

## Case Report



### Novel Use of *Lajjala* Suppository as a part of Multi-Interventional Ayurveda Approach in the Management of *Abhyantara Arshas* (2<sup>nd</sup> Degree Internal Hemorrhoids) – A case report

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#### ABSTRACT:

**Background:** In India the incidence of anorectal disorders like *Arshas* (Hemorrhoids) is steadily increasing largely due to a change in dietary patterns and lifestyle habits. Despite of availability of various conventional surgical and para surgical methods, a growing shift towards Ayurveda management is observed. In Ayurveda *Arshas* is regarded as one among *Astamahagadas* (eight dreadful diseases) with symptoms of *mamsankura* (protruded mass) in *guda pradasha* (anal region), *shoola* (pain), *raktarshrava* (bleeding) obstructing anal verge. Hemorrhoids are observed commonly between 30-65 years with increased prevalence over 50 years. *Gudavarti* (anal wick) described in Ayurveda for internal hemorrhoids management has prolonged tissue contact time of drug, improves the bio-availability compared to conventional local applications. However the therapeutic advantages, *gudavarti* exert local discomfort limiting the patient compliance. So the main objective of this study is to formulate and evaluate an intervention i.e., *Lajjala* (*Mimosa pudica*) suppository efficacy that might also minimize the local discomfort caused by *varti* application. **Clinical findings:** A 38years old male presented with complaints of pain and burning sensation during and after defecation since 18 months. Symptoms worsened since 2 weeks along with constipation. Proctoscopy findings revealed 2<sup>nd</sup> degree internal hemorrhoids at 3 and 9 o'clock positions. **Intervention:** *Lajjala* suppository was prepared in a ratio of 1:1 with coco butter was sent for physico-chemical analysis (pH:5.9). It was used on a patient with a 2<sup>nd</sup> degree internal hemorrhoids for 15 days along with *Panchavalka Kashaya* sitz bath, *Triphala guggulu*, *Abhayarishtam*. **Outcomes:** Symptomatic relief and complete regression of hemorrhoidal mass was noted within 15 days of treatment with no adverse effects or recurrence even during follow-up. **Conclusion:** *Lajjala* suppository used as a part of multi-interventional Ayurveda approach caused no local discomfort. Overall this multi-interventional approach was found safe, effective in managing 2<sup>nd</sup> degree internal hemorrhoids, creating a scope for further evaluation with controlled trials.

**KEYWORDS:** *Abhyantara arshas*, Case report, *Lajjala* suppository, 2<sup>nd</sup> degree internal hemorrhoids.

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## 1. INTRODUCTION

*Arshas* (Hemorrhoids) are the dilated veins within the anal canal located in the sub-epithelial region that are formed by branches of the superior, middle and inferior rectal veins. It is one of the most common anorectal disorders, affecting both men and women equally. [1] Globally the prevalence of hemorrhoids is approximately 4.4% for 10 million people. The incidence increases as age advances and at least 50% of individuals above 50 years' experience some degree of related symptoms. [2] In recent decades with the rapid shift of occupational demands, there were changes in dietary habits and lifestyle particularly among working population. Additionally, leading a sedentary lifestyle, low fiber intake leads to chronic constipation and straining during defecation that is considered to be one of the main contributing factors of disease burden. Pregnancy is also a significant predisposing factor for the development of symptomatic hemorrhoids in women. [3, 4] Internal hemorrhoids usually presents with symptoms of pain, burning sensation, peri-anal discomfort, bleeding per rectum, hemorrhoidal mass prolapse etc. Ayurveda *Shalya Chikitsa* (Surgical management) holds immense potential to address numerous challenging and unresolved issues particularly ano-rectal conditions. Among these, *Arshas* (Hemorrhoids) is considered as a severe disease and has been classified under the *Ashta Mahagada*. [5] *Arsha* is described in Ayurveda as *Deergakalanubandi* (chronic), *Duschikista* (difficult to treat), that is *Tridoshaja* in nature. *Acarya Sushruta* has described four treatment modalities for *arshas* (i) *Bhaishajya Chikitsa* (palliative treatment), (ii) *Kshara Karma* (chemical cauterization therapy), (iii) *Agni Karma* (thermal cauterization therapy) and (iv) *Shastra Karma* (surgical intervention using sharp instruments). [6,7] Conventional management involves use of fiber supplements, lifestyle modifications such as to relieve constipation, avoiding straining, maintaining adequate fluid intake, ensuring proper anal hygiene, taking sitz bath and

