Kottakkal ayurveda

VAIDYARATNAM P.S. VARIER'S
ARYA VAIDYA SALA, KOTTAKKAL
ESTD. 1902



Vaidyabandhu

Adding science to practice

QUARTERLY THEMATIC JOURNAL
Volume 4 Issue 2 JULY - SEPTEMBER 2026 Pages: 24 Price: ₹ 150 per annum





1st AYURVEDA SEMINAR 1964
"Ayurvedam - Vidyabhyasam, Oushadhangal, Chikithsa, Gaveshanam"



Dignitaries participated: Shri K.P. Kesavamenon, N.V. Krishna Varier, Aryavaidyan N.P. Krishna Pisharody Aryavaidyan S.R. Iyer, Aryavaidyan S. Varier, Aryavaidyan P.R. Varier

Anorectal Ailments

INSIDE

Management of a high-level Anorectal fistula: A case report **Management of *Arsas* (Hemorrhoids) through ayurvedic treatment protocol** **Anorectal disorders: a clinical and ayurvedic perspective** **Ayurvedic approach in anorectal diseases** **Clinical experiences in the management of *Parikartika* (Fissure in ano) in Ayurveda** ***Kshaarasutra* in Pilonidal Sinus-A Case Study** **Medicinal plants used in Anorectal diseases** **Yoga for anorectal diseases (Piles, Fissure, Fistula)** **Investigations in Anorectal diseases**

Our Books, Notable Quotes, Nirnaya – Diagnostic tips, Know our units

Registration Number: KERENG/2023/86683
Typesetting & Layout: **Centre for Textual Studies and Publications (CTSP), Arya Vaidya Sala, Kottakkal.**
Send your suggestions to: **vaidyabandhu@aryavaidyasala.com, vaidyabandhuavs@gmail.com**
Exclusively for Registered Ayurvedic Medical Practitioners

Management of a High-Level Anorectal fistula: A case report



Dr. Sreekumar T.
M.D. (Ayu.), Phd.
Senior Consultant
Harisree Hospital, Mannuthy

Abstract:
The management of a high level ano-rectal fistula case is reported here. The fistula was not graded according to its sphincteric association at the time of the procedure, as the management was done over two decades ago. The diagnosis on the basis of transformation from deep rectal abscess to high level fistula is discussed, as also its management. The 'chemistry' of *kshaarasutra* and its role in cutting and healing of the tract are also discussed.

Introduction:
The management of deep anorectal abscesses with the potential to progress to high-level anal fistula remains a subject of debate, particularly once the lesion has reached the suppurative stage. Vaghbhata categorically advises that all measures to prevent the transformation of *bhagandara pitaka* to its *pakwa* ('ripened') state should be undertaken; however, if the abscess has already reached the *pakwa* state, incision and drainage are indicated, at which point the condition is termed *bhagandara*. Unlike other abscesses, once drained, the cavity invariably transforms into a fistula, necessitating the classical management of *bhagandara*. The clinical challenge arises when the abscess is situated very deep, rendering incision technically difficult and potentially hazardous due to the risk of haemorrhage or injury to vital anatomical structures - a concern of particular relevance given that the region falls within the *guda marma*. Such a case is presented herein.

Aims and objectives:
The aim of this study was to investigate whether deeply situated abscesses can be drained through a naturally formed external opening, created by the application of a herbal paste that has been in traditional use in Kerala for over a century. The objective was to determine whether such a spontaneously formed external orifice can serve as an access point for probing and *ksharasutra* procedures, thereby offering a potential cure for an otherwise therapeutically refractory fistula.

The case reported here was first seen approximately 20 years ago at Harisree Hospital. Pelvic MRI was neither widely available nor routinely employed in this region at that time; diagnosis therefore relied entirely on clinical assessment. The patient was a young software engineer who had previously consulted several allopathic hospitals in Bangalore before seeking ayurvedic treatment. He was of normal physique and otherwise in good general health. After interrogation of a thorough history, a complete physical examination was performed. Vital signs were within normal limits. The patient reported severe pain in the right gluteal region; inspection revealed no external asymmetry compared with the contralateral side. Palpation, however, elicited localised warmth, tenderness and induration on the right side. He was unable to sit comfortably. Digital rectal examination (DRE) and proctoscopy were subsequently performed. On DRE, localised warmth corresponding to the external findings was noted. Tenderness was elicited on palpation of the upper rectum on the affected side. Further examination revealed mucosal discolouration with mild erythema and a globular swelling of 2cm x 2cm at the site of tenderness, consistent with a deep - seated abscess. Given the size and depth of the lesion, direct incision posed a significant risk of haemorrhage or injury to vital perirectal structures and was therefore deferred.

The management of such a deep-seated abscess was not described in any classical texts reviewed by the author, notwithstanding Susruta's account of *gambheera* and *saruja vrana shobh*a. While

Vaidyabandhu
Adding science to practice
QUARTERLY THEMATIC JOURNAL
Volume 4 Issue 2 JULY - SEPTEMBER 2026

Executive Editor: **Dr. A. Raghunathan Nambeesan**
Sub Editor: **Dr. Dhanya K.**

Published by Centre for Textual Studies and Publications, Arya Vaidya Sala, Kottakkal
Registration Number: KERNG/2023/86683
Phone: 0483 2742225, 2746665
E-mail: vaidyabandhu@aryavaidyasala.com, vaidyabandhuavs@gmail.com
Web: www.aryavaidyasala.com

Susruta addressed differential diagnosis, he did not provide specific management guidelines for this type of abscess presentation. Traditional ayurvedic knowledge, however, holds that deeply situated abscesses may be 'drawn' towards the superficial tissues through the external application of appropriate medicines. One such approach involves the application of a paste prepared from *guloochi patra* (*Tinospora cordifolia* leaves) with butter over the affected area. This method was therefore attempted in the present case. Fresh *guloochi patra* was ground into a fine paste, mixed with fresh butter, and applied externally over the site of maximal tenderness. The application was repeated every two hours over a period of approximately 24 hours. Within this period, a progressively enlarging superficial swelling was observed at the gluteal region, which became ready for incision within one to two days. Incision and drainage yielded a substantial volume of purulent material. The wound was then carefully probed, revealing a fistulous tract approximately 12 cm in length, traversing the pararectal musculature and communicating with an internal opening high in the rectum. Only the tip of the probe was palpable at the level of the internal opening, making standard *kshaarasutra* insertion impossible. Accordingly, a specially designed silver probe with an 'eyed' tip was fabricated for this purpose. Silver was chosen for its malleability and resistance to fracture even when bent upon itself.

Ksharasutra was selected as the definitive treatment. The procedure, its rationale and potential complications were explained in detail to the patient. Following informed consent and completion of standard pre-operative formalities, *ksharasutra* was applied on the following day. Complete cutting and healing of the fistulous tract was achieved over approximately two months. The patient was followed up at three-monthly intervals for nearly two years, during which time he remained asymptomatic and without recurrence. Given his sedentary occupation involving prolonged sitting, he was advised to use a doughnut cushion post-operatively to sit.

Discussion:

1.The *ksharasutra* used in this patient - and in most cases at this institution - is the formulation proposed by *Chakradatta*, comprising *snuhi ksheera* (10 coats) with *haridra churna* applied after each of the final three *snuhi* coats. Both constituents are acidic, with a combined pH ranging from 4.35 to 6.4. Two points merit clarification for the discerning reader: (a) The name '*kshara sutra*' may appear contradictory given the acidic nature of its ingredients. However, the prefix *kshara* here does not denote alkalinity; rather, it refers to the lytic (*ksharana*) property of the preparation. (b) The rationale for using *haridra* as a surface coat, rather than wound-healing agents such as *triphala* or *aragwadha*, lies in the known adverse effects of *snuhi ksheera*. The latex of *snuhi* (*Euphorbia neriifolia*) is cytotoxic and, with prolonged use, potentially carcinogenic. *Haridra* (*Curcuma longa*) possesses well-documented anticancer properties, believed to act through modulation of tumour suppressor gene activity or regulation of apoptotic pathways. The inclusion of *haridra* is therefore considered essential to counterbalance the carcinogenic risk associated with extended use of *snuhi ksheera* alone.

2.The incorporation of *apamarga kshara* (or any other alkaline *kshara*) into *ksharasutra* alongside the two acidic constituents described above lacks scientific justification, despite being a widely practised and frequently published formulation. Published studies to date have reported

unrealistically elevated pH values for such preparations. Chemically, the addition of an alkaline substance to an acidic medium does not augment alkalinity; it merely neutralises the acid, yielding a near-neutral end product (pH approximately 7). The therapeutic rationale for this practice is therefore questionable.

