

## RESEARCH PAPER

# A Case Study Of Snuhi-Based Palash Ksharsutra And Barron's Rubber Band Ligation In Treatment Of Abhayantara Arsha W.S.R. To Internal Piles

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### Abstract

**Background:** Abhayantara Arsha (internal hemorrhoids) is a common anorectal disorder described in classical Ayurvedic texts. Modern medicine commonly employs Barron's rubber band ligation (RBL), whereas Ayurveda advocates Kshara Karma and Ksharsutra ligation for such conditions.

**Objective:** To evaluate and compare the efficacy and safety of Snuhi-based Palash Ksharsutra and Barron's rubber band ligation in a case of Abhayantara Arsha (internal piles).

**Methods:** A 42-year-old male patient with Grade-II internal piles at 3, 7 and 11 o'clock positions was treated. One pile mass at 3 o'clock was managed with Snuhi-based Palash Ksharsutra, while another at 7 o'clock was treated with Barron's RBL. Assessment parameters included pain (VAS) after procedure, Itching, bleeding and size of pile mass.

grade, local healing, and complications over 8 weeks. One patient of each case was taken under study, both having internal piles mass at 3 o'clock position, one was managed with Snuhi-based Palash Ksharsutra, while another at 3 o'clock was treated with Barron's RBL. Assessment parameters included pain (VAS) after procedure, Itching, bleeding and size of pile mass and which one is more effective.

**Results:** Snuhi-based Palash Ksharsutra produced gradual sloughing of the pile mass with minimal pain, complete cessation of bleeding by 3rd week, and good tissue healing. Barron's RBL showed rapid reduction in prolapse and early symptom relief but with slightly more post-procedure discomfort. Both modalities were effective, with Ksharsutra demonstrating deeper tissue control and RBL offering quicker procedural ease.

**Conclusion:** Snuhi-based Palash Ksharsutra and Barron's RBL are both effective in Abhayantara Arsha; Ksharsutra aligns more closely with Ayurvedic principles of Kshara Karma and Shodhana-Ropana, whereas RBL is advantageous for OPD-based, minimally invasive management. This case supports further comparative studies between Ayurvedic Ksharsutra and modern RBL in internal piles.

**Keywords:** Abhayantara Arsha, internal piles, Snuhi-Palash Ksharsutra, Barron's rubber band ligation, Kshara Karma, hemorrhoids, Ayurveda

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### Introduction:

In Ayurveda, Arsha (hemorrhoids) is described as a Guda-roga arising from vitiation of Tridosha, especially Vata and Pitta, along with Meda, Mamsa, and Rakta Dhatu involvement. Abhayantara Arsha refers to internal piles located above the dentate line, corresponding to internal hemorrhoids (Grades I-III) in

modern terminology. Classical texts such as Sushruta Samhita and Ashtanga Hridaya recommend Kshara Karma, Ksharsutra ligation and many more modes of treatment for Abhayantara Arsha and related anorectal disorders. Among Ksharas, Palash (Butea monosperma) is described as Tikshana-Pratisaraneeya, possessing strong cauterizing, astringent, and tissue-sloughing

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properties, making it suitable for Arsha and Nadi-vrana. Snuhi (*Euphorbia neriifolia*) latex, used as a base for Ksharsutra, adds Dahan-Shoshana (cauterizing-drying) and Vedana-hara (analgesic) actions, enhancing the overall Kshara Karma effect. Modern proctology commonly employs Barron's rubber band ligation (RBL) for Grade-II and III internal hemorrhoids, which mechanically strangulates the pile mass by interrupting its blood supply. Several comparative studies show that Kshar Sutra ligation and RBL are both effective, with Kshar Sutra offering better obliteration of internal masses and RBL providing less immediate pain and faster procedure time. The present case-study aims to document the clinical application of Snuhi-based Palash Ksharsutra alongside Barron's RBL in the patient of Abhayantara Arsha, highlighting Ayurvedic rationale, procedural details, and comparative outcomes.

### Materials and Methods:

Study design Type: Open, labelled, non randomized, interventional study.

Setting: OPD of Shalya Tantra Department, [Shri khudadad dungaji govt. ayurved college Raipur].

Duration: 28 days

Inclusion and exclusion criteria

Inclusion: Age 18–60 years. Grade-II internal piles (Abhayantara Arsha).Willingness to undergo Snuhi-Palash Ksharsutra or Barron's RBL.

Exclusion: Coagulopathy, pregnancy, malignancy, inflammatory bowel disease, severe systemic illness.

Preparation of Snuhi-based Palash Ksharsutra : Palash Kshara prepared from *Butea monosperma* plant, as per classical guidelines.

Base material: Barbour linen thread (20–number).

Snuhi Ksheer: Fresh latex collected from *Euphorbia neriifolia* stem.