surgical interventions.[8] Despite of availability of various surgical and para-surgical conventional treatment options there is a growing demand for integrative and conservative method of treatments with expectations for prevention of procedural, post procedural discomfort, its recurrence, that should be effective with minimal or non-invasive in nature. *Gudavarti* is one among such treatment options described in Ayurveda for an internal hemorrhoid (*Abhyantara arshas*) that prolongs the mucosal contact of drug used which has a targeted action. In spite of being efficacious this method is often associated with local discomfort impacting the patient compliance. Hence in the present study, use of *Lajjala* that has been described in Ayurveda for its *sthambana* (Hemostatic), *sothahara* (reduces swelling), *dahahara* (decreases burning sensation), *vrana ropana* (wound healing property) was formulated as suppository along with coco butter and used a part of multi-interventional approach. Other interventions are internal use of *Triphala guggulu*, *Abhayarishtha* and *Pachavalkala kashayam* sitz bath. This case study of 2<sup>nd</sup> degree internal hemorrhoids was treated with the unique multi-intervention treatment approach that demonstrated a good clinical improvement, complete regression of pile mass with no adverse effects or discomfort to the patient. Moreover, the uniqueness of this case report lies in the novel use of *Lajjala* suppository that can serve as a viable, non-invasive, and cost-effective alternative to surgical or para-surgical measures, especially in early-stage hemorrhoids. Such novel interventions that are patient friendly improve patients compliance and also can provide a preliminary evidence for further studies.

**2. CASE REPORT:** A 38 years, male patient presented to *Shalya Tantra* OPD (OPD number:2525359) with chief complaints of pain and burning sensation during and after defecation in anal region for 18 months. Patient was apparently normal 18 months back, later then he gradually developed pain and burning sensation during and after defecation in anal region

since, but these complaints aggravated additionally with constipation since 2 weeks. Patient had consulted an allopathic practitioner with these complaints for which he received treatment but found no significant relief. Hence, he consulted *Shalya Tantra* OPD for Ayurvedic treatment. Based on the detailed history and clinical examination he was diagnosed as *Abhyantara Arshas* (2<sup>nd</sup> degree internal hemorrhoids). There was no any other drug allergy, hypertension, diabetes mellitus, tuberculosis, or any other systemic illness.

### Clinical Findings

**Table 1: Differential Diagnosis**

Differential diagnosis	Basis for Exclusion
Anal fissure	No visible linear tear during local or digital rectal examination, presents with fresh streak of blood in stool, so excluded.
Inflammatory Bowel disease	No complaints of altered bowel habits, weight loss, bloody diarrhea or lower abdominal pain so excluded.
Anal polyp	Usually with painless bleeding and abdominal discomfort, so excluded.
Proctalgia fugax	Severe cramping Ano-rectal pain lasts for few minutes with no evident of structural abnormality. With local and digital rectal examination it was excluded.

**Intervention:** Line of treatment was planned according to classic Ayurveda principles that included *Stambhana* (hemostatic), *Shothahara* (anti-inflammatory), *Dahahara* (relieving burning sensation), *Vranahara* (wound healing) properties. Under all aseptic precautions *Lajjala* suppository was prepared and one such suppository was inserted in to anal region twice daily for 15 days. During first visit suppository was inserted under aseptic precautions by the treating physician. Later these suppositories were given to patient and asked him to administer by self, storing it to

### Local Examination

**On Inspection:** No scar marks, no bleeding, no external opening, no external piles mass was observed.

**On Proctoscopic examination:** 2<sup>nd</sup> degree internal hemorrhoids at 3'o clock, 9'o clock position.

**Digital Rectal Examination:** Sphincter tone – normal.

### Investigations

Complete Blood Count: (Hb - 13gm%; WBC - 10,500; Platelet count - 1.38 Lakh)

Serology: HBsAg – Negative; HIV I & II – Negative; HCV – Negative.

temperature to 4 - 8° C. Along with this *Panchavalka kashayam* solution (UNICA Medica, Batch number UPK04/25) sitz bath – twice daily, Tab. *Triphala Guggulu* DS 1000mg (AVN pharmacy, Batch number: T6103) – 1Tab Thrice daily (A/F), *Abhayarishtam* (*Vaidyaratnam Oushadhalaya*, Batch 25b0392) 20ml twice daily after food was given.

