



Role of Takra and Grahi–Deepana Dravyas in the Management of Raktarsha A Pharmacological Perspective.

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ABSTRACT

Raktarsha is an important clinical manifestation of Arsha described in Ayurveda and can be correlated clinically, with appropriate diagnostic caution, with bleeding haemorrhoidal disease. The condition is characterized predominantly by bleeding during or after defecation and may be associated with constipation, straining, discomfort, itching and varying degrees of prolapse. Ayurvedic management emphasizes Nidana Parivarjana, correction of Agni and bowel function, Dosha-specific Shamana therapy and appropriate procedural intervention according to disease stage. Takra occupies a distinctive position in the management of Arsha because of its classical Deepana, Grahi and Laghu properties and its suitability as both a dietary and therapeutic vehicle. Classical literature specifically recognizes Takra in Arsha and digestive disorders. Contemporary evidence independently supports adequate fluid and fibre intake as an important component of conservative haemorrhoid management.

This review examines the possible role of Takra and selected Grahi–Deepana Dravyas from an Ayurvedic and pharmacological perspective. The discussion focuses on how improvement of digestion, regulation of bowel consistency, reduction of excessive straining and modulation of local inflammation may contribute to symptomatic improvement. Selected drugs such as Shunthi, Chitraka and Kutaja are considered with respect to their classical attributes and experimentally demonstrated pharmacological actions. The available evidence suggests a plausible therapeutic rationale for integrating digestive and bowel-regulating measures into the management of uncomplicated Raktarsha; however, direct high-quality clinical evidence for individual Ayurvedic drugs in bleeding haemorrhoids remains limited. Therefore, these interventions should be studied through well-designed

clinical trials and should complement, rather than delay, appropriate evaluation of significant rectal bleeding.

Keywords: *Raktarsha, Arsha, Takra, Grahi, Deepana, Shunthi, Chitraka, Kutaja, haemorrhoids, pharmacology.*

INTRODUCTION

Arsha is described in Ayurvedic classics as a significant disorder of the Guda and is included among the important diseases requiring systematic management. Raktarsha represents a bleeding-dominant presentation in which Rakta and Pitta are particularly relevant in the Ayurvedic interpretation. Clinically, the presentation may resemble internal haemorrhoidal disease when bleeding occurs during defecation in association with haemorrhoidal cushions. However, rectal bleeding should not automatically be attributed to haemorrhoids because fissure, inflammatory bowel disease, colorectal neoplasia, polyps and other anorectal disorders may produce similar symptoms.

Modern understanding describes haemorrhoids as symptomatic enlargement or distal displacement of normal anal vascular cushions. Constipation, excessive straining and abnormal defecatory habits are important contributors to symptomatic disease. Contemporary guidelines therefore place dietary and behavioural modification, particularly adequate fibre and fluid intake and correction of bowel habits, among first-line measures for symptomatic haemorrhoids. [1]

The Ayurvedic approach reaches a related therapeutic target through a different conceptual framework. Agnimandya, irregular digestion, Vibandha, inappropriate dietary practices and disturbed Apana Vata may contribute to abnormal defecation and repeated straining. Consequently, treatment is not restricted to the local lesion. Correction of Agni, maintenance of appropriate stool consistency and elimination of causative dietary and behavioural factors are important components of management.

Among the substances described for these purposes, Takra is particularly noteworthy. Classical literature attributes Deepana and Grahi actions to Takra and specifically mentions its utility in Arsha. A recent review of classical references similarly identifies Takra as an important dietary and therapeutic preparation used in Arsha and disorders involving impaired digestion. [2] The present article therefore explores the possible pharmacological significance of Takra and selected Grahi–Deepana Dravyas in Raktarsha.

Ayurvedic understanding of Raktarsha

Raktarsha can be understood as an Arsha presentation in which bleeding is a dominant clinical feature. Classical descriptions associate the disease with Dosha involvement and pathological changes occurring in the Guda. Sushruta describes Arsha and provides a graded therapeutic approach involving Bhesaja, Kshara, Agni and Shastr Karma according to the nature and stage of disease. [3]

The pathogenesis can be interpreted as a sequence involving:

Nidana → Agnidushti → Apana Vata disturbance → abnormal defecation/Vibandha → repeated straining → local vascular and tissue stress → Arsha → Raktasrava.

In Raktarsha, Pitta and Rakta involvement becomes particularly important because bleeding is the predominant manifestation. Nevertheless, the presence of constipation or difficult evacuation may indicate associated Vata disturbance.

From a therapeutic standpoint, merely attempting to stop bleeding without correcting the factors responsible for repeated trauma during defecation may not provide satisfactory long-term control. Hence, Nidana Parivarjana, appropriate dietary regulation and normalization of bowel habits remain important.

