a disease that has been extensively explained by Acharya Charaka, Acharya Sushruta, and Acharya Vagbhata. Due to

its chronic course, tendency to recur, and potential to impair normal daily activities, Arsha is classified among the Ashta Mahagada. According to Ayurvedic principles, the disease develops due to vitiation of the Tridosha, predominantly Apana Vata, associated with impaired Agni and vitiation of Rakta, Mamsa, and Meda, leading to the formation of haemorrhoidal masses in the anal region.

Among the treatment modalities described for Arsha, Kshara Karma occupies a significant place as a minimally invasive para-surgical procedure. Acharya Sushruta advocated Kshara Karma for its combined actions of excision, debridement, cauterization, and wound healing, making it an effective alternative to conventional surgical procedures in appropriately selected patients. Its advantages include minimal operative trauma, reduced postoperative complications, shorter recovery, and lower recurrence rates.

Pratisaraniya Kshara prepared from medicinal plants has been widely employed in the management of anorectal disorders. Paribhadra (*Erythrina variegata*) and Nimba (*Azadirachta indica*) possess documented anti-inflammatory, antimicrobial, wound-healing, and tissue-regenerative properties that support their therapeutic use in Kshara preparations. However, despite their classical references and clinical application, comparative evidence evaluating their relative efficacy in the management of Abhyantara Arsha remains limited.

Therefore, the present study was undertaken to compare the clinical efficacy and safety of Paribhadra Pratisaraniya Kshara and Nimba Pratisaraniya Kshara in patients with Abhyantara Arsha. The findings are expected to provide evidence-based guidance for selecting an effective herbal Kshara preparation and contribute to strengthening the scientific basis of Ayurvedic para-surgical management of internal haemorrhoids.

MATERIALS AND METHODS

Study Design and Participants - A prospective, randomized, comparative clinical study was conducted in the Department of Shalya Tantra, Shri Dhanwantari Ayurvedic Medical College and Research Centre, Mathura, after obtaining approval from the Institutional Ethics Committee. Written informed consent was obtained from all participants before enrolment.

A total of 60 patients aged 20–60 years with clinically diagnosed first-, second-, or third-degree Abhyantara Arsha (internal haemorrhoids) were recruited and randomly allocated into two equal groups (n = 30 each). Patients with fourth-degree haemorrhoids, external haemorrhoids, concomitant anorectal disorders, colorectal malignancy, inflammatory bowel disease, uncontrolled systemic illnesses, bleeding disorders, pregnancy, lactation, or other contraindications to Kshara Karma were excluded.

Diagnostic Criteria - Diagnosis was established based on detailed clinical history, local anorectal examination, digital rectal examination, and proctoscopic findings. Eligible patients fulfilling the inclusion criteria were enrolled for treatment.

Intervention - Patients in Group A underwent Kshara Karma with Paribhadra Pratisaraniya Kshara, whereas Group B received Nimba Pratisaraniya Kshara. The procedure was performed under aseptic conditions with the patient in the lithotomy position. After exposure of the haemorrhoidal mass using a slit proctoscope, the respective Kshara was applied with a Darvimukha Shalaka and retained until the characteristic Pakwa Jambu Phala Varna was achieved, indicating adequate tissue cauterization. The Kshara was subsequently neutralized with Nimbu Swarasa, followed by saline irrigation. Care was taken to protect the surrounding healthy anal mucosa throughout the procedure.

Postoperative Care - All patients received a standardized postoperative regimen comprising Triphala Guggulu (500 mg twice daily), Triphala Churna (5 g at bedtime with lukewarm water), warm sitz bath twice daily, and Yashtimadhu Taila Matra Basti for seven days when indicated. Dietary and lifestyle advice, including a high-fibre diet, adequate fluid intake, avoidance of prolonged straining, and maintenance of local hygiene, was provided uniformly to all participants.

Outcome Assessment and Follow-up - Patients were evaluated before treatment (Day 0) and followed on the 7th, 14th, and 21st days, with a final assessment after one month. Clinical efficacy was assessed using predefined subjective and objective outcome measures.