### Preparation Method of *Lajjala* Suppository

**Materials required:** 1. Dried *Panchanga* of *Lajjala* as *Churna* – 15gms 2. Coco butter – 15gms.





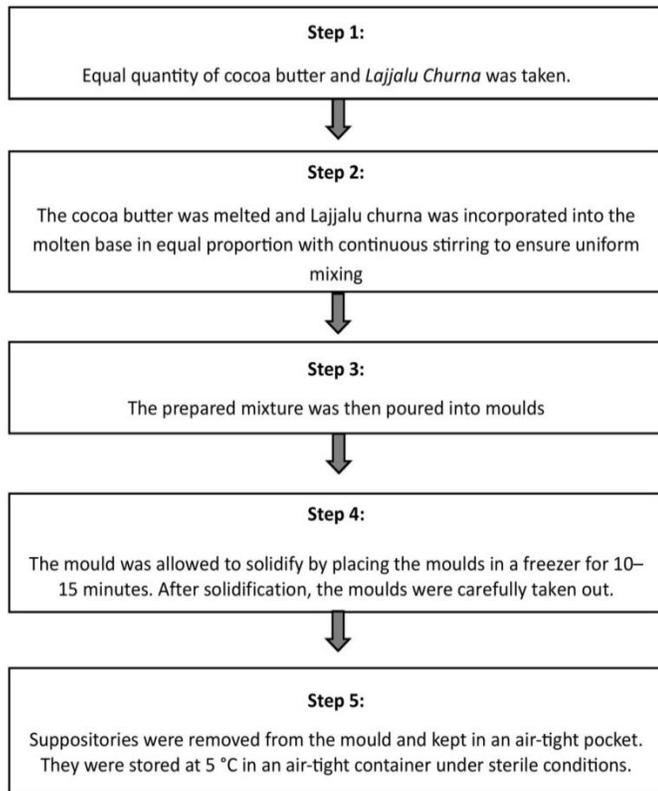
**Figure 1: Preparation of *Lajjala* Suppository Step Wise:**

A) Cocoa butter and *Lajjala Churna*, B) Melting of Cocoa butter, C) Adding *Lajjala Churna* to Cocoa butter, D) Mixture is added to Mould, E) Keeping Mould in Freeze for 10-15 min, F) Mould is taken out from Freeze, G) Mould is opened gently, H) *Lajjala* suppository, I) Sealed in air tight pocket.

**Mould size - 9x3.8x3.8cm Mould weight - 430gms**

**Each *Lajjala* suppository size - 2x1x1.5cms weight - 2gms**

Step in *Lajjala* Suppository Preparation



**Figure 2: Flow chart Depicting *Lajjala* Suppository Preparation**

**Table 2: Physico-Chemical Parameters of *Lajjala* suppository**

Sl. No.	Parameters	Results
1	p <sup>H</sup> 10% w/v as water	5.9%
2	Loss on drying	6.77%
3	Total ash value	5.66%
4	Acid-Insoluble Ash	2.83%
5	Water soluble Ash	3.44%
6	Alcohol soluble extract	19.13%

Novel preparation of *Lajjala* suppository was done in the Ayurveda teaching hospital and physico- chemical analysis of the finished product sample was done. Then the *Lajjala* suppositories are self-administered by the patient by storing it to 4 to 8° c.

**Adherence:** The patient followed the treatment plan properly and visited the OPD with telephonic reminders as per the schedule. Adherence was monitored through telecommunication, medicine count verification during visits. The patient was trained for hand hygiene and use of sterile gloves. Step by step instructions regarding lithotomy position, gentle insertion technique, depth of insertion and post procedural rest were clearly explained during 1<sup>st</sup> insertion in presence of attendant. He was advised to report any side effects during treatment and follow-up.

