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A Conceptual and Clinical Review of Arsha (Hemorrhoids) with Special Reference to Ayurvedic Management

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Abstract:
Ayurveda describes numerous diseases along with their management and the regimens of healthy living, and among them many anorectal disorders find a place in the classical literature. Arsha, one of these, is a severe and painful condition that is correlated with hemorrhoids in modern medicine. Acharya Charaka explains the very term thus: "अरिवत् प्राणिनो मांसकीलका विशसन्ति यत् । अर्शांसि तस्मादुच्यन्ते गुदमार्गनिरोधतः ॥" (चरकसंहिता, चिकित्सास्थानम्, अर्शश्चिकित्सितम्, अध्यायः १४, श्लोकः ५), that is, the fleshy projections which obstruct the anal passage and afflict a person like an enemy are called Arsha. According to a recent survey, the prevalence of hemorrhoids in India is estimated at about forty million. Chronic constipation, diarrhea, a low-fiber diet, spicy food, obesity, advancing age, pregnancy, depression and alcohol intake are the chief risk factors in its causation, and studies have also linked rectal disorders with occupations involving prolonged sitting. Management depends on the degree and severity of the disease, ranging from dietary and lifestyle modification to radical surgery as warranted by the patient's condition. Most topical treatments aim at relieving symptoms such as pain, inflammation and itching rather than curing the disease, and the available preparations commonly contain local anesthetics, anti-inflammatory agents, antibiotics and corticosteroids. Hence, this paper aims to present the Ayurvedic and modern management of Arsha (hemorrhoids) for the benefit of clinical practice.

Index Terms: Guda, Shareera, Shalya, Arsha

INTRODUCTION

In Ayurveda, many diseases and their management are described along with the regimens of healthy living, and the classical literature includes numerous anorectal disorders. Arsha is one of these, a severe and painful condition that is correlated with hemorrhoids in modern medicine. Hemorrhoids are a common ailment of adults, with an estimated 50% to 66% of people experiencing hemorrhoidal problems at some point in life, and males and females are affected with equal frequency.[3] The term "haemorrhoid" is derived from the Greek words haima, meaning blood, and rhoos, meaning flowing. In vernacular usage the disease is known as mulvyadh, bawasir, komb and by other names. Hemorrhoids have been known to humans since ancient times and find mention in various classical Ayurvedic texts. Anatomically, they are classified into two main groups, internal and external. Internal hemorrhoids consist of redundant anal mucosa arising above the dentate (anorectal) line, whereas external hemorrhoids have an epithelial component arising below the dentate line. True hemorrhoids, also called internal hemorrhoids, are graded according to the extent to which the tissue descends into the anal canal.

II. METHODS AND MATERIALS

The Ayurvedic and modern literature on Arsha (hemorrhoids) was reviewed, and the details of its Ayurvedic and modern management are presented below.

According to Acharya Sushruta, Arsha is described under the concept of Mahagada, because it is Dirghakalanubandhi (associated with the patient for a prolonged duration), Dushchikitsya (difficult to cure), Tridoshaja in nature and involves Guda Marma. Abhyantara (internal) Arsha is treated by four modalities: Bheshaja (medicinal treatment), Kshara Karma, Agnikarma (cauterization) and Shastra Karma (surgery). Dosha Prakopa occurs due to causes such as Viruddhahara, Vegavidharana, Adhyashana, Utkatasana, Prishthayana and Stree-Prasanga, which are responsible for Arsha. Mandagni is regarded as the chief cause ("Visheshato Mandagne"), and the classics affirm the primacy of weak digestive fire in disease: "रोगाः सर्वेऽपि मन्देऽग्नौ सुतरामुदराणि तु । अजीर्णान्मलिनैश्चान्नैर्जायन्ते ते मलाचिताः ॥" (अष्टाङ्गहृदयम्, निदानस्थानम्, अध्यायः १२, श्लोकः १). The aggravated Doshas, alone or together, with or without Rakta, enter the Mukhya Dhamani, travel downward and settle in Guda. There, vitiation of the Gudavalis leads to the formation of Mamsa Prarohas (fleshy growths).

