



Research Article

ROLE OF KUTAJA PRATISAARNEYA KSHARA IN THE MANAGEMENT OF INTERNAL HEMORRHOID

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ABSTRACT

Ano-rectal problems are progressively enhancing at an alarming pace in the society and Arsha is the commonest among all the prevailing ano-rectal disorders. Arsha in modern parlance can be compared with Hemorrhoids. Hemorrhoids are varicosity of the plexus of rectal veins lying under mucosa.

Aim: This study is an attempt to evaluate the efficacy of Kutaja (*Holarrhena antidysenterica*) Pratisaarneya Kshara in the management of Internal Hemorrhoids.

Methodology: A total of 30 patients having signs and symptoms of Internal hemorrhoids were selected for Kutaja Pratisaarneya Kshara application till the Pakwa Jambu Phala stage was achieved and Kshara application was repeated after 7 days if the mass has not regressed completely.

Result: This study revealed that 83.33% of patients got cured, 16.67% of patients showed marked improvement.

Conclusion: Kutaja has Stambhana properties, so it showed a great result in per rectal bleeding. Moreover, regression of Hemorrhoidal mass was due to Vilayana, Shoshana and Lekhana properties of Kutaja.

INTRODUCTION

Study of Ayurvedic literature reveals that the disease Arsha has been widely described in the classics, which simulates the clinical picture of hemorrhoids. According to Vagbhata it is an entity in which muscular projection (*Mamsa-keela*) troubles the patient like enemy and causes obstruction of the anus.^[1] Although, hemorrhoids are associated with very definite local organic changes, Lokhart Mummery et.al believes that the frequent occurrence of the condition in men, in contrast to local animals is the result of erect posture. Mild to profuse type of bleeding during defecation along with mucous discharge, pain and protrusion of hemorrhoidal mass on complete development of disease are the prominent diagnostic symptoms of Arsha, which are exactly the same as described for hemorrhoids in modern parlance.

Sushruta has mentioned four broad principles of treatment as ^[2]:

1. Bhesajachikitsa
2. Ksharakarma
3. Agnikarma
4. Shastra Karma

Kshara Karma is more effective than other modalities of treatment as it can also be used safely on the patients who are afraid of surgery. Kshara is superior to the Shastra (surgery) and Anushastra (Para-surgery) due to its Tridoshaghana (power to alleviate all the three bio-elements) property to perform Chedana (excision), Bhedana (incision) and Lekhana (scrapping) Karma^[3].

Preparation of Kutaja Teekshana Kshara

- Selection and collection of drugs
- Preparation of the ash
- Preparation of solution
- Filtration
- Boiling
- Further addition of drugs

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Selection and collection of drugs

In the preparation of *Kutaja Teekshana Kshara* mainly three drugs are required:

Kutaja (Holarrhena antidysenterica)

Shukti (Ostrea edulis)

Chitraka mula (Plumbago zeylanica)

Panchanga of *Kutaja* was collected in Autumn season and allowed to dry in shade.

Shukti is a sea animal shell, described in Ayurvedic classics as one amongst the *Shuklavarga dravyas*. It contains calcium carbonate 85-90%, phosphate and sulphate of calcium and magnesium, oxide of iron, alumina and silica.

Chitraka is one of the common drugs described for loss of appetite and in hemorrhoids etc. in the preparation of *Kshara* only roots of *Chitraka* are used.

Preparation of ash

Entire dried 5kg of *Kutaja* plant collected was made in to small pieces and formed in a heap at windless place. Then whole plant was allowed to burn completely in to ash. When fire gets extinguished, ash was collected and weighed. It was 0.5kg in weight.

Preparation of Solution

- In the preparation of *Teekshana Kshara* the ash is thoroughly mixed in 6 times of clean tap water by volume and then allowed to settle for overnight.
- The supernatant fluid was collected in a separate vessel of stainless steel.
- The residual ashes were again mixed with four times of water and the same procedure was repeated at least twice in order the ash remains free from sliminess as a neutral residue which should be thrown.

Filtration

- The fluid thus collected should now be filtered drop by drop using Whatman's filter paper in a big vessel (twenty one times).
- The residual portion was thrown away and filtrate (*Ksharodaka*) thus received should be clean Amber coloured (similar to cow's urine) and free from any suspended impurity.