**Table: 3 Timeline of Intervention**

Day of Rx	Clinical Findings	Treatment	Proctoscopic Examination
23/07/2025	<ul style="list-style-type: none"> <li>1<sup>st</sup> Visit to OPD.</li> <li>Diagnosed as <i>Abhyantara Arshas</i> (2<sup>nd</sup> degree internal hemorrhoids).</li> </ul>	<ul style="list-style-type: none"> <li>Planned for <i>Lajjala</i> suppository.</li> </ul> Advised for: <ul style="list-style-type: none"> <li><i>Panchavalkala Kashaya solution</i> – sitz bath – 2 times per day.</li> <li>Tab. <i>Triphala Guggulu</i> DS 1000mg – 1TID (A/F) with water</li> <li><i>Abhayarishtam</i> 20ml BD with 40 ml water after food</li> </ul>	
24/07/2025 (1 <sup>st</sup> day)	<ul style="list-style-type: none"> <li>Pain and burning sensation during and after defecation in anal region.</li> <li>Baseline Pain - Patient reported Visual Analog Scale - 7/10</li> <li>Constipation and Hard stools.</li> <li>2<sup>nd</sup> degree internal hemorrhoids at 3'o clock, 9'o clock position – hemorrhoidal mass are visible.</li> </ul>	<ul style="list-style-type: none"> <li><i>Lajjala</i> suppository inserted under aseptic precautions</li> <li><i>Lajjala</i> suppository – 2times per day.</li> <li>PVK solution – sitz bath – 2 times per day.</li> <li>Tab. <i>Triphala Guggulu</i> DS 1000mg – 1TID (A/F)</li> <li><i>Abhayarishtam</i> 20ml BD with 40 ml water after food</li> </ul>	 
31/07/2025 (8 <sup>th</sup> day)	<ul style="list-style-type: none"> <li>Moderate relief from Pain and burning sensation during and after defecation.</li> <li>Patient reported Visual Analog Scale - 3/10</li> <li>Constipation and Hard stools – symptoms reduced completely.</li> <li>Mild regression of hemorrhoids mass observed.</li> </ul>	<ul style="list-style-type: none"> <li><i>Lajjala</i> suppository – 2 times per day continued.</li> <li>PVK solution – sitz bath - 2 times per day.</li> <li>Tab. <i>Triphala Guggulu</i> 1000mg – 1TID (A/F)</li> <li><i>Abhayarishtam</i> 20ml BD with 40 ml water after food</li> </ul>	
07/08/2025 (15 <sup>th</sup> day)	<ul style="list-style-type: none"> <li>No Pain and burning sensation during and after defecation.</li> <li>Patient reported Visual Analog Scale - 0/10</li> <li>No complaints of hard stools, constipation.</li> <li>Complete regression of hemorrhoids mass at 3'o clock, 9'o clock position.</li> </ul>	<ul style="list-style-type: none"> <li><i>Lajjala</i> suppository – 2 times per day.</li> <li>PVK solution – sitz bath - 2 times per day.</li> <li>Tab. <i>Triphala Guggulu</i> 1000mg – 1TID (A/F)</li> <li><i>Abhayarishtam</i> 20ml BD with 40 ml water after food</li> </ul>	

**Follow-Up And Outcomes:** A total of 15 days Ayurveda treatment on OPD basis was carried out. Patient showed a marked reduction in symptoms and complete regression of hemorrhoids mass with no adverse effects. Post 15 days of treatment a follow-up on 30<sup>th</sup> day at OPD was done where patient reported no recurrence, adverse effects. After 30<sup>th</sup> day patient was in regular contact for 2 month period with

treating consultant through telecommunication wherein he reported no symptomatic recurrence.