Coating: Barbour linen thread was coated with Snuhi latex 11 coating and Palash Kshara 7 coating and haridra powder 3 coating layers to form Snuhi-based Palash Ksharsutra.



Proctoscope Instrument



Palash ksharsutra



Barron's Rubber Band Ligation

### CASE REPORT 1 Snuhi based Palash ksharsutra –

A 48-year-old patient presented to Shalya Tantra OPD, khudadad dungaji govt ayurved college Raipur Chhattisgarh having complaints, constipation and bleeding and protrusion of mass through the rectum during defecation for 1.5 years. Patient had grade 2 haemorrhoids at 3 o'clock. Pile mass was treated by Ksharsutra ligation under local anaesthesia. A postoperative evaluation was performed. Observation of the patient's signs and symptoms daily to see the extent of remission. The ligated pile mass were slough out within 7- 8th postoperative day.

Examination- Internal pile at – 3 o'clock position

Aim and Objective - To evaluate the effect of Snuhi based Palash Ksharsutra ligation on 3rd degree hemorrhoid. Surgery Plan The patient was admitted to shalya tantra ward.

Pre - Operative Procedure - 1. Patient NBM before 6 hrs of surgery. 2. Injection xylocaine sensitivity 2% 1ml ID was performed. 3. Injection T.T .5ml was given. 4. Enema was given. 5. Consent of the patient and his attender was taken before the procedure. 6. Part preparation was done.

Operative Procedure -The patient lies in the lithotomy position. Painting of anus and peri-anal area with sterile and antiseptic solution is done followed by aseptic

draping. Under local anesthesia internal pile mass was hold by pile holding forceps and trans fixation and ligation of internal pile masses at 3 o'clock position. Dressing was done and patient was shifted to recovery room with stable vitals.

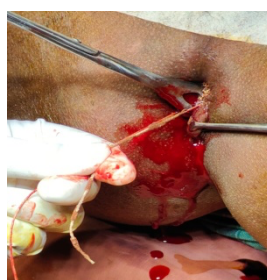
Post Operative Procedure 1. Hot sitz bath with alum and haridra was advice to relax the sphincter and wound

cleaning and avoidance of straining 2. Laxative drugs HS was given. By 8th post-operative day, ligated pile masses were sloughed out.

Diet- Green leafy vegetables, butter milk, Papaya, guavava, fruits and plenty of water Patient was also advised to avoid junk food, non-veg, spicy food etc.



Before surgery



During surgery - Palash Ksharsutra



Palash Ksharsutra ligation



Slough out of pile mass – 7<sup>th</sup> day

#### CASE REPORT – 2 - Barron's Rubber band ligation-

A 58-year-old patient presented to Shalya Tantra OPD, Shri Khudadad dungaji govt. ayurved college Raipur Chhattisgarh having complaints, constipation and bleeding and protrusion of mass through the rectum during defecation for 2 years. Patient had grade 2 internal haemorrhoids at 3 o'clock. Pile mass was treated by Barron's rubber band ligation under local anaesthesia. A postoperative evaluation was performed. Observation of the patient's signs and symptoms daily to see the extent of remission. The ligated pile mass were slough out within 7- 9th postoperative day.

Examination - Internal pile mass at – 3 o'clock position. Aim and Objective - To evaluate the effect of Barron's rubber band ligation on 2nd degree hemorrhoid. Surgery Plan -The patient was admitted to shalya tantra ward.

Pre - Operative Procedure – 1. Patient NBM before 6 hrs of surgery. 2. Injection xylocaine sensitivity 2% 1ml ID was performed. 3. Injection T.T .5ml was given. 4. Enema was given. 5. Consent of the patient and his attender was taken before the procedure. 6. Part preparation was done.

Follow-up: once a week follow up.

Operative Procedure - Painting of anus and peri-anal area with sterile and antiseptic solution is done followed by aseptic draping Proctoscopic identification of the pile mass at 3 o'clock. Using a Barron's band ligator, a rubber band was applied 1 cm above the dentate line, incorporating only the internal hemorrhoidal tissue, internal pile mass was hold by pile holding forceps and Barron's rubber band ligation of internal pile masses at 3 o'clock position. Dressing was done and patient was shifted to recovery room with stable vitals.

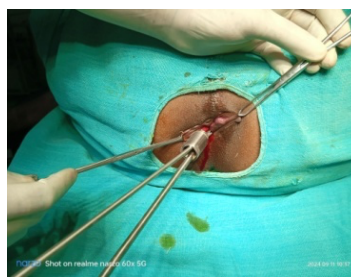
Post-procedure care: Mild analgesics if required, luke warm water sitz bath, soft diet, and avoidance of straining. The patient lies in the lithotomy position.