Management depends on the degree and severity of the disease, ranging from dietary and lifestyle modification to radical surgery as the patient's condition demands. Most topical treatments aim to relieve symptoms such as pain, inflammation and itching rather than to cure

the disease, and commonly contain local anesthetics, anti-inflammatory agents, antibiotics and corticosteroids. Evidence-based topical formulations in Ayurveda remain limited, so a non-surgical topical ointment is the need of the hour.

Despite recent advances in medical science, the treatment of hemorrhoids remains a challenge for clinicians, since no single medical or surgical method has proven completely curative. According to the classical texts, Arsha develops in Gudabhaga (the anal canal), a recognized Marma, and is well known for its chronicity and difficulty of treatment. Hemorrhoids are very common, and if left untreated they may produce complications such as hemorrhage, suppuration, portal pyemia, strangulation, thrombosis and fibrosis. The importance of the disease is also reflected in the observance of 20th November every year as World Piles Day, which highlights the considerable physical and mental suffering it causes.

Ancient Concept of Arsha

- **Causative factors: Viruddhahara, Adhyashana, irregular dietary habits, suppression of natural urges (especially Apana Vayu), Mandagni and constipation.**
- **Vitiation of the Doshas, with Rakta involvement, which travel through the Pradhana Dhamani and affect the Gudavali.**
- **Involvement of Meda, Mamsa and Twak, representing the anal cushions.**
- **Outcome: a fleshy mass, i.e. hemorrhoids.**

All authors agree that Sahaja and Janmottarakalaja Arsha are different, and therefore their pathogenesis also differs. Charaka emphasizes Sahaja Arsha: the developing pile mass causes Avarana of Apana Vayu, which provokes Apana Vayu and eventually vitiates the other Vayus and Doshas, making them move in a reverse direction. This gives rise to many complications that distress the patient in several ways, so a patient of Sahaja Arsha may present with multiple complaints that also disturb the mind.

Ayurvedic Management

Curative

- **Medical: systemic therapy (Deepana, Pachana, Anulomana, Rogahara Yogas, Raktasangrahana, Samshamana, Samshodhana) and local therapy (Snehana, Swedana, Dhupana, Avagahana, Alepa, Pratisarana, Basti, Pariseka).**
- **Para-surgical: Kshara Karma, Agnikarma and Raktamokshana.**
- **Surgical: Chhedana.**

Preventive: Nidana Parivarjana, Samshodhana, Samshamana, Deepana, Pachana and Anulomana.

Pathya-Apathya of Arsha

Pathya: vegetables such as Suran, Patola, Rasona, Vastuka and Shunthi; grains such as Lohitashali, Shashtika, Yava, Kulattha and Godhuma; liquids such as Takra, Sura, Gomutra and Ushtra Mutra; and Kukkuta Mamsa, Prasha Mamsa, Navanita and Aja Dugdha.

Apathya: the meat of Anupa Desha animals, fish, Pinyaka, Dadhi, Pishta Anna, Masha, Karira, Nishpava and Bilva; excessive sun exposure and excessive water intake; improper administration of Vamana and Basti; Viruddhahara; the eastern wind; suppression of natural urges; Prishthayana and Utkatasana; and excessive indulgence in sex.

The Modern Concept of Arsha

- **Causative factors: dietary fiber deficiency, irregular diet, constipation, irregular bowel habits, pregnancy, sedentary work and anal sphincter hyperactivity.**
- **Congestion and engorgement of the vessels of the hemorrhoidal plexus.**
- **Laxity of the anal cushions, including the supporting connective tissue, muscularis mucosae, submucosal tissue and fascia.**
- **Outcome: hemorrhoids.**

Modern Treatment

The first aim in treating hemorrhoids is clinical improvement of symptoms, rather than surgical removal alone. Management is divided into conservative and surgical treatment, which are further subdivided into non-invasive and invasive procedures.

Conservative Treatment: This can be employed in all grades of hemorrhoids, early or advanced, and brings a certain degree of symptomatic relief, so it should be the basis of management irrespective of severity. For early internal or external hemorrhoids, it comprises (1) dietary management, (2) medication, (3) hot sitz bath and (4) defecation counselling.