Concept of Grahi and Deepana

The terms Grahi and Deepana represent two pharmacodynamic concepts that are particularly relevant to anorectal disorders.

Deepana

Deepana refers to the capacity to enhance or stimulate Agni without necessarily directly digesting Ama. In practical terms, Deepana measures may improve appetite and digestive efficiency and may help establish regular gastrointestinal function.

Poor digestion may result in irregular bowel habits, abdominal discomfort, altered stool consistency and impaired appetite. Correction of such abnormalities can indirectly reduce the factors that aggravate anorectal disease.

Grahi

Grahi substances are traditionally understood to promote appropriate absorption and consolidation of intestinal contents. Grahi action should not simply be equated with

constipation - producing activity. In clinical application, the desired effect is normalization of excessive intestinal fluidity while maintaining satisfactory bowel evacuation.

This distinction is important in Raktarsha. Excessively loose stools can repeatedly irritate the anorectal region, whereas hard stools and constipation increase straining. The therapeutic objective should therefore be normal, soft and easily passable stool, rather than suppression of bowel movements.

Thus, Deepana and Grahi actions can be considered complementary:

Deepana → improved digestive function → better gastrointestinal regulation

Grahi → improved stool consistency → reduced anorectal irritation

Together → easier defecation and potentially reduced mechanical aggravation of haemorrhoidal disease.

Takra: Ayurvedic pharmacological profile

Takra is traditionally prepared from curd after appropriate churning and dilution. Its properties vary according to the method of preparation, degree of dilution, residual fat and additives.

Classical descriptions commonly attribute Kashaya-Amla Rasa, Laghu and Ruksha qualities and Deepana and Grahi actions to Takra. It has traditionally been used in Grahani disorders and Arsha. [2]

Its importance in Arsha may be understood through several mechanisms.

1. Deepana action

Takra is traditionally considered capable of stimulating digestive activity. Improvement in digestion may help patients with poor appetite, heaviness and irregular bowel function.

2. Grahi action

The Grahi property may help regulate excessive intestinal fluidity and promote more appropriate stool consistency. This is particularly relevant where loose or poorly formed stools coexist with anorectal symptoms.

3. Laghu nature

The light nature of appropriately prepared Takra makes it suitable as a dietary adjunct in patients in whom heavy, excessively oily or difficult-to-digest meals aggravate digestive dysfunction.

4. Role as Anupana

Takra can also function as a vehicle for selected powdered drugs. This is particularly relevant to formulations in which Deepana, Pachana or Grahi drugs are administered with Takra.

5. Dietary and therapeutic interface

Unlike a purely medicinal preparation, Takra can simultaneously function as food, dietary support and therapeutic vehicle. This characteristic is important in Ayurveda, where Ahara itself is considered a major determinant of health.

A recent review of classical literature notes the specific use of Takra in Arsha and describes different preparations according to Dosha predominance. [2]

Modern nutritional and pharmacological perspective of Takra

Modern buttermilk preparations contain water, proteins, minerals, lactose in varying amounts and metabolites generated during fermentation. Depending on preparation, fermented dairy products may also contain microorganisms and fermentation-derived compounds.

It would, however, be inappropriate to claim that modern nutritional science has conclusively demonstrated a specific anti-haemorrhoidal effect of Takra. Direct clinical trials evaluating Takra alone in Raktarsha are limited.

Its potential relevance can instead be understood indirectly. Adequate fluid consumption and dietary modification are established components of conservative haemorrhoid management. The 2024 American Society of Colon and Rectal Surgeons guideline recommends dietary and

behavioural modification as first-line management for symptomatic haemorrhoidal disease.

[1] A systematic review of seven randomized trials involving 378 patients found that fibre supplementation reduced persistent symptoms and approximately halved the risk of bleeding.

[4]

Therefore, Takra may be viewed as a potentially useful dietary component when appropriately selected for the individual patient, but it should not be presented as a proven substitute for evidence-based haemorrhoid treatment.

Selected Grahi–Deepana Dravyas

1. Shunthi – *Zingiber officinale* Roscoe

Shunthi, or dried ginger, is a classical Deepana-Pachana drug. Its major phytochemical constituents include gingerols, shogaols and related phenolic compounds.

From a modern pharmacological perspective, ginger has demonstrated anti-inflammatory and antioxidant properties. Reviews of experimental and clinical literature have investigated its effects on several gastrointestinal conditions. [5,6]

Possible relevance in Raktarsha

Shunthi may be useful when anorectal symptoms coexist with:

- Mandagni
- Ajeerna
- abdominal bloating
- irregular digestion
- Vata-associated bowel dysfunction.

Its potential anti-inflammatory and antioxidant activities provide a pharmacological basis for further investigation, although evidence directly demonstrating reduction of haemorrhoidal bleeding is insufficient.