Primary outcome measures included

- Bleeding per rectum (Raktasrava)
- Pain (Vedana)
- Size of pile mass
- Colour of pile mass
- Sphincter tone

Secondary outcome measures included:

- Patient satisfaction score
- Recovery time
- Time to return to routine work
- Length of hospital stay

Statistical Analysis - Data were analysed using appropriate statistical software. Continuous variables were expressed as mean $\pm$ standard deviation (SD), while categorical variables were presented as frequencies and percentages. Intragroup and intergroup comparisons were performed using appropriate paired and unpaired statistical tests. A P-value of <0.05 was considered statistically significant.

RESULTS

A total of 60 patients with clinically diagnosed Abhyantara Arsha (internal haemorrhoids) fulfilling the inclusion criteria were enrolled in the study and randomly allocated into two treatment groups, comprising 30 patients each. All participants completed the treatment protocol and scheduled follow-up, with no withdrawals or loss to follow-up.

Baseline Characteristics

The baseline demographic and clinical characteristics of both groups were comparable. The majority of participants belonged to the 31–50 years age group, with a slight male predominance. Most patients had a mixed dietary pattern,

chronic constipation, prolonged straining during defecation, and sedentary occupations. Bleeding per rectum was the most frequent presenting complaint, followed by pain during defecation, burning sensation, itching, and constipation. Second-degree internal haemorrhoids constituted the predominant clinical presentation.

Clinical Outcomes

Both treatment groups demonstrated statistically significant improvement in all assessed clinical parameters following Kshara Karma. However, patients treated with Paribhadra Pratisaraniya Kshara (Group A) showed consistently greater clinical improvement than those receiving Nimba Pratisaraniya Kshara (Group B).

A significant reduction in **bleeding per rectum** was observed in both groups ($P < 0.001$). Group A demonstrated an 88.32% reduction compared with 71.25% in Group B, indicating superior haemostatic efficacy.

Parameter	Group A	Group B	P value
Before Treatment	3.17	3.27	-
After Treatment	0.37	0.93	<0.001
Percentage Improvement	88.32%	71.25%	

Similarly, both groups showed significant improvement in **pain**, with Group A achieving greater relief (88.94%) than Group B (75.11%) ($P < 0.001$).

Parameter	Group A	Group B	P value
Before Treatment	2.17	2.13	-
After Treatment	0.23	0.53	<0.001
Percentage Relief	88.94%	75.11%	

Progressive regression in the **size of the pile** mass was observed throughout the follow-up period in both groups. Group A exhibited significantly greater reduction (77.15%) compared with Group B (64.70%) ($P < 0.001$).

Parameter	Group A	Group B	P value
Baseline	3.37	3.40	-
1st Week	2.07	2.40	<0.001
2nd Week	1.10	1.50	<0.001
Final Assessment	0.77	1.20	<0.001
Percentage Reduction	77.15%	64.70%	

Secondary Outcome Measures

Patients treated with Paribhadra Pratisaraniya Kshara demonstrated more favourable secondary clinical outcomes than those treated with Nimba Pratisaraniya Kshara. Group

A reported higher patient satisfaction, shorter recovery time, earlier return to routine work, and a marginally reduced duration of hospital stay.

Outcome Measure	Group A (Mean $\pm$ SD)	Group B (Mean $\pm$ SD)
Satisfaction Score	3.83 $\pm$ 0.65	3.30 $\pm$ 0.88
Recovery Time (days)	14.97 $\pm$ 1.90	16.06 $\pm$ 1.31
Time to Return to Work (days)	10.17 $\pm$ 2.89	11.73 $\pm$ 2.15
Length of Hospital Stay (days)	3.07 $\pm$ 0.98	3.37 $\pm$ 1.05

Overall Therapeutic Response

The overall therapeutic response favoured Paribhadra Pratisaraniya Kshara. In Group A, 13.33% of patients achieved complete remission, 46.67% showed marked improvement, and 40.00% demonstrated moderate

improvement. In contrast, no patient in Group B achieved complete remission or marked improvement; 93.33% exhibited moderate improvement and 6.67% showed mild improvement.

Therapeutic Response	Group A (%)	Group B (%)
Complete Remission	13.33	0.00

Marked Improvement	46.67	0.00
Moderate Improvement	40.00	93.33
Mild Improvement	0.00	6.67
Unchanged	0.00	0.00

Safety Assessment

Both interventions were well tolerated. No major postoperative complications, including severe haemorrhage, anal stenosis, faecal incontinence, or systemic adverse events, were observed during the study. Mild postoperative pain and transient burning sensation resolved with standard postoperative care, and satisfactory wound healing was achieved in both groups. Overall, both Pratisaraniya Kshara preparations were effective in the management of Abhyantara Arsha; however, Paribhadra Pratisaraniya Kshara demonstrated superior therapeutic efficacy across primary and secondary outcome measures while maintaining a favourable safety profile.