Boiling

- The filtered solution was now transferred into a clean stainless steel vessel of wide mouth and was slowly evaporated on a moderate flame (*Mandagni*). It should be stirred from time to time by flat stirrer of stainless steel and should be boiled till it reduces to half. Then $\frac{1}{3}$ of concentrated alkaline solution (*Ksharodaka*) was taken out in a separate glass bottle.

Further addition of drugs

- Then in separate $\frac{1}{3}$ of *Ksharodaka*, red heated 50gm of *Shukti* ($\frac{1}{10}$ of the total weight of ash) has

to be mixed and macerated till it gets dissolved completely.

- Thus dissolved *Shukti* was added to boiling *Ksharodaka* and continued to boil.
- At the end of boiling when it came to semisolid (neither too liquid nor too solid) 5gm of *Chitrakamoola Kalka* ($\frac{1}{10}$ of *Shukti* weight) was added to the boiling *Kshara* and allowed to heat for few more minutes.
- Later the semisolid paste was preserved in air tight glass container with a thin layer of *Ksharodaka* over it to maintain its shelf life and potency for a longer period.

The *Kshara* so obtained had a P^H value above 10.5 (P^H value of a strong alkali is 7 to 14).

MATERIALS AND METHODS

Selection of Patients

30 patients fulfilling the clinical criteria for the diagnosis of hemorrhoids were randomly selected irrespective of their age, sex, religion, occupation etc. from OPD and IPD sections of Department of P.G. Studies in *Shalya Tantra*, Jammu Institute of Ayurveda & Research & Hospital, Nardini and its urban wing at Pamposh colony, Janipur, Jammu.

METHOD OF COLLECTION OF DATA

The patients were registered with the help of research proforma prepared for the study.

Inclusion Criteria

- 1) Patients between 16-60 years of age.
- 2) *Arshas* which are *Mrudu*, *Prasruta*, *Avagadha*, *Uchrita*.
- 3) First, second and third degree of internal hemorrhoids.

Exclusion Criteria

- 1) Pregnancy
- 2) Carcinoma rectum
- 3) Tuberculosis
- 4) Hepatitis
- 5) Uncontrolled Diabetes mellitus
- 6) Uncontrolled Hypertension
- 7) HIV
- 8) Inflamed hemorrhoids
- 9) Rectal prolapse
- 10) Hemorrhoids associated with fistula in ano
- 11) Thrombosed hemorrhoids
- 12) 4th degree hemorrhoids

Diagnostic Criteria

- 1) All the patients were diagnosed and assessed on the basis of following Ayurvedic and modern classical signs and symptoms of *Arsha- Raktasrava* (bleeding per anum), *Vedana* (pain in ano), *Vibandha* (constipation), *Srava* (discharge).

2) Diagnosis was also made on the basis of P/R examination i.e. Perianal inspection, P/R digital examination followed by Proctoscopic examination.

3) Laboratory Investigations

Routine hemogram- Hb gm%, BT, CT, PT, PTI

Biochemical test- BSF, HIV, HbsAg, VDRL

Urine examination- Routine & Microscopic

Stool examination- Routine & Microscopic

Radiological investigations were also carried out to exclude any other pathology.

Plan of Work

- 1) The patients were first registered in Ano-Rectal OPD.
- 2) A complete history of the disease along with the presenting complaints was noted.
- 3) Complete general, systemic and local examination was carried out as per the proforma.
- 4) Pathological evaluation of each patient was conducted.
- 5) Diagnosis was made on Ayurvedic as well as modern view.
- 6) Treatment was given as mentioned.
- 7) Result assessment was done as per criteria.
- 8) Statistical analysis was done by applying suitable tests.

Process of Diagnosis

Inspection

- 1) The condition of peri-anal skin.
- 2) Anal verge- Fissure or Sentinel tag.

Palpation (Digital Examination)

The per rectal digital examination was conducted to elicit tenderness, swelling, induration, sphincter tone i.e., normal, hypotonic or hypertonic.

Proctoscopic Examination

The following findings of hemorrhoidal masses are to be noted-

- 1) Site- Internal/ External/ Interno-external
 - 2) Surface- Uneven/ Tortuous/ Smooth
 - 3) Position- Primary- 3'o/7'o/11'o clock or Secondary
- After taking the complete history and local examination, the patients were clinically classified as per involvement of *Doshas* e.g. *Vataja Arsha*, *Pittaja Arsha* etc and the degree and position of hemorrhoidal mass was also noted.