Thus, its role should primarily be interpreted as digestive and supportive, rather than as a direct haemostatic drug.

2. Chitraka – *Plumbago zeylanica* Linn.

Chitraka is traditionally regarded as a potent Deepana and Pachana drug. Its principal studied phytoconstituent is plumbagin, a naphthoquinone derivative.

Modern studies have reported antimicrobial, anti-inflammatory, antioxidant and several other pharmacological activities of *Plumbago zeylanica* and its constituents. [7]

These findings provide a possible scientific basis for some traditional digestive applications. Nevertheless, Chitraka possesses considerable pharmacological potency and is not appropriate for indiscriminate use.

Relevance to Raktarsha

In an appropriately selected patient with marked Agnimandya and associated digestive disturbance, Chitraka-containing formulations may theoretically help address the digestive component of the disease. However, Raktarsha is a bleeding condition, often involving Pitta-Rakta predominance. Therefore, strong Ushna-Tikshna drugs should be selected cautiously and according to individual Dosha status.

This illustrates an important principle: the presence of Deepana action alone does not make every Deepana drug appropriate for every patient with Raktarsha.

3. Kutaja – *Holarrhena antidysenterica* Wall. ex A.DC.

Kutaja is classically recognized for its Grahi and gastrointestinal therapeutic applications. Its major phytochemical constituents include steroidal alkaloids such as conessine and related compounds.

Modern pharmacological literature has reported antimicrobial, antidiarrhoeal, anti-inflammatory and antioxidant activities associated with *Holarrhena* species. [8,9]

Its Grahi action makes it conceptually relevant when loose stools or excessive intestinal fluidity coexist with anorectal symptoms.

The pharmacological profile also provides a basis for further investigation of its anti-inflammatory and gastrointestinal effects. However, available evidence should not be extrapolated to claim that Kutaja directly treats haemorrhoidal vascular pathology.

Pharmacological interpretation of the combined approach

The potential therapeutic logic of Takra and Grahi–Deepana drugs can be represented as a multidimensional model.

1. Correction of digestive dysfunction

Deepana drugs may improve appetite and digestive function in selected patients. Better digestion can contribute to more predictable bowel habits.

2. Regulation of stool consistency

Grahi drugs may be relevant when excessive intestinal fluidity contributes to frequent bowel movements or local irritation.

3. Reduction of straining

Normalizing stool consistency is clinically important because repeated straining can aggravate symptomatic haemorrhoids.

4. Reduction of local mechanical irritation

Soft, easily passed stool minimizes repeated trauma to the anorectal region.

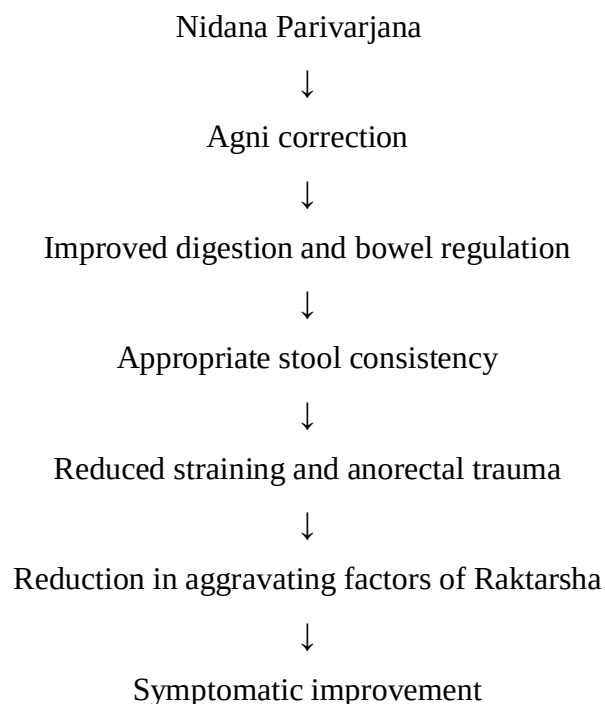
5. Possible modulation of inflammation

Several medicinal plants used traditionally in digestive disorders demonstrate anti-inflammatory or antioxidant effects experimentally. Ginger and Holarrhena are examples for which modern pharmacological literature provides supportive preclinical evidence. [5,8]

6. Dietary support

Takra can function as part of an appropriate dietary regimen while simultaneously serving as an Anupana for selected formulations.

The overall conceptual pathway can therefore be expressed as:



This mechanism should be regarded as a hypothesis derived from Ayurvedic principles and indirect pharmacological evidence, rather than a clinically proven molecular pathway.

Integration with contemporary haemorrhoid management

Modern management of haemorrhoids begins with appropriate diagnosis and conservative measures. The ASCRS guideline recommends adequate fibre and fluid intake and correction of abnormal defecatory habits as first-line measures. [1]

This has an interesting conceptual parallel with Ayurvedic management.