### 3. DISCUSSION:

The present case study demonstrated the multi-intervention treatment approach in complete regression of the hemorrhoids mass and relief from pain, burning sensation, constipation. Within 1<sup>st</sup> week of treatment there was a

notable relief from the symptoms and by 15 days of treatment there was a complete relief highlighting the effectiveness of palliative treatment as the first line of treatment in internal hemorrhoids, as emphasized by *Acharya Sushruta*. As per Ayurveda *Abhyantara arshas* are *tridoshaja* with dominance of *pitta* and *rakta dosas*. *Lajjala* has been extensively mentioned in Ayurvedic texts for its hemostatic, anti-inflammatory, analgesic and wound healing properties making it relevant to be used in internal hemorrhoids. [9] When formulated as a suppository, the drug maintains prolonged contact with the rectal mucosa, thereby enhancing local absorption and therapeutic action compared to conventional *varti* or topical application. Being used as a suppository form, it ensures local target specific action on the hemorrhoidal plexus, that easily gets absorbed creating minimal to no discomfort to the patient thereby enhancing patient compliance during and after administration. *Panchavalkala Kashaya* solution sitz bath helps as *Shodhana* (purification), *Ropana* (healing), *Krimighna* (anti-microbial), *Shothahara* there by helped in the healing and reducing the peri anal discomfort.[10] *Tab. Triphala Guggulu* is having properties as *Shodhana*, *Lekhana* (scrapping property), *Shothahara*, *Medoghna* (lipid modulation), *Vranashodhana-Ropana* (wound cleansing and healing), *Pittashamana*, *Agnideepana* (enhances metabolic fire) & *Amapachana*. [11] By virtue of these qualities *Triphala guggulu* helped in the bowel movements, decreased the burning sensation and promoted the tissue healing. *Abhayarishtam* is a well-established classical preparation helps to correct *agni-vaishmya* (altered digestion), cleared the constipation, thereby decreased the need of straining during defecation, pain and other associated symptoms. [12] Our case report is consistent with a recent study that reported natural, herbal therapies possessing anti-inflammatory, hemostatic and wound healing properties that are effective in managing early stage of hemorrhoids with good tolerability and improved

patient compliance. [13] The primary take-away of this case study lies in the novel preparation and use of *Lajjala* churna in the form of suppository along with other Ayurveda internal medications that shown a complete regression of 2<sup>nd</sup> internal hemorrhoids which is safe, effective and patient friendly.

#### Limitations and Future Scope of Study

As this is a single case study, the results cannot be generalized. Randomized controlled clinical trials/Comparative clinical trials with larger sample sizes are needed for further validation of efficacy, safety, and long-term outcomes of *Lajjala* suppository in internal hemorrhoids management. Studies that include microbial load, bacterial count assessments, shelf- life evaluation, stability tests of the novel *Lajjala* suppository can be the part future scope for this study.

#### 4. CONCLUSION

The case highlights the multi intervention Ayurveda approach for 15 days has successful outcome in the management of 2<sup>nd</sup> degree internal hemorrhoids that has a chronicity of 18months. Novel intervention of *Lajjala* suppository self-administration found to be patient friendly. Other interventions *Panchavalkala kashayam*, *Triphala guggulu*, *Abhayarishtam* corrected the underlying etiology and thereby shown to be beneficial. *Bheshaja chikitsa* (medical management) is found to be safe, effective, patient friendly in early stage of internal hemorrhoids. Development and application of novel preparations based on the Ayurveda principles that are scientifically evaluated can enhance therapeutic efficacy and safety in clinical practice.

**Declaration of Patient Consent** – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

#### Abbreviation Used:

OPD – Outpatient Department

WBC – White Blood Cell count

Hb – Hemoglobin

HBsAg – Hepatitis B Surface Antigen

HIV – Human Immunodeficiency Virus

HCV – Hepatitis C Virus

TID – three times a day

PVK- Panchavalkala Kashayam

**Patient perspective** - The patient reported that his hemorrhoids condition was causing a significant sorrow by pain during straining and discomfort every morning particularly. He tried with other oral medications previously by found no relief. Hence, he consulted for Ayurveda management. The patient reported that, he started noticing reduction in pain, burning sensation from the 8<sup>th</sup> day itself. With continuous use for 15 days, the symptoms gradually subsided and then he felt completely relieved and a follow-up after 15 days post treatment there was no symptoms recurrence.

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#### Declaration of Generative AI

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