Procedure of Application of *Kutaja Pratisaarneya Kshara*^[4]

Kshara Karma- *Kshara* application was done in the Operation theatre as mentioned below:

Purvakarma (Pre-Operative)

- 1) Written and informed consent
- 2) Inj. T.T (0.5ml) IM

3) Xylocaine sensitivity test

4) Part preparation

5) First the required instruments like slit proctoscope, normal saline, spatula, *Kutaja Kshara*, gauze pieces, *Takra* or lemon water, 5ml syringes etc. are kept ready with proper sterilization.

6) The night prior to *Ksharakarma*, the patient is usually given a light diet and afterwards nil orally.

7) Soap water enema given at prior night and also 4 hours prior to the procedure.

8) NBM for 6hrs.

Anesthesia: Under local anesthesia

Pradhana Karma (Operative)

1) Patient was kept in lithotomy position on the operation table.

2) Perianal part was cleaned with *Triphala Kashayam* and draping was done.

3) Local anesthesia (2% xylocaine with adrenalin) was infiltrated at the operation site.

4) Lubricated normal proctoscope was introduced in anal canal, hemorrhoidal mass was visualized and re-assessed for their number and position and proctoscope was removed.

5) Slit proctoscope was introduced and skin around hemorrhoidal mass was pulled laterally with Allis tissue holding forceps to get a better view of mass. Firstly the hemorrhoidal mass was cleaned with normal saline.

6) The adjoining healthy region was covered with gauze piece to prevent the spread of *Kshara* on healthy tissue.

7) The *Kshara* was applied on hemorrhoidal mass by spatula and the opening of proctoscope was closed up to the counting of 100 that is approximately 2 minutes with the palm.

8) As soon as the sign of *Samyak Dugdha* i.e., *Pakva Jambu Phala Varna* (blackish) appears, the *Kshara* was rapidly neutralized by *Takra* or lemon juice. Later on the cauterized part was washed out with distilled water.

9) If such color was not obtained, *Kshara* was applied once again till the mass turned to blackish color. Once again it was washed with lemon juice. This procedure was applied to all the hemorrhoidal masses.

10) *Jatyadi Tailam* was applied on the cauterized lesion and dressing was done

Paschata Karma (Post-operative)

Patient was allowed to orally sip liquids after 6-8 hours of *Kshara Karma* and then shifted to normal diet. Packing was removed after 6 hours and 20ml of *Jatyadi Tail* was administered per rectal. From next day onwards patient was advised for *Avagaha Sweda* i.e., sitz bath twice a day after defecation with

Panchavalkala Kashayam for 15 minutes at one sitting, with maintenance of equal warm water. *Jatyadi Taila* was used rectally after sitz bath for 7 days and Tab. *Gandhak Rasayana* 250mg twice daily Tab. *Triphala Guggulu* 250mg twice daily, *Triphala Choorna* 5gm at bed time for 7 days with lukewarm water was advised. All patients were advised to follow *Pathya Ahara* and *Vihara*.

Criteria of Assessment: Assessment was done on the basis of subjective and objective criteria and was allotted scoring. The following pattern was adopted for the scoring:

Subjective Parameters

Bleeding per rectum

- 0: No Bleeding
- 1: Blood streaks on stool
- 2: Dropping
- 3: Profuse bleeding

Pain in ano

- 0: Pain less condition
- 1: Pain during defecation
- 2: Pain during and after defecation
- 3: Pain during rest also

Constipation

- 0: Sensation of complete bowel evacuation
- 1: Sensation of incomplete bowel evacuation
- 2: Difficulty in defecation
- 3: Infrequent bowel evacuation

Itching

- 0: No itching
- 1: Mild
- 2: Moderate
- 3: Severe

Discharge

- 0: No discharge

OBSERVATIONS AND RESULT

Feature	Total	Percentage
Bleeding per rectum	24	80%
Prolapse	29	96.67%
Pain in ano	10	33.34%
Constipation	26	86.67%
Discharge	01	3.33%

- 1: Mild
- 2: Moderate
- 3: Severe

Objective Parameters

Size of hemorrhoidal mass

- 0: Not measurable
- 1: Hemorrhoidal mass less than 1 cm
- 2: Hemorrhoidal mass between 1 -2 cm
- 3: Hemorrhoidal mass more than 2 cm