3. An elevated pH value of *ksharasutra* should not be regarded as a marker of therapeutic efficacy, either for cutting or for healing of the fistulous tract. The *ksharana* (lytic action) of *ksharasutra* operates through chemical cauterisation, which debrides the unhealthy epithelial lining and granulation tissue that accumulate within the tract as part of the body's failed spontaneous healing response. It also progressively divides the 'roof' of the tract through this cauterising action - the fundamental principle of *ksharasutra* therapy, whereby simultaneous slow cutting and wound healing occur, thereby preventing complications such as faecal incontinence. It also helps healthy scar tissue to form.

4. The *ksharasutra* described by Vaghbhata for the management of *parikshepi bhagandara* contains no acidic components; it is an exclusively alkaline preparation. A practical limitation of this formulation is its inability to be stored, as it loses alkalinity upon drying and must therefore be used immediately after preparation (*sadya ksharasutra*). A study evaluating *sadya ksharasutra* in the management of *nadeevrana* (*sinus tracts*) was conducted by one of my postgraduate students.

5. Vaghbhata, in the chapter *Yantravidhi*, advises that instruments should be fabricated as required to meet the demands of individual clinical situations. In keeping with this principle, a standard slit proctoscope - which was readily available - was used for rectal examination, while the specialised silver probe with an eyed tip was custom-fabricated for this case.

Limitations:
This study has the limitation of management by clinical examination alone and the author strongly argues the need for timely use of advanced imaging like MRI fistulogram, had this case was managed now. Further, this is just a single case presentation and its result cannot be applied on a universal basis.

Future prospects:
This case is presented here for the new practitioners to be aware of the rich treasure of traditional practices that can be advantageously employed in the cure of fistula in ano, apart from *ksharasutra*.

Conclusion:
As this case was assessed and managed at a time when MRI was neither widely accessible nor economically feasible in this region, the diagnosis was established entirely on the basis of clinical examination. This case illustrates that a meticulous physical examination, guided by classical ayurvedic principles, can yield accurate diagnosis and guide effective management even in the absence of advanced imaging.

■

Notable Quotes

अर्शोऽतिसारग्रहणीविकाराः
प्रायेण चाऽनयोन्य निदानभूताः।
सन्नेऽनले सन्ति, न सन्ति दीप्ते
रक्षेदतस्तेषु विशेषतोऽग्निम्।।

(Ashtangahridayam -Arsas chikitsa)

Piles, diarrhea, diseases of the duodenum are generally interdependent in causative factors and manifest when the digestive fire is weak and not when the digestive power is strong. Hence, in those suffering from these diseases the digestive fire should be protected especially.

Management of *Arṣas* (Hemorrhoids) through ayurvedic treatment protocol



Dr. Jithin K Nair, M.S. (Ayu.)
Deputy Medical Officer
Ayurvedic Hospital &
Research Centre
Arya Vaidya Sala, Kottakkal

Introduction

Hemorrhoids are dilated and tortous veins in the anal canal. *Arṣas* / Hemorrhoids are very common nowadays. These are mainly caused due to the present lifestyle and food habits. Hemorrhoids are classified into three as per modern and of two types as per Ayurveda. The main symptoms of hemorrhoids are Mass per anum, Mucous discharge and Bleeding per rectum. This always gives the person an uneasy feeling while working. Due to bleeding fatigue also occurs. In Modern medicine hemorrhoidectomy, laser treatment, DGHAL , Rubber band ligation are being done. In Ayurveda *Kshaara karma* and *Kshaarasutra* treatment along with internal medicines are given as a part of treatment.

Materials and methods:

Medicines are given in first degree internal hemorrhoids. *Kshaara karma* is done in second and early third degree hemorrhoids. *Kshaarasutra bandhana* is done in late 3rd degree , 4th degree and external haemmorhoids.

Pre operative procedure:

Blood investigations done – CBC , LFT, RFT, FBS, HBA1C, LIPID PROFILE, CT, BT, HIV, HBSAG, VDRL, HCV.

Consent form has to be signed. Part preparation done. Soap water enema given.

Operative procedure:

Patient is positioned in lithotomy position, Cleaning with betadine solution done. Local anaesthesia with Inj. Lignocaine 2% given around the anal canal after test dose.

Kshaara karma:

Apamaarga teekshṇa kshaara is applied on the pile mass. Then after 60 seconds it is wiped off with lime juice.

Kshaarasutra bandhana:

Kshaarasutra is inserted into the eye of the needle and after holding the needle with needle holder it is inserted at the base of the pile mass. Then *kshaarasutra* is ligated at the base of pile mass and then the outer part is cut off by electric diathermy cautery, Haemostasis achieved.

Post operative procedure:

Then instillation with Jathyadi kera thailam plus Murivenna 10 ml into anal canal done. Dressing with Jathyadi ghritam and lignocaine gel 2% done and tight packing with gauze pads done. Patient shifted to observation room. Discharged after 1 hour of rest. Follow up after 1 week.

Medicines given:

Chiruvilwadi kashayam, Dusparskadi kashayam, Triphalaguggulu tablet, Pravala bhasmam capsule, Hingula bhasmam capsule, Trivrit leham, Triphaladi churnam for sitz bath twice daily for 20 minutes, Jathyadi kera thailam plus Murivenna 10 ml instillation into anal canal twice daily after sitz bath, Jathyadi ghritam for external application at anal region twice daily after sitz bath.

Discussion:

As per Ayurveda *Arṣas* is classified into two types - *śushka* and *ardra*. As per Modern System Hemorrhoids have been classified into 3 types -



Internal pile mass



Internoexternal pile mass



External piles



Treatments done are shown below



3rd Degree internal pile



After *Kshaara karma*



2 Weeks after *Kshaara karma*



Internal pile mass



Kshaara karma



Jambu phala varṇa



After *kshaara karma*

***Kshaara karma* in arṣas**
Ksharasutra bandhana* in *arsas



Internoexternal pile mass



Kshaarasutra bandhana & *chedana*



After 1 week of *kshaarasutra bandhana*



After 2 week of *kshaarasutra bandhana*

Conclusion:

In Modern system Hemorrhoidectomy, laser, etc are being done for the treatment of hemorrhoids but there is a high chance of recurrence. Profuse bleeding also occurs after these procedures. In ayurveda *Kshaara karma* and *Kshaarasutra* treatments are found to be very effective. These are very cheap and produce less bleeding. These procedures do cause incontinence also. So ayurvedic treatment protocols are very effective in the management of Hemorrhoids.

■

Anorectal disorders: A clinical and ayurvedic perspective



Dr. P. Pravin, M.S. (Ayu.)
Ayurvedic Hospital &
Research Centre
Arya Vaidya Sala, Kottakkal

Introduction

Ano-rectal disorders are among the most common conditions encountered in clinical practice across all age groups-from paediatric to geriatric populations. In the current era, rapid lifestyle changes have significantly contributed to their increasing incidence. A large proportion of individuals are engaged in sedentary occupations such as prolonged driving, desk work and digital-based professions. On the other hand, heavy labourers are exposed to repeated strain and increased intra-abdominal pressure.

Dietary habits have deteriorated remarkably, characterized by irregular meal timings, improper food combinations, excessive intake of oily, spicy, processed foods and reduced consumption of fibre-rich diets. Junk food culture, late dinners and inadequate hydration further aggravate digestive disturbances. Additionally, systemic gastrointestinal disorders such as Irritable bowel syndrome, Crohn's disease, ulcerative colitis and malabsorption syndromes contribute to altered bowel habits.

Collectively, these factors lead to impaired digestion (*agnimaandya*), resulting in symptoms such as dyspepsia, bloating, flatulence, acidity, constipation, hard stools and incomplete evacuation. Conversely, frequent loose stools also cause irritation and inflammation of the anal mucosa. Thus, diet, lifestyle, genetics and associated diseases play a crucial role in the development of ano-rectal pathologies.

Etiology (*Nidaana*)

1. Dietary Factors (*Aahaara Nidaana*)
Excess oily, spicy, pungent and calorie-dense food, low fibre intake, irregular meal timings, *viruddha aahaara* (incompatible food combinations) excess meat, dairy, refined flour and junk food.

2. Lifestyle Factors (*Vihaara Nidaana*)
Prolonged sitting or sedentary work, excess travel and vehicle driving, lack of physical activity, suppression of natural urges (*vega dhaarana*), day sleep (*divaaswapna*).

3. Mechanical and Physiological Factors
Chronic constipation and straining, frequent diarrhoea, pregnancy and childbirth, trauma to anal canal.