Dietary Management: A high-fiber diet with plenty of fluids increases stool bulk and makes defecation soft and easy. Alcohol should be strictly avoided to prevent inflammation and diarrhea, and spicy food and coffee should be restricted because they stimulate the intestine and anus.

Medication: Oral phlebotonics improve circulation, have anti-inflammatory activity, strengthen veins and capillaries, soften stool and facilitate easy defecation.

Hot Sitz Bath: This is one of the most important conservative measures and is also essential after surgery. It helps prevent benign anal conditions such as hemorrhoids and anal fissures. The patient immerses the anus in a tub of warm water at 40-42 °C for up to 3 minutes.

REFERENCES (Vancouver style)

1. Sushruta. Sushruta Samhita of Maharshi Sushruta, Sutra Sthana, Ch. 1/6. Shastri AD, editor. Ayurveda-Tattva-Sandipika Hindi commentary. Part 1. Varanasi: Chaukhambha Sanskrit Sansthan; 2007. p. 2.

2. Sushruta. Sushruta Samhita of Maharshi Sushruta, Sutra Sthana, Ch. 1/26. Shastri AD, editor. Ayurveda-Tattva-Sandipika Hindi commentary. Part 1. Varanasi: Chaukhambha Sanskrit Sansthan; 2007. p. 5.

3. Berkow R, editor. The Merck Manual of Diagnosis and Therapy. 16th ed. Rahway (NJ): Merck; 1992. p. 855-6.

4. Thomson WH. The nature of haemorrhoids. Br J Surg. 1975;62(7):542-52.

5. Dennison AR, Whiston RJ, Rooney S, Morris DL. The management of hemorrhoids. Am J Gastroenterol. 1989;84(5):475-81.

6. Loder PB, Kamm MA, Nicholls RJ, Phillips RK. Haemorrhoids: pathology, pathophysiology and aetiology. Br J Surg. 1994;81(7):946-54.

7. Ganz RA. The evaluation and treatment of hemorrhoids: a guide for the gastroenterologist. Clin Gastroenterol Hepatol. 2013;11(6):593-603.

8. Tripathi RK, Bolegave SS, Shetty PA, Uchil DA, Rege NN, Chawda MB, et al. Efficacy and safety of a polyherbal formulation in hemorrhoids. J Ayurveda Integr Med. 2015;6(4):225-32.

9. Pigot F, Siproudhis L, Allaert FA. Risk factors associated with hemorrhoidal symptoms in specialized consultation. Gastroenterol Clin Biol. 2005;29(12):1270-4.

10. Agnivesha. Charaka Samhita. Revised by Charaka and Dridhabala with Ayurveda Dipika commentary of Chakrapanidatta. Acharya YT, editor. Varanasi: Chaukhamba Prakashan; 2009. Chikitsa Sthana 14/9-10.

11. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya. Acharya YT, editor. Varanasi: Chaukhamba Surbharati Prakashan; 1994. Sutra Sthana, Ch. 34, Shloka 4.

12. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya. Acharya YT, editor. Varanasi: Chaukhamba Surbharati Prakashan; 1994. Chikitsa Sthana, Ch. 6.

13. Sushruta. Sushruta Samhita. With Nibandhasangraha commentary of Dalhanacharya. Acharya YT, editor. Varanasi: Chaukhamba Surbharati Prakashan; 1994. Nidana Sthana, Ch. 2, Shloka 24-25.

14. Acheson AG, Scholefield JH. Management of haemorrhoids. BMJ. 2008;336(7640):380-3.

15. Kaidar-Person O, Person B, Wexner SD. Hemorrhoidal disease: a comprehensive review. J Am Coll Surg. 2007;204(1):102-17.

16. National Health Portal of India. Kshara Karma therapy (caustic therapy) [Internet]. [place unknown]: National Health Portal; [date unknown] [cited 2026 Nov 13]. Available from: [insert URL]

17. Krishna CM. Review on plants mainly used for the preparation of Kshar Sutra. Ayurveda Sahiti Prabha. Hyderabad, Telangana, India. ISSN: [complete number].

18. Vagbhata. Ashtanga Hridaya, Nidana Sthana, Ch. 12, Shloka 1. [Editor, commentary, publisher, place, year to be completed]