Colour of hemorrhoidal mass

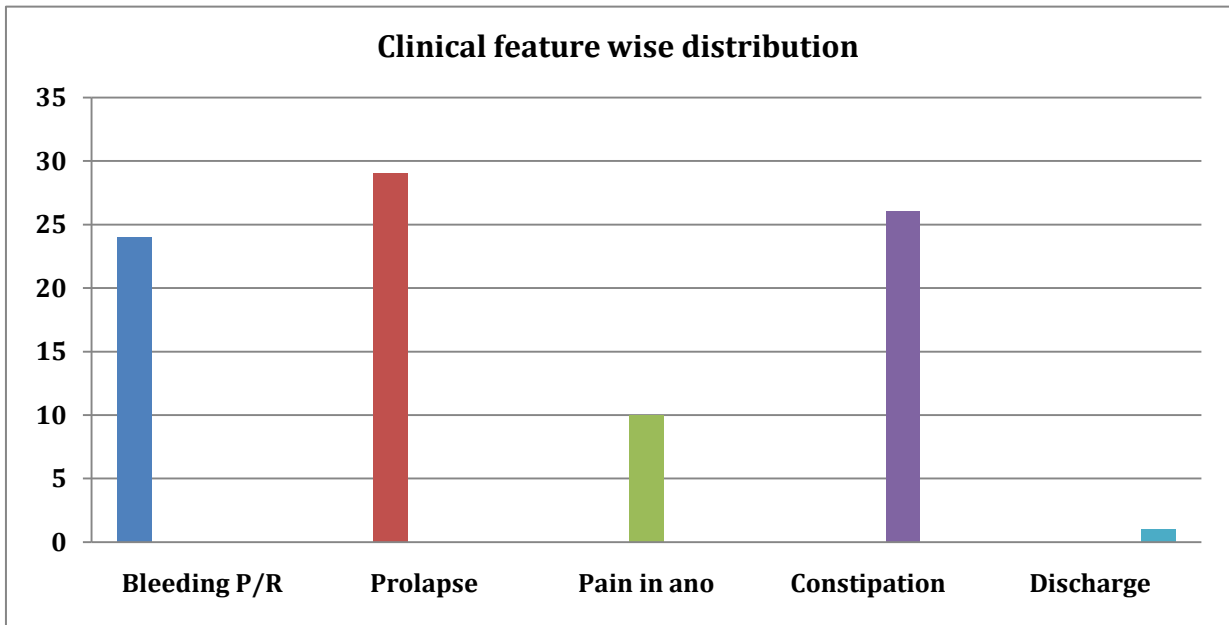
- 0: Reddish black colour
- 1: Slightly blackish colour
- 2: Pinkish colour
- 3: Plum colour

Criteria for Total Assessment of Therapy

The total effect of the therapy was assessed considering the following criteria-

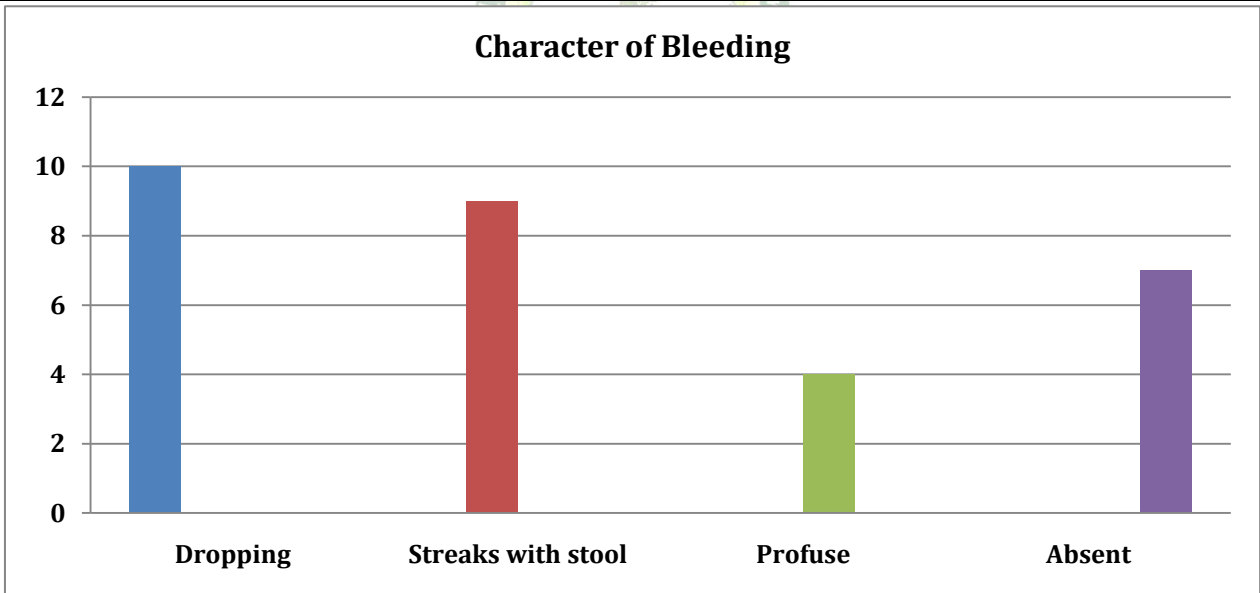
- 1) Cured- 80-100% relief in the signs & symptoms was considered as cured.
- 2) Markedly improved- 65% to 79% relief in the signs & symptoms was considered as markedly improved.
- 3) Moderately improved- 40% to 64% relief was considered as moderate improvement in the signs & symptoms.
- 4) Mildly improved- 25% to 39% relief in the signs & symptoms was considered as mildly improved.
- 5) Unchanged- Less than 25% relief or no change was considered as unchanged.