4. Associated Diseases
IBS, Crohn's disease, ulcerative colitis, colorectal malignancies, malabsorption disorders.

Pathophysiology (*Sampraapti*)

In Ayurveda, the fundamental pathology involves *apaana vaata dushti* leading to improper bowel evacuation (*malavibandha or atipravritti*). This results in increased pressure over the *gudavali* (anal cushions), causing vascular congestion, inflammation and tissue damage.

Samprapti sequence:
Agnimaandya →*mala* accumulation, *apana vata* vitiation, Increased intra-abdominal pressure, pressure on anal structures development of *arsas* (hemorrhoids), *parikartika* (fissure), *bhagandara* (fistula)

Chronic irritation, infection, and trauma may further progress to abscess formation, sinus tracts and complex fistulous disease.

Clinical Anatomy (Essential Overview)
Anal canal: ~4 cm long, divided by dentate line - **Above dentate line**: visceral innervation →less pain

Below dentate line: somatic innervation →severe pain

Internal hemorrhoidal plexus: Above dentate line

External hemorrhoidal plexus: Below dentate line

This anatomical distinction explains:

Painful vs painless bleeding, type of pathology (fissure vs piles)

Clinical Presentation
Patients commonly present with: bleeding per rectum (drop, spray, clots, mixed with stool), pain (cutting, throbbing, burning), itching and irritation, discharge (pus, mucus), swelling or mass protrusion, constipation or frequent stools incomplete evacuation, etc.

Other findings include: Sentinel tags, external multiple discharging sinuses, persistent ulcers or induration.

Classification of Anorectal disorders

Common Conditions: *Arśas* (hemorrhoids), *parikartika* (fissure in ano), *bhagandara* (fistula in ano), *naḍeevraṇa* (sinus), perianal abscess, pilonidal sinus, hidradenitis suppurativa rectal prolapse, solitary rectal ulcer.

Serious Conditions: Carcinoma of rectum and anal canal inflammatory bowel disease.

Grading Hemorrhoids : Grade I – No prolapse, Grade II – Prolapse reduces spontaneously, Grade III – Requires manual reduction and Grade IV – Irreducible

Fistula

- Low / High and Simple / Complex

Detailed Disease Review

1. *Arśas* (Hemorrhoids)

Clinical Features
- Painless bleeding (early stages), prolapse of mass, pain in complicated cases (thrombosis, strangulation)

Ayurvedic View
Caused by *apaana vaata* aggravation and *rakta-maamsa dushṭi*.

Management Conservative
- Correction of *agni* and *vata anulomana*

Medications:
Kashaya*:** Gandharvahastadi, Chiruvilwadi, and Dusparsakadi. ***Choornam: Triphaladi, Induppukanam. ***Bhasma*:** Pravala Bhasma. ***Arishta*:** Kutajarishta

Local Treatments: Sitz bath (*Avagaaha*) - Triphala, Aragwadhadi. Taila/Ghrita: Jathyadi Ghritam, Murivenna.

Procedures: *Kshaara karma, kshaara sutra* & *bandhana* and *agnikarma*

Modern Interventions
Sclerotherapy, infrared coagulation, rubber band ligation, hemorrhoidectomy, HAL/DGHAL and stapler surgery.

2. *Parikartika* (Fissure in Ano)
Clinical Features: Severe cutting pain during defecation, burning sensation, spasm of anal sphincter, and sentinel tag (chronic stage)

Management: Stool softening (*anulomana*), sitz bath, local application (Gandhaka taila, Jathyadighrita), anal dilatation (graded), and Dusparsakadi Kashayam with kankayanam gulika acts good for pain relief.

Surgical: Lateral sphincterotomy

3. *Bhagandara* (Fistula in ano)
Clinical Features: Multiple external openings, pus discharge and recurrent abscess.

Ayurvedic Management: *Kshaara sutra* therapy (gold standard), IFTAK technique and *vraṇa cikitsa.*

Modern Adjuncts: LIFT procedure and FiLaC (laser)

4. *Naḍeevraṇa* and Pilonidal Sinus:
Sinus tract with chronic discharge which includes hidradenitis suppurativa and pilonidal sinus, managed with *kshaara sutra*, excision and wound care

General Treatment Principles
Correction of *agni*, regulation of bowel habits, *vaata anulomana*, local wound healing

Classical concept:
"*Arśas*, *atisara*, *grahaṇi* are interrelated - *agni* correction is essential."

Diet and Lifestyle (*Pathya-apathya*)
Pathya: High fiber diet (vegetables, greens, fruits), adequate water intake, timely meals early dinner banana stem, sesame seeds. ***Apathya***: Junk food, spicy and oily food, alcohol, tobacco, long sitting, excess travel and suppression of urges.

Conclusion
Ano-rectal disorders represent a spectrum of diseases arising primarily from disturbed digestion and bowel habits. Early diagnosis through proper history, inspection and digital rectal examination is crucial. Multiple conditions often coexist, requiring careful differentiation. Ayurveda offers a comprehensive approach combining internal medication, local therapies and para-surgical procedures such as *kshaara karma* and *kshaara sutra*, which remain highly effective. Integration with modern techniques further enhances outcomes. Prevention through *dinacarya*, proper diet and bowel regulation remains the cornerstone of management. Early intervention prevents chronicity and complications, ensuring better patient outcomes.



Feed Back/ Letter to editor

Namaste Sir/Madam,

This month's edition of Vaidyabandhu - Eye diseases is very informative and useful for a general practitioner like me. Thank you very much for all informative articles.

Regards,

Dr. Anuradha Shanubhogue B.
Bangalore

Ayurvedic approach in Anorectal diseases



Dr. K. Devikrishnan
BAMS

The common anorectal diseases include hemorrhoids, fissures, abscess, small tears in the lining of anus, ano rectal fistula, an abnormal tunnel from anus or rectum to the skin surface, anal itching (pruritus ani) and cancer.

Over 10 million people suffer from hemorrhoids each year. Hemorrhoids are common sub mucosal venous formations in the lower rectum and anal canal. Depending on how they relate to the dentate line, they can be either internal or external. External hemorrhoids begin below the dentate line, while internal hemorrhoids are located above it.

Main causes of hemorrhoids

- Sedentary habit and lack of exercise
- Straining during bowel movements: A major contributing factor is persistent constipation and straining to pass hard stool. The veins in the anal canal stretch and swell as a result of the extreme pressure that straining places on them.
- Emaciation caused by fever, abdominal tumors, diarrhea, accumulation of undigested material, disorders of duodenum, over exertion,
- Low-fiber diet: Fiber softens and thickens stool, making it easier to pass. A low-fiber diet causes dry, hard stools that are difficult to pass.
- Pregnancy: The pelvic veins, particularly those in the rectum, are compressed by the expanding uterus. Hemorrhoids can develop as a result of this pressure, particularly in the later stages of pregnancy. Miscarriage, abnormalities of development of fetus.
- Being obese: Being overweight increases the

risk of piles by placing extra strain on the anal and pelvic veins.

- Ageing: The tissues that support the veins in the anal canal deteriorate with age.

Main symptoms of hemorrhoids

- Pain or discomfort around the anus
- Painless bright red blood bleeding during defecation
- Itching or burning sensation in the anal area
- A feeling of fullness in the rectum
- Protrusion of tissue outside the anus (external hemorrhoids)

Treatment principle

The causes of piles, diarrhea and duodenal illnesses are typically related and appear when the digestive fire is weak rather than when it is powerful. Therefore, it is especially important to safeguard the digestive fire in people with these disorders.

Let us recollect the medicines indicated in anorectal diseases.

Arishtasavas

1. Abhayarishtam

(Ref.Text: Ashtangahridayam) This fermented liquid is widely prescribed in hemorrhoids, abdominal disorders, constipation and edema.

2. Aswagandharishtam

(Ref.Text: Bhaishajyaratnavali): Prescribed in anxiety disorders, insomnia, epilepsy and it is beneficial in hemorrhoids also.

3. Dantyarishtam

(Ref.Text: Ashtangahridayam): Used in hemorrhoids, dyspepsia, constipation and ascites.

4. Draksharishtam

(Ref.Text: Sarngadharasamhita): This medicine is beneficial in anemia, constipation and it is immunomodulatory also.

5. Duralabharishtam

(Ref.Text: Ashtangahridayam):Useful in piles conditions, indigestion and constipation.

6. Kutajarishtam

(Ref.Text: Bhaishajyaratnavali): This medicine is a remedy in diarrhea, dysentery, bleeding hemorrhoids and intestinal motility disorders.

7. Lohasavam

(Ref.Text: Bhaishajyaratnavali): Used in iron deficiency anemia and edema. Improves digestive capacity indicated in fever, cough, fistula and also in painful hemorrhoids.