DISCUSSION

The present study demonstrated that both Paribhadra Pratisaraniya Kshara and Nimba Pratisaraniya Kshara produced statistically significant improvement in the clinical features of Abhyantara Arsha. Significant reductions were observed in bleeding per rectum, pain, pile mass size, and other clinical parameters, confirming the effectiveness of Kshara Karma as a minimally invasive para-surgical intervention.

Patients treated with Paribhadra Pratisaraniya Kshara showed greater overall improvement than those receiving Nimba Pratisaraniya Kshara. Higher percentage relief was observed in bleeding, pain, reduction in pile mass size, and secondary outcome measures such as recovery time, return to routine activities, and patient satisfaction. Overall therapeutic assessment also favoured Paribhadra Kshara, with a greater proportion of patients achieving complete remission or marked improvement.

The therapeutic response may be attributed to the chemical cauterizing action of Kshara, which induces protein coagulation, vascular thrombosis, fibrosis, and subsequent shrinkage of haemorrhoidal tissue. In addition, the pharmacological properties of Paribhadra, including its Lekhana, Chedana, anti-inflammatory, and wound-healing actions, may have contributed to faster regression of pile masses and earlier symptom relief. Nimba Pratisaraniya Kshara also demonstrated significant clinical efficacy, likely due to its antimicrobial, anti-inflammatory, and tissue-healing properties, although its overall response was comparatively lower.

No major adverse events or serious postoperative complications were observed, indicating that both interventions are safe when performed according to standard Kshara Karma principles. These findings support the continued use of Pratisaraniya Kshara as an effective and economical treatment option for selected cases of internal haemorrhoids.

CONCLUSION

Both Paribhadra Pratisaraniya Kshara and Nimba Pratisaraniya Kshara were effective in the management of Abhyantara Arsha, producing significant improvement in both subjective and objective clinical parameters. However, Paribhadra Pratisaraniya Kshara demonstrated comparatively superior therapeutic efficacy, with greater reduction in bleeding, pain, pile mass size, and better secondary clinical outcomes, including faster recovery and higher patient satisfaction. No major complications were observed in either group, confirming the safety and acceptability of both interventions. The findings suggest that Paribhadra Pratisaraniya Kshara may be considered a more effective para-surgical option for the management of first-, second-, and selected third-degree internal haemorrhoids. Further multicentric studies with larger sample sizes and longer follow-up are recommended to validate these findings.

STRENGTHS AND LIMITATIONS

The present study employed a prospective randomized comparative design to evaluate two classical Pratisaraniya Kshara formulations under standardized operative and postoperative protocols. Assessment of both subjective and objective clinical parameters, along with complete patient follow-up, enhanced the reliability of the clinical outcomes and provided practical evidence regarding the comparative efficacy and safety of Paribhadra and Nimba Pratisaraniya Kshara in the management of Abhyantara Arsha.

However, the study has certain limitations. It was conducted at a single centre with a relatively small sample size and a short follow-up period, which limited the assessment of long-term recurrence and sustained therapeutic outcomes. Furthermore, histopathological evaluation and validated quality-of-life assessment tools were not included. Larger multicentric studies with extended follow-up are therefore required to strengthen the evidence generated by the present investigation.

Clinical Implications and Future Perspectives

The findings of this study suggest that Paribhadra Pratisaraniya Kshara is a safe and effective para-surgical intervention for the management of first-, second-, and selected third-degree Abhyantara Arsha, demonstrating comparatively superior clinical outcomes over Nimba Pratisaraniya Kshara. Its favourable therapeutic response, minimal postoperative complications, shorter recovery period, and higher patient satisfaction support its integration into routine Ayurvedic surgical practice.

Future research should focus on well-designed multicentric randomized controlled trials with larger sample sizes and longer follow-up to evaluate long-term efficacy and

recurrence. Comparative studies with contemporary minimally invasive procedures, incorporation of validated quality-of-life measures, histopathological and biochemical assessments, cost-effectiveness analyses, and standardization of Paribhadra Pratisaraniya Kshara preparation will further strengthen the scientific evidence supporting its clinical application.

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