Follow-up: Follow-up of patient was done on everyday till 1st week, to assess the post- operative recovery and on 15th day, 21stday and 30th day to assess the effect of treatment. Thereafter on 3rd and 6th month to look for any recurrence.



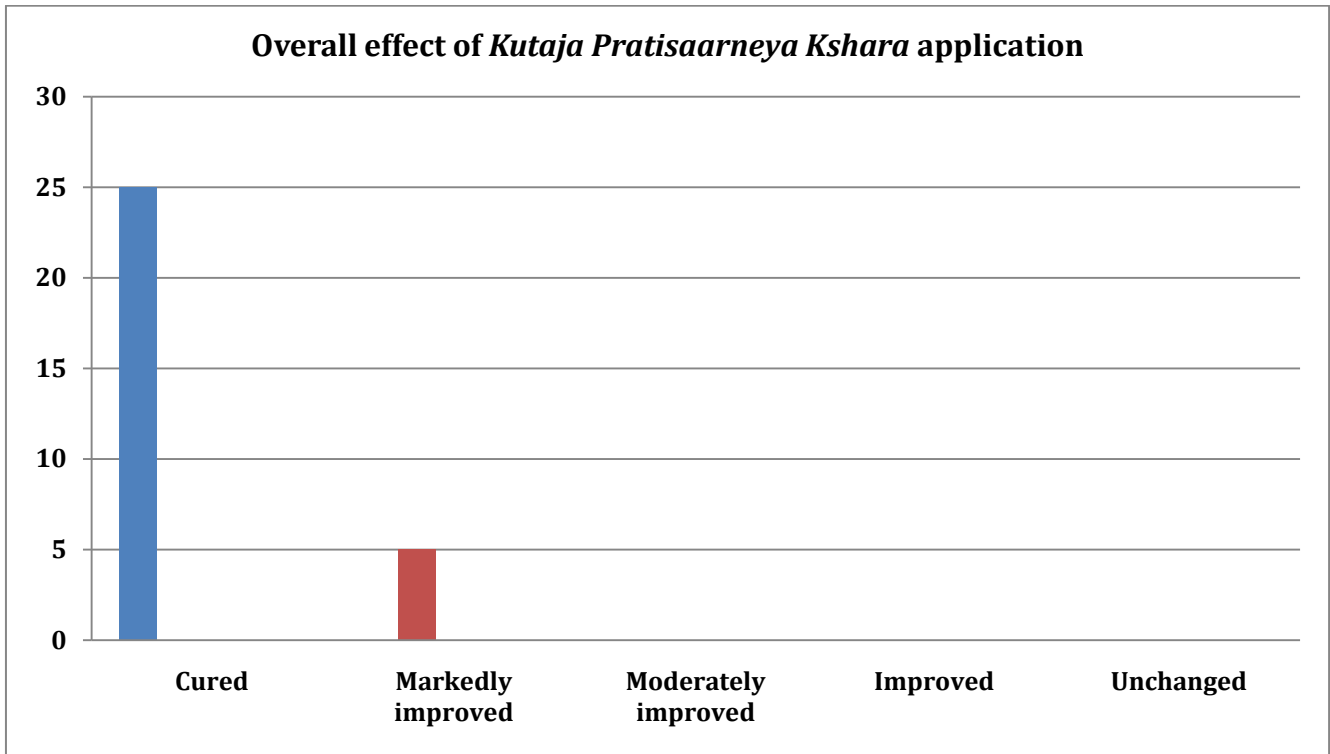
The above table shows that bleeding per anum was found in 80% of patients, prolapse of hemorrhoidal masses was found in 96.67% of patients, pain in ano was found in 33.34% of patients, constipation was found in 86.67% of patients and discharge was found in 3.33% of patients.