8. Mridvikarishtam

(Ref.Text: Sarngadharasamhita): Prescribed in piles, abdominal disorders, helminthiasis, skin ailments, wounds, eye disorders, throat complaints and disease of head.

9. Nimbamritasavam

(Ref.Text: Ashtangahridayam): Indicated in rheumatoid arthritis, fistula, piles, all rheumatic disorders, inflammatory and degenerative conditions, fistula in ano, cysts and tumors, metabolic dysfunction, skin diseases and chronic ulcers.

10. Pippalyasavam

(Ref.Text: Bhaishajyaratnavali): Prescribed in consumption, piles, indigestion, anorexia, anemia and malabsorption syndrome.

11. Punarnavasavam

(Ref.Text: Bhaishajyaratnavali): Effective in edema, anemia. Promotes diuresis.

12. Putikaranjasavam

(Ref.Text: Ashtangahridayam): Beneficial in hemorrhoids, indigestion and anemia.

13. Putivalkasavam

(Ref.Text: Ashtangahridayam): Prescribed in hemorrhoids, indigestion, etc.

14. Rohitakarishtam

(Ref.Text: Bhaishajyaratnavali): Used in Splenomegaly, hepatomegaly, dermatitis and hemorrhoids.

15. Visvamritam

(Proprietary medicine): Beneficial in post natal care, piles, fever, lack of appetite and loose bowels.

Gulika

1. Cheriya antrakutharam gulika
(Proprietary medicine): This tablet is indicated in abdominal disorders, constipation and piles.

2. Valiya antrakutharam gulika
(Ref.Text: Sahasrayogam):This tablet is prescribed in hernia, abdominal discomfort, pain, hemorrhoids and edema.

3. Kankayanam gulika
(Ref.Text: Sahasrayogam): This can be used along with buttermilk in piles conditions.

4. Mandura vatakam
(Ref.Text: Ashtangahridayam): This formulation is useful in anemia, edema, piles and jaundice.

5. Yogarajagugguluvatika
(Ref.Text: Rasaratnasamuchayam): Used in stomach discomfort, hemorrhoids, fistula, joint disorders and anemia.

6. Hingvadi gulika
(Ref.Text: Ashtangahridayam): Commonly prescribed medicine in flatulence, indigestion, loss of appetite, hemorrhoids, pain on chest, etc.

7. Chandraprabha vatika
(Ref.Text: Bhaishajyaratnavali): Prescribed in urinary tract infections, diabetes, menstrual irregularities, abscess, fistula and hemorrhoids.

Bhasmas and Ksharas

1. Kalyanaksharam
(Ref.Text: Ashtangahridayam): This preparation is used in abdominal pain, intestinal obstruction, renal calculi, obstructive uropathy, dysmenorrhea, diabetes, edema, cough and piles.

2. Gandhakarasayanam (7), (14), (21)
(Proprietary medicine): Beneficial in blood purification, skin ailments and hemorrhoids.

Churnam

1. Brihat vaisvanara churnam
(Proprietary medicine): This medicine corrects metabolism, relives constipation, cough, indigestion and is beneficial in piles.

2. Guggulupanchapala churnam
(Ref.Text: Ashtangahridayam): Used in skin disorders, fistula, abdominal distension and dyslipedemia.

3. Hinguvachadi churnam
(Ref.Text: Ashtangahridayam): Widely prescribed in abdominal disorders, constipation, anorexia, indigestion, intestinal and uterine spasms, etc.

4. Inthuppukanam
(Ref.Text: Sahasrayogam): This is laxative, used in indigestion with constipation.

5. Panchakola chunam (Ref.Text: Gadanigraham) Useful in indigestion, mal - absorption syndrome.

6. Pushyanuga churnam
(Ref.Text: Ashtangahridayam): Used in leucorrhea, dysfunctional uterine bleeding and bleeding piles.

7. Shaddharana churnam
(Ref.Text: Ashtangahridayam): Indicated in inflammatory arthritis, generalised edema. Available in Tablet form also.

8. Yogaraja churnam
(Ref.Text: Rasaratnasamuchayam): Acute and chronic arthritis, hemorrhoids, fistula and dyslipidemia.

9. Triphaladi churnam
(Ref.Text: Ashtangahridayam): Used in prevention and management of ophthalmic diseases such as cataract, glaucoma diminished vision and in constipation also.

10. Vidangatanduladi churnam
(Ref.Text: Ashtangahridayam): This one is a laxative, useful in abdominal mass, hepatic splenic disorders.

Ghrita

1.Dhanvantara ghritam
(Ref.Text: Ashtangahridayam): Used in diabetes and its complications, anemia, abscess, edema, chronic rheumatoid arthritis, respiratory diseases, abdominal disorders, hemorrhoids, skin ailments and also in psychiatric disorders.

2. Guggulutiktaka ghritam
(Ref.Text: Ashtangahridayam): Useful in rheumatoid arthritis, fistula, piles, all rheumatic disorders, inflammatory and degenerative conditions, fistula in ano, cysts, abscesses and tumors, metabolic dysfunction, skin diseases and chronic ulcers.

3. Kalyanaka ghritam
(Ref.Text: Ashtangahridayam): Indicated in psychic disorders, seizure disorder, anemia, infertility, impairment cognitive functions, poor concentration, diabetes mellitus, etc.

4. Mahakalyanaka ghritam
(Ref.Text: Ashtangahridayam): Prescribed in psychic disorders, seizure disorder, anemia, infertility, impairment cognitive, poor concentration, diabetes mellitus, etc.

5. Misrakasneham/
Misrakasneham Softgel capsules
(Ref.Text: Ashtangahridayam): Very strong purgative indicated in chronic constipation, piles, hernia and hydrocele.

6. Palandava ghritam
This unique ghrita of AVS is indicated in hemorrhoids.

7. Satadhouta ghritam
For external application on burning paraesthesia, herpes, fungal and bacterial skin lesions.

8. Sukumara ghritam
(Ref.Text: Ashtangahridayam): Indicated in gynaecological disorders, hernia, tumor, gastro intestinal motility disorder, hemorrhoids, edema, arthritic pain, systemic disorders of spleen, liver and kidney, constipation and general debility in women.

9. Suranadi ghritam
(Proprietary medicine): This unique preparation is used in hemorrhoids.

10. Vrisha ghritam
(Ref.Text: Ashtangahridayam): Idiopathic thrombocytopenic purpura, thrombocytopenia, melena, hematemesis, bronchitis with hemoptysis, dysfunctional uterine bleeding and bleeding piles.

Kashayam

1. Amritottaram kashayam
(Ref.Text: Sahasrayogam): It is used in fever, edema, constipation and jaundice.

2. Chiruvilvadi kashayam
(Ref.Text: Sahasrayogam) Prescribed in hemorrhoids, fistula-in-ano, fissure in ano, stomach disorders, indigestion, constipation, varicose vein and it helps to improve digestive capacity. Classically its application is in *kaphanubandha vaata* conditions in *koshta*, *rasa-maamsa-medo vikaras* and *apaana vaigunya.*

3. Dasamulapanchakoladi kashayam
(Ref.Text: Sahasrayogam): Used in ascites, edema, constipation, fistula and piles.

4. Dusparshakadi kashayam/tablet
(Ref.Text: Ashtangahridayam): Indicated in piles. Useful in *kaphavaataja arśas* and *bhagandara gudaśula.*

5. Gandharvahastadi kashayam/tablet
(Ref.Text: Sahasrayogam): Lumbago, dyspepsia and constipation.

6. Guggulutikthakam kashayam/tablet
(Ref.Text: Ashtangahridayam): Useful in rheumatoid arthritis, fistula, piles, all rheumatic disorders, inflammatory and degenerative conditions, fistula in ano, cysts and tumors, metabolic dysfunction, skin diseases and chronic ulcers.

7. Manjishtadi kwatham brihat/tablet
(Ref.Text: Bhaishajyaratnavali): Prescribed in chronic skin diseases including eczema, psoriasis, non- healing ulcers, varicose ulcer, pruritis, boils and genital ulcers, polyarthralgia, etc.

8. Nimbamritadipanchatiktham
Kashayam/tablet
(Ref.Text: Ashtangahridayam): Prescribed in skin diseases, liver complaints, benign, malignant tumors and abscess.

9. Patolamuladi kashayam
(Ref.Text: Ashtangahridayam): Useful in skin ailments, constipation, hemorrhoids and complications of jaundice.

10. Punarnavadi kashayam/tablet
(Ref.Text: Sahasrayogam): This decoction is widely prescribed in anemia, edema, swellings, abscess, tumor and cough, it is anti lipidemic and liver protective also.