Ayurvedic concept | Possible contemporary correlate

Nidana Parivarjana | Lifestyle and dietary modification

Deepana | Improvement of digestive function

Grahi | Regulation of stool consistency

Takra | Dietary/fermented dairy support

Vibandha correction | Constipation management

Apana Vata regulation | Optimization of defecatory function

Bheshaja Chikitsa | Conservative medical therapy

Kshara/Agni/Shashtra | Procedure-based management in selected disease

However, these concepts should not be treated as exact biomedical equivalents. They represent conceptual parallels that require clinical validation.

Evidence for fibre and bowel regulation

The role of bowel regulation in haemorrhoidal disease has stronger contemporary evidence than the direct evidence for individual Ayurvedic drugs.

A systematic review and meta-analysis of randomized trials found that fibre reduced the risk of persistent haemorrhoidal symptoms and bleeding. The pooled analysis demonstrated a relative risk of approximately 0.50 for bleeding in the fibre group. [4]

The 2024 ASCRS guideline consequently recommends dietary and behavioural modification as primary first-line treatment. Constipation and abnormal bowel habits, including excessive straining and prolonged sitting on the toilet, are recognized as important contributors to symptoms. [1]

This evidence supports the general therapeutic philosophy behind emphasizing bowel regulation in Raktarsha, while not proving the efficacy of Takra or any particular Ayurvedic formulation.

Clinical considerations and limitations

The concept of using Takra and Grahi–Deepana drugs should be individualized.

A patient with Raktarsha and constipation requires a different approach from a patient with frequent loose stools. Excessive Grahi therapy in the former may worsen constipation and increase straining. Similarly, excessive use of potent Ushna-Tikshna Deepana drugs may not be appropriate in a patient with prominent Pitta features.

Therefore, treatment should consider:

- Dosha predominance
- Agni status
- stool consistency
- frequency of bowel movements
- degree of bleeding
- presence or absence of prolapse
- associated pain or fissure
- nutritional status
- anaemia
- age and comorbidities.

Most importantly, rectal bleeding requires appropriate clinical evaluation. Haemorrhoids should not be assumed to be the cause of every episode of rectal bleeding. Contemporary guidelines recommend appropriate evaluation, including endoscopic assessment in selected patients based on age, symptoms, screening status and other clinical factors. [1]

The major limitation of the present pharmacological interpretation is the scarcity of high - quality clinical trials directly evaluating Takra or individual Grahi–Deepana drugs in well-defined Raktarsha populations. Much of the available evidence is classical, experimental or derived from broader gastrointestinal research.

Future research directions

The topic provides considerable scope for clinical research in Shalya Tantra. Future studies could investigate:

1. Takra as an adjuvant dietary intervention in Grade I–II internal haemorrhoids.
2. Takra-based formulations versus standard dietary management.

3. Effect on frequency and quantity of rectal bleeding.
4. Changes in stool consistency and straining score.
5. Changes in haemoglobin in patients with recurrent bleeding.
6. Patient-reported anorectal symptom scores.
7. Endoscopic or proctoscopic assessment of haemorrhoidal cushions.
8. Safety and tolerability of individual Grahi–Deepana drugs.
9. Pharmacological standardization of formulations.
10. Long-term recurrence after conservative Ayurvedic management.

A well-designed randomized controlled trial could therefore bridge the gap between classical therapeutic rationale and contemporary evidence-based Shalya Tantra.

CONCLUSION

Raktarsha represents a clinically important bleeding-dominant manifestation of Arsha. Although its Ayurvedic pathogenesis differs conceptually from the biomedical model of haemorrhoidal disease, both systems recognize the importance of bowel habits, dietary factors and appropriate management of the anorectal condition.

Takra occupies a distinctive position because of its classical Deepana and Grahi properties and its established use in Arsha and digestive disorders. Selected drugs such as Shunthi, Chitraka and Kutaja provide additional pharmacological dimensions through their traditionally described actions and experimentally investigated anti-inflammatory, antioxidant, antimicrobial or gastrointestinal effects.

The strongest contemporary evidence relevant to this therapeutic philosophy concerns dietary fibre, fluid intake and correction of defecatory habits rather than the direct efficacy of Takra or individual Ayurvedic drugs. Therefore, the pharmacological role of Takra and Grahi–Deepana Dravyas should presently be regarded as supportive and mechanistically plausible rather than conclusively established therapy for bleeding haemorrhoids.

The most meaningful future direction is not to replace established surgical or medical treatment but to scientifically evaluate whether appropriately selected Ayurvedic dietary and medicinal interventions can reduce bleeding, improve bowel function and decrease recurrence in carefully diagnosed patients. Such research could provide a meaningful evidence-based bridge between classical Shalya Tantra and contemporary colorectal practice.

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