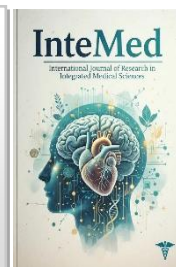




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Review Article

Comparative Study of *Kshara Karma* and Rubber Band Ligation in Haemorrhoids: An Integrative Critical Review

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ABSTRACT

Haemorrhoids are among the most prevalent anorectal disorders, characterized by symptomatic enlargement and distal displacement of anal vascular cushions. Conventional management includes conservative therapy and minimally invasive procedures such as rubber band ligation (RBL), which is widely regarded as the standard treatment for grade I–III internal haemorrhoids. In Ayurveda, *Arsha* is described as a disease caused by vitiation of *Doshas*, and *Kshara Karma*—a para-surgical procedure involving the application of alkaline substances—is advocated as an effective treatment modality. This review aims to critically compare *Kshara Karma* and RBL in terms of efficacy, safety, recurrence, procedural aspects, and patient outcomes. A structured literature review was conducted using classical Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*) and modern databases including PubMed, Scopus, and Web of Science. Evidence suggests that both modalities are effective for internal haemorrhoids; RBL offers simplicity and rapid symptom relief, whereas *Kshara Karma* provides a more comprehensive approach with potential for lower recurrence due to its tissue-destructive and healing-promoting properties. However, *Kshara Karma* may be associated with increased procedural discomfort and

requires technical expertise. While RBL is supported by robust clinical evidence, studies on *Kshara Karma* are limited and heterogeneous. Integrative evaluation indicates that both modalities have distinct advantages, and selection should be individualized based on disease severity, patient preference, and available expertise.

Keywords: *Haemorrhoids, Arsha, Kshara Karma*, rubber band ligation, Ayurveda surgery, minimally invasive procedures, anorectal disorders

1. Introduction

Haemorrhoids are vascular cushions located in the anal canal that become symptomatic due to inflammation, thrombosis, or prolapse [1]. They affect a significant proportion of the adult population, with prevalence increasing with age.

In modern medicine, haemorrhoids are classified into four grades based on the degree of prolapse, with minimally invasive procedures like rubber band ligation (RBL) commonly used for grade I–III disease [2].

In Ayurveda, haemorrhoids are described as *Arsha*, caused by derangement of *Vata, Pitta*, and *Kapha*, along with impaired digestive fire (*Agni*) [3]. Among various treatments, *Kshara Karma* is considered a superior para-surgical approach.

Despite widespread use of both techniques, comparative evaluation is limited, necessitating a critical review.

Aim and Objectives:

- To analyse *Kshara Karma* and RBL
- To compare their efficacy, safety, and outcomes
- To evaluate advantages and limitations
- To identify research gaps

2. Methodology of Literature Review

Databases searched: PubMed, Scopus, Web of Science, Google Scholar
Keywords used: “*Kshara Karma*”, “rubber band ligation haemorrhoids”, “*Arsha Ayurveda*”, “haemorrhoid treatment comparison”

3. Conceptual Background

Haemorrhoids have been described since ancient times in both Western and Ayurvedic literature.

In Ayurveda, *Arsha* is classified based on *Dosha* predominance and anatomical features. *Sushruta* described four types of management:

- *Bheshaja* (medical)
- *Kshara* (chemical cauterization)
- *Agnikarma* (thermal cauterization)
- *Shastra Karma* (surgery) [4]

Kshara Karma involves application of alkaline substances derived from plants, leading to cauterization and sloughing of hemorrhoidal tissue.

Rubber band ligation was introduced in modern medicine as a minimally invasive technique that occludes blood supply, causing necrosis and fibrosis [5].

4. Review of Literature

4.1 Pathophysiology of Haemorrhoids

Modern Perspective

- Increased venous pressure
- Degeneration of supporting tissues
- Straining, constipation

These lead to enlargement and prolapse of vascular cushions [6].

Ayurvedic Perspective

- *Mandagni* → improper digestion
- *Vata* → dryness and strain
- *Pitta* → inflammation
- *Kapha* → mass formation

These factors result in *Arsha* formation [3].

4.2 Procedure Description

Kshara Karma

- Application of alkaline paste (*Kshara*) on hemorrhoidal mass

- Causes:
 - Protein coagulation
 - Tissue necrosis
 - Sloughing

Procedure steps:

1. Exposure of pile mass
2. Application of *Kshara*
3. Neutralization
4. Healing phase

Rubber Band Ligation (RBL)

- Placement of rubber band at base of haemorrhoid
- Leads to:
 - Ischemia
 - Necrosis
 - Fibrosis

Procedure steps:

1. Proctoscopic visualization
2. Band placement
3. Sloughing within 5–7 days



4.3 Efficacy Comparison

Parameter	<i>Kshara Karma</i>	RBL
Symptom relief	Good	Excellent
Recurrence	Lower (reported)	Moderate
Healing time	Longer	Shorter
Number of sessions	Usually, single	Multiple possible

Kshara Karma may provide deeper tissue destruction, reducing recurrence, whereas RBL offers rapid symptomatic relief [7].

4.4 Safety and Complications

Kshara Karma

- Pain and burning sensation
- Local ulceration
- Requires skilled application

RBL

- Mild pain
- Bleeding
- Rare complications: infection, thrombosis

RBL is generally safer and more standardized [8].

4.5 Post-Procedural Recovery

- RBL:
 - Quick recovery
 - Minimal downtime
- *Kshara Karma*:
 - Longer healing period
 - Requires wound care

4.6 Cost and Accessibility

- *Kshara Karma*: Low cost, suitable in resource-limited settings
- RBL: Moderate cost, requires equipment

4.7 Critical Analysis

Advantages of *Kshara Karma*:

- Holistic approach
- Lower recurrence potential
- Cost-effective

Advantages of RBL:

- Simplicity
- Standardization
- Strong evidence base



Limitations of *Kshara Karma*:

- Lack of standardized protocols
- Limited high-quality evidence

Limitations of RBL:

- Recurrence
- Not suitable for advanced grades

5. Research Gaps and Limitations

- Lack of randomized controlled trials comparing both methods
- Small sample sizes in Ayurvedic studies
- Variability in *Kshara* preparation
- Limited long-term follow-up data

6. Future Perspectives

- Large-scale comparative clinical trials
- Standardization of *Kshara Karma* technique
- Integration into modern surgical practice
- Development of hybrid treatment models

7. Conclusion

Kshara Karma and rubber band ligation are effective minimally invasive treatments for haemorrhoids, each with distinct advantages. While RBL is widely accepted due to its simplicity and strong evidence base, *Kshara Karma* offers a potentially more definitive treatment with lower recurrence. However, the lack of robust clinical evidence limits its widespread adoption. An integrative approach, guided by patient-specific factors and scientific validation, may optimize outcomes in haemorrhoid management.

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