11. Saptasaram kashayam/Kwatham tablet
(Ref.Text: Sahasrayogam): Used in pelvic inflammatory disease, constipation, piles, PCOD and liver disorders.

12. Sukumram kashaym/Kwatham tablet
(Ref.Text: Ashtangahridayam): Widely prescribed in various gynecological disorders, edema, menstrual irregularities, hemorrhoids, liver disorders, tumor and swellings.

13. Varavishaladi kashayam or Kalyanakam kashayam
(Ref.Text: Ashtanagahridayam): This medicine contains the ingredients of Kalyanakaghrita, suitable for psychological problems, anemia, itching sensation all over the body, fever, edema and liver disorders.

Tailam

1. Murivenna/ Murivenna cream
(An Ayurvedic Proprietary Medicine)
(Ref.TextText: Ayuevedic Formulary of India Part IV.): This medicine is indicated in: *vrana* (ulcer), *sandhisopha* (arthritis), *abhighaatajanya sopha* (Inflammation due to trauma), *asthi bhagna* (Bone fracture), *sandhichuta* (dislocation of bones).

2. Palandavairandatailam
(Proprietary Medicine): Used as internal medicine in hemorrhoids, inguinal hernia and constipation.

3. Gandharvahastadi erandatailam / soft gel capsule
(Ref.Text: Sahasrayogam): (One soft gel capsule contains 1 g of Gandharvahastadi Erandatailam): Indicated in *pavana-saanthi*, *Vahnibalam* and *malasodhana*. Laxative-wherever *anulomana* is indicated.

New generation products

1. Pilocid tablet (Proprietary medicine): This unique tablet of AVS contains *ciruvilwa* (*Holoptelea integrifolia*), *punarnava* (*Boerhavia diffusa*), *vahni* (*Plumbago indica*), *abhaya* (*Terminalia chebula*), *kana* (*Piper longum*), *naagara* (*Zingiber officinale*), *dusparsa* (*Tragia involucrate*), *paatha* (*Cissampelos pareira*).
Indication: This unique medicine of AVS is used in Hemorrhoid, ano-rectal diseases.

2. Pilocid gel
This unique gel of AVS is for application in and around anal area and it contains *vishamushti* (*Ageratum conyzoides*), *lajjaalu* (*Mimosa pudica*), *palaandu* (*Allium cepa*), *yashti* (*Glycyrrhiza glabra*), *keratailam* (*Cocos nucifera*).
Indication: Hemorrhoids, ano-rectal diseases.

Our Books



1. Arsas (Piles)
Pages: 31 - Price: 40
(In Malayalam)



2. Arsassum Chikitsayum
Pages: 55 - Price: 60
(In Malayalam)

Clinical experiences in the management of *Parikartika* (Fissure in ano) in Ayurveda



Dr. Malini B., M.S. (Ayu.)
Ayurvedic Hospital &
Research Centre, Delhi
Arya Vaidya Sala, Kottakkal

Ano-rectal disorders are among the most frequently encountered conditions in clinical practice, often causing significant discomfort and affecting the quality of life of patients. Conditions such as hemorrhoids (*arśas*), fissure-in-ano (*parikartika*), fistula-in-ano (*bhagandara*), etc. are described in detail in ayurvedic classics. Ayurveda offers a comprehensive management strategy through internal medications, local therapies, dietary regulation and lifestyle modifications. This article presents clinical experiences in the management of *Parikartika* using classical ayurvedic formulations, emphasizing individualized treatment and symptom-based drug selection.

Parikartika, commonly correlated with fissure-in-ano, defined as a linear or oval-shaped tear in the anal canal extending from below the dentate line to the anal verge. Acute fissures present with severe pain, sphincter spasm and bleeding during defecation, whereas chronic fissures are characterized by features such as hypertrophied anal papilla, sentinel pile and exposed internal sphincter fibers. It significantly affects the patient's quality of life due to pain, bleeding and fear of bowel movements. The term *Parikartika* is derived from the Sanskrit words "*Pari*" (all around) and "*Kartanam*" (cutting), indicating severe cutting pain around the anal region. *Parikartika* is primarily associated with the vitiation of *vaata* and *pitta doshas* particularly *apaana vaayu*. The condition may arise as an independent disease or as a complication of other disorders and improper therapeutic procedures such as *virecana* and *vasti.*

The etiological factors include, improper dietary habits, excessive use of *teekshṇa, ushna* & *Rooksha* substances, Impared function of *jatharaagni*, suppression of natural gases and vitiation of *doshas*, predominantly *apaana vaayu* & improper administration of *pancakarma* therapies.

The pathogenesis involves *vaata*-induced dryness and constriction, combined with *pitta*-induced inflammation, leading to tearing of the anal mucosa (*vraṇa* formation). The condition is thus both a functional and structural disorder, requiring a comprehensive management approach. The ayurvedic line of management focuses on correcting *agni*, regulating bowel movements, reducing inflammation and promoting healing.

Clinical Approach and Assessment

In clinical practice, a detailed evaluation is essential for effective management. The following factors are carefully assessed: nature of pain (cutting, burning, throbbing) presence and severity of bleeding per rectum, bowel habits (constipation, straining) associated symptoms such as itching, swelling or discharge.

Understanding the *dosha* predominance helps in tailoring treatment. *Vaata* dominance presents with severe pain and dryness, while *pitta* dominance is associated with burning sensation and bleeding and *kapha* predominance with profuse itching and swelling along with slimy pale discharge, tenesmus, etc.

Ayurvedic Management: Clinical Experience

This can be divided in to 3 categories - *aahaara, vihaara* and *aoushadha*. Parasurgical procedures like *śaastra kshara agnikarmas* also can be incorporated according to the stage of the diseases.

1. General Internal Medications

In routine clinical practice, a combination of *deepana* (digestive), *paacana* (metabolic correction), *anulomana* (bowel regulation) and *śothahara* (anti-inflammatory) drugs is found to be highly effective.

Commonly used formulations include
Chiruvilwadi kashayam or Sukumaram kashayam or Dusparshakadi kashayam along with Kankayanam gulika and Mahadhanwantaram gulika.

Arishta Aasavas like Abhayarishtam, Dasa mularishtam, Jirakadyarishtam, Duraala - bhaarishtam, Pootivalkasavam, Pooti karanja savam are also used to enhance *agni and vataanu lomana*. Also Vanasooranadi leham helps to reduce the swelling in anal region and facilitates *malapravṛtti*. Trivrit leham & Palandavairanda tailam also can be used in case of constipation.

Local treatment plays a crucial role in symptom relief and tissue healing.

Sitz bath with *Triphala kashayam*, anal infiltration of Murivenna / Jatyaadi ghritam, Kaattappa tailam & local application of Satadhouta ghritam / Pilocid gel. It helps in: reducing local inflammation, promoting wound healing and maintaining hygiene of the anal region.

Clinical Insight: A multi-drug approach combining digestive correction and bowel regulation provides consistent relief in early and moderate stages of ano-rectal disorders. Regular bowel clearance plays a key role in preventing further aggravation.

Dietary and Lifestyle Modifications: Diet and lifestyle form an integral part of management.

Dietary Advice: High-fibre diet (green leafy vegetables, fruits, whole grains should be included in diet) and Adequate hydration (Approximately every 25 kg of body weight needs 1 litre of water every day).

Avoid: Untimely food which is quantitatively excess or low should be avoided. Spicy and oily foods, processed and junk food, excess tea and coffee are the ones to be avoided.

Lifestyle Recommendations: Avoid prolonged sitting. Do not suppress natural urges. Establish regular bowel habits . Avoid excessive straining during defecation.

Clinical Insight: Patients who strictly follow dietary and lifestyle advice show faster recovery and reduced recurrence rates. A key observation from clinical practice is that early intervention, individualized treatment based on *dosha* predominance, and strict adherence to dietary and lifestyle modifications are essential for complete recovery. Thus, Ayurveda provides a safe, cost-effective, and sustainable approach in the management of *Parikartika*, minimizing recurrence and reducing the need for invasive procedures.

Kshaarasutra in Pilonidal sinus-A case study



Dr. Anup P., BAMS, M.S. (Ayu.)
Medical Officer
Ayurvedic Hospital &
Research Centre, Delhi
Arya Vaidya Sala, Kottakkal

Pilonidal sinus is a chronic inflammatory condition characterized by a sinus tract or cavity, usually located in the sacrococcygeal region (natal cleft). It often contains hair, debris and infected material, leading to pain, swelling and discharge.

In Ayurveda, pilonidal sinus can be correlated with "*naadi vraṇa*" (sinus wound), a type of chronic wound described in classical texts like Sushruta Samhita.