Character	Total	Percentage
Dropping	09	33.34%
Streaks with stool	10	30%
Profuse	04	13.33%
Absent	07	23.33%



The above table shows the character of bleeding. 33.34% of patients show bleeding in dropping manner, 30% of patients show streaks with stool, 13.33% of patients show profuse bleeding and bleeding was absent in 23.33% of patients.

Effect	Total	Percentage
Cured (80-100% relief)	25	83.33%
Markedly improved (65-79% relief)	05	16.67%
Moderately improved (40-64% relief)	00	0%
Mildly improved (25-39% relief)	00	0%
Unchanged (<25% relief or no change)	00	0%



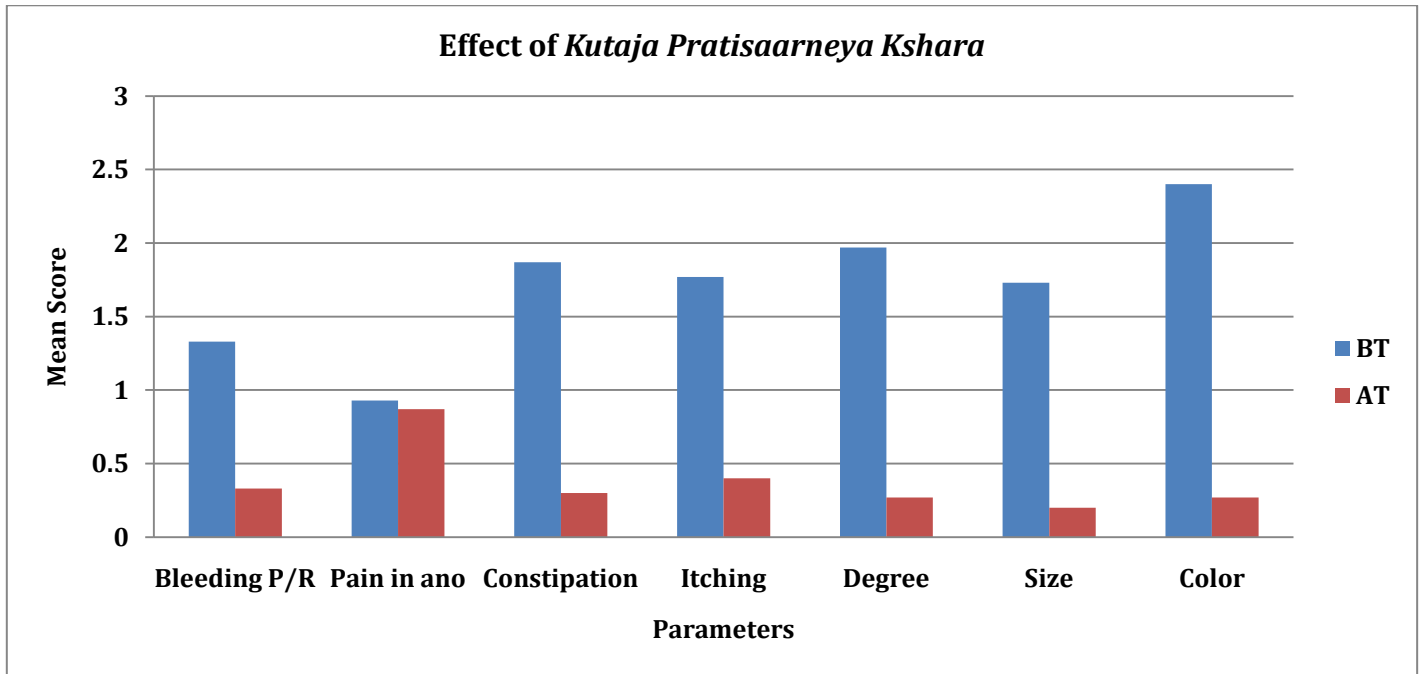
The above table represents the overall effect of *Kutaja Pratisaarneya Kshara* application in internal hemorrhoids. This study revealed that 83.33% of patients got cured, 16.67% of patients showed marked improvement.

