

MANAGEMENT OF ARSA (HEMORRHOIDS) THROUGH THE LENS OF CARAKA SAMHITA: A COMPREHENSIVE CLINICAL REVIEW

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ABSTRACT

Background: *Ārśa* (Hemorrhoids) is a prevalent ano-rectal disorder characterized by the *Māṃsaprāroha* (development of fleshy outgrowths) in the *Guda Vali* (anorectal folds). Due to its excruciating nature, chronicity, and high recurrence rate, classical Ayurveda categorizes it among the *Aṣṭa Mahāgada* (eight dreadful diseases). **Objective:** To critically analyze the etiopathogenesis and therapeutic protocols for *Śuṣka* (Dry) and *Ārdra* (Bleeding) *Ārśa* as delineated in the *Caraka Samhitā*. **Methods:** A comprehensive literature review of the *Caraka Samhitā Cikitsā Sthāna* (Chapter 14) was conducted, supplemented by contemporary clinical research to correlate traditional Ayurvedic interventions with modern biomedical sciences. **Results:** The Ayurvedic management of *Ārśa* extends beyond localized structural correction, heavily emphasizing systemic metabolic restoration—primarily *Agni* (digestive fire). *Takra* (buttermilk) therapy, acting as a natural probiotic,

alongside para-surgical interventions like *Kṣāra Karma* (alkaline cauterization), emerged as gold standards for non-invasive management. **Conclusion:** Ayurvedic interventions provide a holistic and sustainable cure by addressing the underlying *Mandāgni* (impaired digestion) while offering highly effective, minimally invasive treatments for localized pathology.

KEYWORDS: *Ārśa*, Hemorrhoids, *Mandāgni*, *Apāna Vāta*, *Takra Cikitsā*, *Kṣāra*

Karma, Caraka Saṃhitā.

INTRODUCTION

In Ayurvedic classical texts, *Ārśa* is eloquently defined as "*Arivat prāṇān hīnasti iti Ārśaḥ*," denoting a progressive disease that torments the patient's vital force like an enemy. Modern lifestyle factors such as a sedentary routine, low-fiber diet, and chronic constipation; precipitate the vitiation of the *Tridoṣa*, primarily affecting the downward-moving *Apāna Vāta*. This physiological disruption leads to the mechanical engorgement of the hemorrhoidal plexus, clinically manifesting as *Ārśa*.

Guda Vali (Anatomical Considerations)

The *Caraka Saṃhitā* details the precise anatomy of the anal canal, describing it as measuring 4.5 *Angula* in length and containing three transverse folds known as *Vali*.

Pravāhaṇī: The innermost fold.

Visarjanī: The middle fold.

Samvaranī: The outermost fold where external hemorrhoids manifest and are most amenable to treatment.

ETIOPATHOGENESIS

The foundational cause of all pathological variants of *Ārśa* is *Mandāgni*. When the digestive capacity is compromised, *Āma* (undigested metabolic substrate) accumulates, causing *Srotorodha* (an obstruction in the systemic micro-channels). This stagnation forces the *Apāna Vāta* to reverse its natural downward flow (*Vimārgagamana* or *Udāvarta*). The resulting retrograde pressure induces structural alterations and extreme engorgement in the venous plexuses of the *Guda Valis*, resulting in protruding hemorrhoidal masses.

CLASSIFICATION & CLINICAL FEATURES

The classification of *Ārśa* is systematically based on its origin (congenital vs. acquired) and *Doṣic* predominance. Table 1 outlines the differential diagnosis based on the predominant *Doṣa*.

Table 1: Differential Diagnosis of *Ārśa* Based on *Doṣic* Predominance.