Etiology (*Nidaana*)
Ayurvedic View:
Vitiation of *tridosha*, predominantly *vaata* and *kapha*, poor wound healing (*dushṭa vraṇa*)

Accumulation of *mala* (waste) in localized tissue, sedentary lifestyle (*avyaayaama*)

Major contributing factors:
Ingrown hair: loose hairs penetrate the skin and cause inflammation, friction and pressure: prolonged sitting or tight clothing, poor hygiene, excess body hair (hirsutism), obesity, sedentary lifestyle, deep natal cleft anatomy.

Pathogenesis (*Sampraapti*)
Aggravated *dosha*s, particularly *vaata* (causing tract formation) and *kapha* (causing pus and sluggish healing), lead to the formation of a sinus tract (*naadi*). Repeated infection results in chronicity and discharge. The term "pilonidal" means "nest of hair," as the condition is often associated with hair accumulation beneath the skin. It primarily affects young adults, especially males and can significantly impact quality of life due to pain, discharge and recurrence.

Case Study
Pilonidal Sinus in a 23-Year-Old Male

1. Patient Profile
Name: Mr. X
Age/Sex: 23 years / Male
Occupation: Student (prolonged sitting habits)
Socioeconomic Status: Middle class.

2. Chief Complaints
(a) Pain in the upper part of anal cleft for 2 months (b) Intermittent discharge (pus/blood-stained) from a boil like opening (c) Swelling with occasional redness (d) Difficulty in sitting for long periods.

3. History of Present Illness
Symptoms started as mild discomfort while sitting, gradually progressed to swelling and pain, later developed a discharging sinus, history of occasional fever during acute episodes, no history of trauma.

4. Past History
No diabetes, tuberculosis, or major illness, no previous surgery.

5. Personal History
Diet: Mixed, irregular meal timing, Bowel: Regular habits: Sedentary lifestyle, prolonged sitting.

Hygiene: Moderate, Physique - Obese with hairy body.

6. General Examination
Vitals: Stable, no pallor, icterus, cyanosis, clubbing, lymphadenopathy.

7. Local Examination
Site: Sacrococcygeal region (natal cleft).

Findings:
One sinus opening in midline, surrounding induration, seropurulent discharge, presence of hair tufts inside sinus, tenderness present.

8. Investigations
Blood tests: Within normal limits, ultrasound: sinus tract without deep extension.

9. Diagnosis
Pilonidal sinus (chronic), Ayurvedic correlation: considered under *naadi vrana* (sinus wound).

10. Etiopathogenesis
Modern view - Hair penetration into subcutaneous tissue. Foreign body reaction infection, sinus formation.

11. Treatments done:
Kshaarasutra therapy under local anesthesia in strict aseptic conditions.

Procedure:
Medicated thread (*kshaarasutra*) inserted into sinus tract with fistula prob and tied. *Kshaarasutra* thread changed every week. Gradual cutting and healing observed. Reduced pus discharge and healthy granulation tissues noted. Cleaned and hairs removed from the sinus tract.

Vrana prakshaalana with triphala kashayam and dressing with Jatyadi gritham done till complete wound healing.

Benifits of *Kshaarasutra*:
Minimal or no recurrence no major surgery required. Very minimal wound scar formation.

Medications given:
Nimbamrtadi panchathiktakam kashayam, Triphala guggulu tablet, Rasasindooram capsule.

12. Outcome & Follow-Up
Gradual reduction in discharge and pain, healthy granulation tissue formation, Complete healing in 6 weeks (with *ksharasutra*).

Advise given: Maintain hygiene, avoid prolonged sitting, regular hair removal, less oily and less spicy diet.

Diet and Lifestyle

Pathya (Recommended)	*Apathya* (To Avoid)
Light, easily digestible food, warm water intake	Prolonged sitting, oily, spicy, junk foods
Fiber-rich diet to avoid constipation, Regular hygiene of affected area	Excessive sweating without hygiene, tight clothing

Discussion

Pilonidal sinus commonly affects young males due to lifestyle and hair factors.

High recurrence with conventional surgery. if care is not taken properly and there is very less recurrence chance with *kshaarasutra* therapy.

Early diagnosis and proper management are essential.

Conclusion

Pilonidal sinus (*naad̲ivran̲a*) is a chronic and recurrent condition that can be effectively managed through Ayurveda. *Kshaarasutra* therapy offers a safe, economical and minimally invasive solution with excellent outcomes. Combining proper wound care, internal medications and lifestyle modifications ensure faster healing and prevent recurrence.

Stages of healing:



Medicinal plants used in Anorectal diseases



Dr. Kishor R., M.S. (Ayu.)
Assistant Professor
Salyatantra department
VPSV Ayurveda College, Kottakkal

Arsas (hemorrhoids) is described in ayurvedic literature as a disease amenable to management through *bhaishajya* (pharmacotherapy), *kshaara* (alkaline therapy) and *agni* (thermal cauterization). Classical texts emphasize the significance of numerous therapeutic formulations for the management of anorectal disorders, administered through both internal and external modalities.

1. *Citraka* (*Plumbago zeylanica* Linn.)

Citraka, belonging to the family Plumbaginaceae, is a perennial sub-shrub widely distributed across India. The root bark (*moola twak*) is the principal medicinal part used, often subjected to purification (*shodhana*) prior to internal administration due to its high potency.

Pharmacodynamically, *citraka* possesses *katu rasa*, *ushna virya*, and exhibits *deepana* and *paacana* properties. It is *vaata-kapha s̲aamaka* and is specifically indicated as *ars̲oghna*. Its *lekhana* property enables reduction of pathological tissue overgrowth. Clinically, *citraka* is highly effective in hemorrhoids by improving digestion, reducing *aama* formation, and alleviating venous congestion. Formulations such as Chitrakadi vati enhance *agni* and correct chronic constipation, a major etiological factor in piles. Administration with buttermilk (*takra prayoga*) is particularly beneficial in reducing hemorrhoidal mass and regulating bowel movements. Additionally, it promotes intestinal motility and aids in conditions like *bhagandara* through its anti-inflammatory and wound-cleansing actions. Modern studies attribute its pharmacological activity to Plumbagin, which exhibits anti-inflammatory, antimicrobial and prokinetic effects, thereby supporting its traditional indications.

2. *Kutaja* (*Holarrhena antidysenterica* Wall.)



Kutaja, a member of the Apocynaceae family, is a well-known anti-diarrheal and anti-dysenteric drug, classified under *arṣoghna gaṇa* in classical texts. The bark is the primary part used. It is characterized by *tikta* and *kashaaya rasa*, *laghu* and *ruksha guṇa*, *ṣeeta virya* and *kattu vipaaka*, making it effective in balancing *kapha* and *pitta doshas*. *Kutaja* plays a crucial role in bleeding hemorrhoids (*raktarṣa*) due to its astringent (*stambhana*) action, which helps arrest bleeding and reduce inflammation. It is also beneficial in chronic diarrhea and dysentery, conditions that aggravate anorectal diseases. By improving stool consistency and reducing infection, it prevents trauma to the anal canal. Formulations such as Kutajarishta, Kutajavalehya and Kutaja Ghanavati are widely used in clinical practice. Pharmacological studies highlight the presence of conessine, which has a direct amoebicidal action against *Entamoeba histolytica*, validating its role in managing infective gastrointestinal disorders associated with anorectal complications.

3. *Hareetaki* (*Terminalia chebula* Retz.)



Hareetaki, belonging to the Combretaceae family, is a widely distributed medicinal tree, with its dried fruit being the primary therapeutic part. It exhibits multiple actions including *deepana*, *paacana*, *anulomana*, *mṛdu recana*, *vataanulomana*, *ṣothahara* and *vraṇaropaṇa*. It is also recognized as a *rasaayana* drug. *Hareetaki* is particularly important in anorectal disorders due to its ability to regulate *apaana vaata* and facilitate smooth bowel evacuation. By preventing constipation and reducing straining, it minimizes the risk of hemorrhoids, fissures and prolapse. Its anti-inflammatory and wound-healing properties further aid in symptom relief and postoperative recovery. Modern research demonstrates laxative, antioxidant, antimicrobial and wound-healing activities, largely attributed to compounds such as chebulagic acid and tannins.

4. *Cirivilwa* (*Holoptelea integrifolia* Planch.)

Cirivilwa, from the Ulmaceae family, is a deciduous tree used primarily for its bark and leaves. It possesses *ṣothahara, vedanaasthaapana, kandughna, lekhana* and *vraṇaropaṇa* properties. It is especially useful in inflammatory and infected anorectal conditions. Clinically, it is beneficial in reducing pain, swelling and itching in hemorrhoids. External applications promote wound cleansing and healing in fistula-in-ano and postoperative wounds. Its *lekhana* action helps in reducing excessive granulation tissue. Pharmacological studies confirm its anti-inflammatory, antimicrobial and wound-healing properties.