Effect of *Kutaja Pratisaarneya Kshara* application on Subjective and Objective parameters of *Arsha* (Paired t-test)

S.no.	Parameter	BT	AT	Reduction in mean score	% Reduction in mean score	S.D. of mean	S.E. of mean	Df	't' value	'p' value
		Mean Score								
1.	Bleeding P/R	1.33	.33	1.000	75.18%	.695	.127	29	7.883	.000
2.	Pain in ano	.93	.87	.067	7.20%	.254	.046	29	1.439	.161
3.	Constipation	1.87	.30	1.567	83.79%	.774	.141	29	11.089	.000
4.	Itching	1.77	.40	1.367	77.23%	.615	.112	29	12.173	.000
6.	Degree	1.97	.27	1.700	86.29%	.466	.085	29	19.977	.000
7.	Size	1.73	.20	1.533	88.61%	.507	.093	29	16.551	.000
8.	Color	2.40	.27	2.133	88.87%	.346	.063	29	33.796	.000

BT- Before treatment, AT- After treatment, S.D.- Standard deviation, S.E.- Standard error, Df- Degrees of freedom, HS-Highly significant, NS-Not significant

Statistically highly significant results ($p < 0.001$) were obtained in bleeding P/R (75.18%), constipation (83.79%), itching (77.23%), degree (86.29%), reduction in size of hemorrhoidal mass (88.61%) and change in color of hemorrhoidal mass (88.87%). Statistically non-significant ($p > 0.05$) was obtained in pain in ano i.e., only 7.20% of relief of pain was observed.



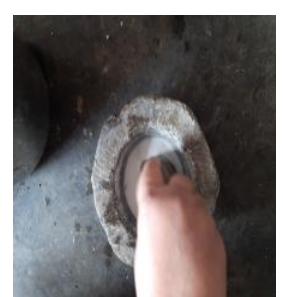
PICTURES



Dried *Kutaja* plant



***Shukti* and *Chitraka moola* *Kutaja* burnt to ash**



Ash mixed in 6 times water Decantation Filtration Boiling Tirturition



Red hot *Shukti* Maceration Addition of *Shukti* & *Chitrakamoola* in *Ksharaodaka*



Prepared *Kshara* P^H paper test *Erandamoola* burnt in *Shatmatrakala*

Case Pictures



Instrument trolley Pulling of Arshankura with Allis tissue holding forceps Covering adjoining area with gauze



Kshara application Post *Ksharakarma* Washing with Normal saline *Matra basti* with *Jatyadi* oil

DISCUSSION

Probable mode of action of *Kutaja Pratisaarneya Kshara*

Kutaja Kshara has the property of incision, excision, debridation, scrapping, dissolution etc. simultaneously. *Kshara* application induces aseptic fibrosis of the anal mucosa and increases its adherence to the anal wall. During the wound healing process it causes cicatrisation and strengthens the anorectal ring. The necrosed tissue slowly sloughs out. This necrosed tissue slough out as blackish brown discharge for 3 to 7 days. The haem present in the slough gives the discharge its colour. The tissue becomes fibrosed, adhesion of mucosal, sub-mucosal coat helps in prevention of further dilatation of veins and scar formation is seen. It prevents relapse of regional mucosa of anus and the hemorrhoidal vein obliterates permanently and there is no recurrence of hemorrhoids.

During the oozing of blood, which is ceased by the sclerosing effect of the *Kshara*, it coagulates the protein. Hence there was no chance of bleeding during and after *Kshara* application. The chance of infection is least due to the sustained action of the anti-microbial

property of *Kshara*. *Kshara* acts as a fibrolytic agent which inhibits the growth of bacteria.

After application of *Kshara* patient was advised to consult regularly on first week and they felt much better in first week. Everyday necrosed hemorrhoidal mass was reducing and after 21 days patient was free from all the symptoms with normal scar. There were no complications observed during and after *Kshara* application.

Probable mode of action of adjuvant drugs

Jatyadi Taila

According to *Sharangdhara*, many ingredients of *Jatyadi Taila* possess *Tikta*, *Kashaya Rasa* and *Stambhana*, *Shodhana* and *Ropana* properties. All these properties are proven to be helpful to reduce the congestion of hemorrhoidal masses. It also has very good soothing effect which helps in painful defecation. Due to *Sthambhana* property *Raktasrava* is also relieved. It also promotes healing by virtue of its *Shodhana* and *Ropana* properties.