Post Operative Procedure 1. Hot sitz bath with alum and haridra was advice to relax the sphincter and wound cleaning was advised and avoidance of straining.2. Laxative drugs HS was given. By 7th post-operative day, ligated pile masses were sloughed out.

Diet – Green leafy vegetables, butter milk, milk, ghee, Papaya, guavava, fruits and plenty of water Patient was also advised to avoid junk food, non-veg, spicy food etc.



Before Surgery



During Surgery- Rubber band ligation



After Surgery



After Surgery- slough out of pile mass 7<sup>th</sup> day

### Observations and Results

Snuhi-Palash Ksharsutra: Gradual reduction in pile mass size with progressive sloughing. Complete cessation of bleeding by 3rd week. Minimal pain, good tissue healing, and no recurrence at 8-week follow-up.

Barron's RBL: Rapid reduction in prolapse and early symptom relief. Slightly more immediate post-procedure discomfort but no major complications.

Both modalities effectively managed Grade-II internal piles, with Ksharsutra demonstrating deeper tissue control and RBL offering quicker procedural ease.

### Discussion

Ayurvedic rationale of Snuhi-Palash Ksharsutra In Ayurveda, Kshara Karma is indicated for Arsha, Guda-roga, and Nadi-vrana due to its Dahan-Shoshana-Pachana actions. Palash Kshara, being Tikshana-Pratisaraneeya, induces controlled tissue necrosis and coagulation, reducing pile mass size and associated symptoms. Snuhi latex as a base adds Vedana-hara and Ropan properties, promoting healing and minimizing pain. The Ksharsutra technique aligns with classical Kshara-Sutra ligation described for Bhagandara and Arsha, where a medicated thread is passed through the base of the lesion to induce gradual sloughing. This approach is particularly suitable for Abhayantara Arsha, as it targets internal hemorrhoidal tissue without extensive surgery. Modern perspective on Barron's RBL is a minimally invasive, OPD-based procedure that mechanically strangulates the pile mass by interrupting its blood supply. It is effective for Grade-II and III internal hemorrhoids, with rapid symptom relief and low complication rates. However, it may not provide the same depth of tissue control as

factors are not addressed.

Comparative analysis Efficacy: Both Snuhi-Palash Ksharsutra and Barron's RBL effectively reduced bleeding, prolapse, and pain in this case. Pain:

Ksharsutra caused less immediate pain due to gradual strangulation, while RBL induced more immediate discomfort but resolved quickly. Healing: Ksharsutra promoted deeper tissue healing and obliteration, whereas RBL offered faster procedural recovery. Ayurvedic integration: Ksharsutra aligns with After Surgery- slough out of pile mass 7<sup>th</sup> day Ayurvedic principles of Shodhana-Ropana and Kshara Karma, while RBL complements modern minimally invasive techniques. This case supports the integration of Ayurvedic Ksharsutra with modern RBL for comprehensive management of internal piles, emphasizing individualized treatment based on Prakriti, Vikriti, and lesion characteristics.

### Conclusion

Snuhi-based Palash Ksharsutra and Barron's rubber band ligation are both effective in managing Abhayantara Arsha (internal piles). Ksharsutra demonstrates deeper tissue control and gradual healing, aligning with Ayurvedic principles of Kshara Karma and Shodhana-Ropana. Barron's RBL offers quicker procedural ease and rapid symptom relief, suitable for OPD-based management. This case study highlights the potential of integrating Ayurvedic and modern techniques for holistic patient care. Further comparative studies with larger samples are recommended to validate these findings.\

### References

1. Sushruta Samhita, Sutrasthana, Chapter on Arsha.
2. Ashtanga Hridaya, Sutrasthana, Chapter on Guda-roga.
3. Sinha Divya, Comparative Study Of Palash Ksharsutra Ligation And Barron's Rubber Band Ligation In The Management Of Abhyantara Arsha W.S.R. To Internal Haemorrhoids. Journal of Applied Bioanalysis, 11(S14), 1130-1136. 10.53555/jab.v11si16.2422.
4. Gupta ML, et al. Comparative clinical evaluation of Kshara Sutra ligation and other modalities in internal piles. AYU. 2000;21(4):257–262.
5. Study on efficacy of Snuhi and Arka Kshar Lepa for internal piles. World J Pharm Res. 2024.
6. Study on Tikshana Pratisarniya Palash Kshara for internal hemorrhoids. World J Pharm Res. 2024. Lobo SJ. A comparative clinical study of Snuhi Ksheera Sutra, Tilanala Kshara Sutra and Apamarga Kshara Sutra in Bhagandara. AYU. 2012;33(1):1–6.
7. Clinical case study of Ksharsutra ligation in hemorrhoids. World J Pharm Med Res. 2023.