5. *Dusparṣa* (*Tragia involucrata* Linn.)

Dusparṣa, belonging to the Euphorbiaceae family, is a climbing herb with medicinal value in its whole plant roots.It exhibits *ṣothahara, vedanaahara, krimighna and vraṇaropaṇa* properties. It is particularly useful in painful anorectal conditions, reducing edema, tenderness and microbial load in fistulous tracts. Classical formulations like Dusparshakadi Kashayam are effective in relieving pain associated with hemorrhoids. Experimental studies support its anti-inflammatory, analgesic, antimicrobial and wound-healing effects.

6. *Sooraṇa* (*Amorphophallus campanulatus* (Roxb.))

Sooraṇa, commonly known as elephant foot yam, belongs to the Araceae family and is widely used both as food and medicine.It exhibits *kapha-vaatahara*, *deepana*, *rucya* and *arṣoghna* properties. The tuber (*kanda*) is the main part used. Clinically, *sooraṇa* is highly beneficial in hemorrhoids. Administration of its powder with buttermilk helps reduce pile mass and improves digestion. Its juice is also used in managing intestinal worms and hepatomegaly.

Pharmacological studies demonstrate anti-inflammatory, analgesic and anti-hemorrhoidal activities, along with reduction in edema and vascular congestion.

7. *Bhallaataka* (*Semecarpus anacardium* Linn.)



Bhallaataka, belonging to the Anacardiaceae family, is a potent drug used after proper purification.It possesses *kaphavaatahara, deepana, chedana* and *bhedana* properties. The fruit and seed are primarily used. It is effective in hemorrhoids when administered with buttermilk. It also shows efficacy in parasitic infestations when used internally or as *vasti*. Modern research indicates anti-inflammatory, immunomodulatory, antioxidant and anti-proliferative activities.

8. *Doorva* (*Cynodon dactylon* (L.) Pers.)

Doorva, a member of the Poaceae family, is a widely available creeping grass known for its hemostatic properties. It exhibits *pittahara, raktastambhaka, daahaprasamana* and *vranaropana* actions. The whole plant is used medicinally. It is particularly useful in bleeding hemorrhoids, where it helps arrest bleeding and promotes wound healing. Preparations such as *doorva svarasa* and topical applications are commonly used. Pharmacological studies confirm its hemostatic activity, showing reduced bleeding time and enhanced platelet function, attributed to tannins and flavonoids.

The above-mentioned single drugs demonstrate significant therapeutic potential in the management of anorectal disorders through diverse mechanisms such as improving digestion, regulating bowel habits, reducing inflammation, arresting bleeding and promoting wound healing. Both classical ayurvedic principles and modern pharmacological studies substantiate their efficacy, highlighting their relevance in contemporary clinical practice.

■

Yoga for Anorectal diseases (Piles, Fissure, Fistula)



Dr. Prasanth P., M.D. (Ayu.)
Superintendent & Senior Medical Officer
Ayurvedic Hospital &
Research Centre, Delhi
Arya Vaidya Sala, Kottakkal

Anorectal diseases such as piles (hemorrhoids), anal fissure and fistula are common conditions affecting the lower digestive tract. They are often associated with sedentary lifestyle, chronic constipation, poor dietary habits and stress. These disorders not only cause physical discomfort-pain, bleeding, itching-but also significantly affects quality of life.

In recent years, Yoga has emerged as a valuable supportive therapy in the management of these conditions. While it is not a substitute for medical or surgical treatment in severe cases, yoga plays a crucial role in prevention, symptom relief and long-term recovery.

Understanding Anorectal Diseases

1. Piles (Hemorrhoids)
Piles are swollen veins in the rectum or anus, often caused by excessive straining during bowel movements, constipation, or prolonged sitting. Symptoms include pain, bleeding and irritation.

2. Anal Fissure
A fissure is a small tear in the anal canal, usually due to passing hard stools. It leads to severe pain and bleeding during defecation.

3. Fistula-in-Ano
A fistula is an abnormal tract between the anal canal and skin, often resulting from infection or abscess.

Role of Yoga in Anorectal Disorders
Yoga addresses the root causes of these diseases rather than just symptoms. Its benefits include:

i. Improves Digestion
Yoga stimulates abdominal organs and enhances bowel movement, preventing constipation-a major causative factor.

ii. Enhances Blood Circulation
Improved circulation in the pelvic region reduces venous congestion and swelling in hemorrhoids.

iii. Strengthens Pelvic Floor Muscles
Certain *aasanas* tone the anal sphincter and pelvic muscles, helping prevent to recurrence.

iv. Reduces Stress
Stress aggravates digestive issues. Yogic breathing and meditation calm the nervous system.

v. Promotes Healthy Lifestyle
Regular yoga encourages proper diet, hydration, and disciplined bowel habits.

Important Yoga Practices for Anorectal Diseases

1. *Maalaasana* (Garland Pose)



This squatting posture mimics the natural position for defecation.
Benefits: Facilitates easy bowel movement, reduces straining, relaxes anal sphincter, improves pelvic circulation.

2. *Pavanamuktasana* (Wind-Relieving Pose)



Benefits: Relieves gas and bloating, improves digestion, reduces pressure in rectal veins.

3. *Baalaasana* (Child's Pose)



Benefits: Relaxes pelvic muscles, reduces pain and inflammation and calms the mind.

4. *Vipareeta Karani* (Legs-Up-the-Wall Pose)



Benefits: Improves venous return,reduces swelling in piles and enhances relaxation

5.*Paschimottaanaasana* (Seated Forward Bend)



Benefits: Stimulates abdominal organs, Improves bowel regularity, Reduces constipation

6. *Sarvaangaasana* (Shoulder Stand)



Benefits: Enhances circulation, reduces venous pressure and supports healing

***Pranaayaama* (Breathing Techniques)**

1. *Nadee suddhi Pranaayaama*



Balances nervous system and improves digestion



2. *Bhraamari*
Reduces stress and anxiety



3. *Kapaalabhaati*

Stimulates digestive fire, and helps in bowel clearance

Yogic Lifestyle Guidelines
For best results, yoga must be combined with proper lifestyle:

Diet
High-fiber foods: fruits, vegetables, whole grains, adequate hydration and avoid spicy and processed foods.

Habits
Regular bowel routine, avoid straining and do not sit long hours.

Daily Routine (*Dinacarya*)
Early morning yoga practice, timely meals and adequate sleep.

Precautions
Avoid strenuous poses during acute pain or bleeding, do not perform inversions in severe cases without guidance, practice under a trained yoga therapist, and seek medical care for advanced conditions.

Integrating Yoga with modern and Ayurvedic Care
Yoga works best as a complementary therapy. In Ayurveda, anorectal diseases are linked to disturbed *apaana vaata*. Yogic practices help normalize this, improving elimination and tissue healing. In chronic cases like fistula, procedures such as *kshaara sutra* may be required, but yoga aids recovery and prevents recurrence.

Conclusion
Yoga offers a holistic, safe and effective approach to managing anorectal diseases. By improving digestion, enhancing circulation, strengthening pelvic muscles and reducing stress, it targets the root causes of these disorders. Regular practice, combined with dietary and lifestyle modifications, can significantly reduce symptoms and prevent recurrence.

Thus, yoga is not just a therapy but a preventive and promotive health strategy for anorectal disorders-aligning body, mind and lifestyle for long-term well-being.

Our formulations useful in Anorectal disorders



Abhayarishtam



Duralabharishtam

Nirnaya – Diagnostic tips

Investigations in Anorectal diseases



Dr. R.G. Unnikrishnan, M.D. (Ayu.)
Professor & Head
Dept. of Roganidana
Vaidyaratnam P.S. Varier Ayurveda College
Kottakkal

The diagnostic evaluation of anorectal diseases follows a systematic multi modal approach integrating clinical examination, endoscopy, physiological testing, laboratory studies and advanced imaging. Investigations are performed in a step-wise manner, beginning with focused history and bedside examination, followed by targeted functional or radiological assessment based on clinical suspicion. This approach enables accurate evaluation of structural lesions, sphincter dysfunction, fistulas, inflammatory disorders, infections and anorectal malignancies, thereby guiding precise diagnosis and management.