Triphala Guggulu

Triphala Guggulu is used for *Dahashamana*, *Vedanahara*, *Vrana Shodhana* and *Ropana* properties. The main ingredient is *Triphala* which is

Tridoshaghana and *Guggulu* is drug of choice in *Vatadushti*, so *Vatashamaka* effect of this drug reduced the symptoms of *Arsha*, particularly *Shotha* and pain.

Gandhak Rasayana

Gandhak Rasayana possesses *Vishaghna*, *Jantughana*, *Dahashamaka*, *Vrunaghna*, *Stambhaka* properties. It also has anti-bacterial and anti-fungal properties. So it helps in preventing infection, burning sensation, itching and promotes healing.

Triphala churna

Triphala Churna is *Kashaya* in *Rasa*, *Kapha-Pittaghana*, possesses mild laxative, anti-bacterial, anti-fungal, anti-inflammatory, *Deepana* properties. Its laxative effect aids easy defecation, anti-microbial activity prevents infection. It also enhances wound healing.

Panchvalkal Kashyam (for Sitz bath)

Panchvalkala Kashyam has the properties of *Kaphavatahara*, *Vrana Ropaka*, *Shothara*, *Stambhaka* properties. It possesses antiseptic properties and enhances the wound healing process.

Nowadays application of *Kshara* is found to be safe, efficacious and cost effective method for management of 1st, 2nd and 3rd degree hemorrhoids. *Ksharakarma* procedure can be conducted at OPD level. It is very effective procedure, no primary and reactionary hemorrhage is caused. It requires less time and patient can perform his/her routine work from next day of procedure. There is least possibility of recurrence. There is no adverse effect during the post-operative period like anal stenosis, incontinence, bowel irregularities. *Arsha* is a problem related to age and dietary factors. It is a very terrible condition; patient avoids defecation because of fear of bleeding. Patients become very stressed after looking at pan full of blood. Based on its symptomatology it can be correlated with hemorrhoids.

- *Arsha* as delineated in the classics comes under the heading of *Mahagadas*. It appears in *Guda* region which is a *Sadhyapranhara Marma*.
- In humans, the erect posture results in very high pressure on the valve less rectal venous plexus which makes humans prone to this disease.
- It is estimated that 50% of the ano-rectal sufferers above the age of fifty have the significant hemorrhoids.
- Vitiation of *Apana Vayu* is the main factor in producing this disease but other causative factors also play much more role in the disease formation like *Vegavidharana*, *Ati Usna-Teekshna Aahara*, *Mamsa Aahara*, *Adhyashana* etc.
- Nowadays junk food, irregularity in taking food. Prolonged working in sitting position, stressful life, faulty habits of defecation, irregular sleeping

patterns, all these play a crucial role in the formation of hemorrhoids.

- *Kshara Karma* is mentioned by *Acharya Sushruta* is indicated for soft, deep seated and elevated hemorrhoidal masses.
- In the present study maximum number of patient were from 31-40 years of age group. More males i.e., 83.33% were reported.
- *Kshara Karma* is a result oriented treatment of first, second and third degree hemorrhoids.
- All the hemorrhoidal masses were dealt in a single sitting, performing *Kshara Karma* one by one taking one mass at a time, neutralizing it and then handling other mass if more than one mass are present. If *Pakwa Jambu Phala Varnata* was not attained in *Shatmatra Kala*, then *Kshara* was again applied till the desired color was achieved.
- By *Kshara Karma*, the hemorrhoidal masses were removed within 14 days and it took approximately 21 days for complete wound healing.
- Post-operative pain was observed using *Kutaja Pratisaarneya Kshara*, which is a normal consequence due to the corrosive nature of *Kshara*, but was managed with Sitz bath and *Jatyadi* oil application and it hardly last for more than a week. There was no requirement for any NSAID's.
- *Kshara Karma* procedure is complete ambulatory, with minimal hospital stay. Patient was kept under observation for 3-4 hours and if general condition and vitals were normal, patient was discharged or given treatment as per need.
- It is a very economical procedure, with minimal complications and negligible recurrence rate. Patients who are afraid of surgery can easily opt for this minor procedure.
- So it can be concluded that *Kutaja Pratisaarneya Kshara* application is effective in internal hemorrhoids of first, second and third degrees.

CONCLUSION

Kshara Karma procedure for the treatment of hemorrhoids can be considered as a better alternative in place of modern techniques of management of hemorrhoids, as it is an easy procedure, minimal invasive and effective in obliterating hemorrhoidal mass permanently.

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