	Diagnostic tool	Clinical significance
I. Bedside & Clinical Examination	Targeted history & Systemic review	Essential for identifying red-flag features such as weight loss, anorexia, altered bowel habits, anemia, immunosuppression, inflammatory bowel disease (IBD) and family history of colorectal cancer (CRC).
	External inspection	Identifies external hemorrhoids, fissures, fistula openings, abscesses, ulcers, skin tags, prolapse, warts, dermatitis, hidradenitis and Fournier gangrene changes.
	Digital Rectal Examination (DRE)	Evaluates sphincter tone, tenderness, masses, impacted stool, prostate abnormalities, rectal wall irregularities, blood staining and low rectal tumors. Essential in almost all anorectal complaints.
	Abdominal & Perineal examination	Detects guarding, organomegaly, abdominal masses, ascites, perianal swelling, fluctuance, cellulitis or palpable fistula tracts. Useful in sepsis, malignancy and inflammatory disease.

II. Procedural & Endoscopic Evaluation	Anoscopy	Best initial tool for internal hemorrhoids, fissures, condylomata, anorectal ulcers, low rectal masses, proctitis and anal carcinoma screening.
	Proctoscopy / Rigid Sigmoidoscopy	Useful for proctitis, solitary rectal ulcer syndrome, distal rectal tumors, strictures, bleeding evaluation and post-radiation changes.
	Flexible Sigmoidoscopy	Evaluates distal colitis, inflammatory bowel disease, distal neoplasia, bleeding and chronic diarrhoea.
	Colonoscopy	Gold standard for hematochezia, colorectal neoplasia, IBD, polyps, unexplained anemia, chronic diarrhea and familial CRC (colorectal cancer) surveillance.
	Endoscopic biopsy	Definitive diagnosis for malignancy, dysplasia, tuberculosis, Crohn disease, Cytomegalovirus (CMV), Herpes Simplex Virus (HSV), and Human Papillomavirus (HPV) lesions, solitary ulcers and chronic inflammatory disorders.
	Cytology / Anal pap smear	Screening for anal intraepithelial neoplasia and HPV-associated dysplasia, especially in HIV-positive and high-risk patients.
	Microbiological smear / Culture	Diagnoses anorectal infections including gonorrhoea, chlamydia, syphilis, HSV, tuberculosis, fungal disease and abscess microbiology.
III. Functional & Motility Studies	High-Resolution Anorectal Manometry (HR-ARM)	Evaluates faecal incontinence, dyssynergic defecation, chronic constipation, Hirschsprung disease, functional anorectal pain and pelvic-floor dysfunction.
	Rectal balloon expulsion test	Primary screening test for dyssynergic defecation and outlet obstruction constipation.
	Pudendal Nerve Terminal Motor Latency (PNTML)	Used in faecal incontinence, obstetric sphincter injury, chronic neuropathic pelvic-floor dysfunction and sphincter denervation assessment.
	Electromyography (EMG)	Differentiates neurogenic versus myogenic sphincter dysfunction in fecal incontinence and pelvic-floor disorders.
	Defecography (Fluoroscopic)	Detects rectocele, enterocele, intussusception, rectal prolapse, paradoxical puborectalis contraction and excessive perineal descent.
	MRI Defecography	Superior multicompartment pelvic-floor assessment in obstructed defecation syndrome, prolapse, enterocele and complex pelvic-floor dysfunction.
	Trans-lumbosacral magnetic stimulation	Specialized evaluation of anorectal neuromuscular conduction and sphincter innervation.
IV. Structural & Advanced Imaging	Endoanal / Endorectal Ultrasound (EAUS/ERUS)	Best for sphincter defects, obstetric injury, low fistula anatomy, internal openings, abscesses and early rectal tumor staging.
	MRI Pelvis (Static)	Gold standard for complex fistulas, Crohn perianal disease, supralevator abscesses, sphincter disruption and rectal cancer staging.
	MRI Fistulography	Defines fistula classification, internal openings, horseshoe extensions, abscesses and operative planning.
	CT Abdomen & Pelvis	Evaluates anorectal sepsis, Fournier gangrene, perforation, pelvic trauma, metastatic disease and abscess extension when MRI is unavailable.
	CT Angiography	Localizes active lower gastrointestinal bleeding and vascular malformations in severe hematochezia.
	CT Colonography	Alternative when colonoscopy is incomplete or contraindicated. Useful for large polyps and colorectal cancer screening.
	Contrast Enema / Barium Studies	Detects strictures, fistulas, leaks, volvulus, megacolon, and postoperative anastomotic complications.
	Fistulography	Historical tool for fistula mapping; now largely replaced by MRI and EAUS.
	Perineal / Translabial Ultrasound	Evaluates rectocele, enterocele, pelvic-floor descent, sphincter injury and dynamic pelvic-floor movement.
	PET-CT	Used for recurrent anal carcinoma, metastatic disease evaluation, treatment response and occult malignancy.
	Complete Blood Count (CBC)	Detects anemia from chronic bleeding, leukocytosis in sepsis and thrombocytosis in inflammatory disease or malignancy.
	ESR / CRP	Supports diagnosis and monitoring of abscess, IBD, Crohn disease, sepsis and inflammatory anorectal disorders.

V. Laboratory & Biomarker Studies	Stool Occult Blood Test / FIT	Screening and triage tool for colorectal neoplasia and occult bleeding sources.
	Stool Calprotectin	Helps differentiate IBD from irritable bowel syndrome (IBS) and guides need for colonoscopy.
	Stool Microscopy / Culture / PCR	Useful in infectious proctocolitis, diarrhea-associated anorectal disease and immunocompromised patients.
	HIV / STI Screening	Recommended in recurrent anorectal infections, anal neoplasia, proctitis and high-risk populations.
	Tumor Markers (CEA, CA19-19)	Used mainly for colorectal cancer prognosis, recurrence monitoring and treatment follow-up rather than primary diagnosis.

Our formulations useful in Anorectal disorders



Kankayanam Gulika



Yogarajaguggulu Vatika



Dhavantara Ghritam



Dasamula Panchakoladi Kashayam



Murivenna



Pilocid Tablet

Feed Back/ Letter to editor

Dear sir/Madam,

I again and again thank and appreciate "Vaidyabandhu" team for coming up with this journal. It is very informative. I also thank Doctors who generously share their thoughts, experiences and management techniques through this journal.

Request for few topics -

As we start clinical practice we come across issues which honestly needs expansion of thoughts beyond curriculum. I request to add such topics too in Vaidyabandhu for Example-

1) Thyroid issues - it's similarities with "Pandu" roga
2) Dhamanis, nadis and marmas - their functional aspects in Ayurveda, related diseases like manyastambha, Ardita, apatanaka, unmada…,
   Effects of sounds (mantra syllables) on nadis and shadchakra
   (from agastya marmakannadi).
   Their inclusion in Ayurvedic practice (with practical approach and research works).

These are few topics practitioner like me become confused and curious about. I am sure Vaidyabandhu will enlighten us and show way for future. Best wishes for team and waiting for response.

Thanking you

Regards,

Dr. Kavitha Venkatesh
Kottakal, Akshayanagar



Know our units

Kanjikode Factory

The medicine manufacturing unit at Kottakkal was continuously growing right from its origin in 1902 in response to the expanding market need. AVS established a new Factory at Kanjikode near Palakkad in 1987. It was designed and set up to manufacture the variety of Asavas and Arishtas exclusively. It became a modern dedicated Asava / Arishta plant and helped AVS to meet the increasing market demand for them. Later in 2000, a new Leham / Choornam plant was also set up here. And still, later a Kashayam facility was also added here. The Kanjikode Unit has a dedicated Quality Control Division equipped with necessary analytical instruments and manned by qualified chemists under the supervision of a QC Manager.

As a part of environment-friendly activities, the Kanjikode Unit has an Effluent Treatment Plant which treats the effluent coming out of the factory and the treated water is utilised for irrigation purpose. This ETP has won awards instituted by the Kerala State Pollution Control Board. The Unit is also engaged in afforestation activity by planting and nurturing useful medicinal plants. The vegetable debris coming out of the factory is used as manure for cultivation purpose apart from the treated effluent coming out of ETP. A part of the fuel for generating steam for the factory processing is produced with the aid of this biomass along with externally sourced briquettes in a firewood Boiler. As a CSR activity, the Kanjikode Unit runs free monthly medical camps for poor and deserving patients in its premises and dispenses free medicaments.

Printed and Published by **Dr. P.M. Varier** on behalf of **Arya Vaidya Sala, Kottakkal**. Printed at **Pravasi Prints Pvt. Ltd., Malappuram, Kerala**. and published at **Arya Vaidya Sala, Kottakkal P.O., Malappuram Dt., Kerala Pin: 676 503**. Executive Editor **Dr. A. Raghunathan Nambeesan**