FEATURE	VĀTAJA ĀRŚA	PITTAJA ĀRŚA	KAPHAJA ĀRŚA
APPEARANCE	Dry, rough, blackish, pointed (resembling <i>Sarśapa</i> or mustard seed)	Soft, red/yellow, tender (resembling <i>Śuka-jihvā</i> or parrot's tongue)	Large, white, slimy, firm (resembling a cow's udder)
PAIN TYPE	Severe, pricking, radiating to the groin	Burning sensation, acute inflammation	Intense itching (<i>Kaṇḍū</i>), mild dull pain
BLEEDING	Absent, or thin/frothy	Copious, bright red	Thick, mucus-mixed blood
BOWEL HABIT	Severe constipation, hard stools	Loose, yellow/green stools	Large, white, heavy stools

CIKITSĀ (THERAPEUTIC MANAGEMENT)**➤ General Principles**

The *Caraka Samhitā* broadly categorizes clinical management into protocols for *Śuṣka* (Dry) and *Ārdra* (Wet/Bleeding) piles.

- *Śuṣka Ārśa* (Dry Piles): Managed primarily with *Snehana* (internal and external oleation), *Svedana* (fomentation), and targeted therapies aimed at *Vātānulomana* (restoring the downward trajectory of Vāta).
- *Ārdra Ārśa* (Bleeding Piles): Treated utilizing *Stambhana* (hemostatic agents) and *Rakta-Prasādana* (blood-purifying measures).

➤ The Role of *Takra* Therapy

Ācārya Caraka emphatically asserts that there is no medicinal formulation superior to *Takra* for the management of *Ārśa*.

- Pharmacodynamics: *Takra* is characterized by *Kaṣāya* and *Amla* tastes, paired with *Laghu* properties. It effectively clears the Srotas and reignites Agni without aggravating Pitta.
- Protocol: A stringent 30-day *Takra-Sevana* (buttermilk regimen) is recommended, wherein the patient progressively increases buttermilk consumption while tapering solid food intake to grant physiological rest to the gastrointestinal tract.

Table 2: Important Formulations and their Clinical Actions.

CATEGORY	FORMULATION	INDICATION	ACTION / MECHANISM
<i>ĀSAVA / ARIṢṬA</i>	<i>Abhayāriṣṭa</i>	All variants of <i>Ārśa</i>	<i>Vātānulomana, Dīpana</i> (digestive stimulation)
<i>GHṚTA</i>	<i>Cāṅgerī Ghṛta</i>	Rectal prolapse, severe localized pain	Tissue healing, lubrication, <i>Vāta</i> pacification
<i>EXTERNAL</i>	<i>Kāśīsādi Taila</i>	Swollen, protruding pile masses	<i>Kṣaraṇa</i> (mild chemical corrosive/shrinking action)
<i>BASTI</i>	<i>Picchā Basti</i>	Chronic bleeding piles (<i>Raktārśa</i>)	<i>Stambhana</i> (hemostatic and mucosal protection)

DISCUSSION

The management of *Ārśa* in the *Caraka Saṃhitā* represents a highly sophisticated integration of metabolic correction and localized para-surgical intervention. Unlike contemporary proctology, which frequently approaches hemorrhoids as an isolated venous pathology, Ayurveda successfully identifies the root cause in the gastrointestinal tract, specifically *Mandāgni* and vitiated *Apāna Vāta*.

1. The Metabolic Link: *Agni* and *Ārśa*

Classical Ayurvedic literature outlines a pathological triad: *Ārśa*, *Atisāra* (diarrhea), and *Grahaṇī* (malabsorption syndrome), all of which share a reciprocal etiology. A weakened *Jatharāgni* precipitates the formation of *Āma*, triggering *Srotorodha* in the *Guda Vali*. Therefore, any therapeutic approach that focuses solely on the anal region and fails to address the foundational *Agni* impairment is merely palliative, leaving the patient highly susceptible to recurrence.

2. The Probiotic Power of *Takra* (Buttermilk)

The classical assertion regarding the superiority of *Takra* for *Vātaja* and *Kaphaja Ārśa* aligns flawlessly with modern gastroenterology. The *Amla* taste of *Takra* stimulates *Agni*, while the *Kaṣāya* taste acts as a mild hemostatic and *Lekhana* (scraping) agent on the pile masses. From a contemporary microbiological perspective, buttermilk serves as a potent, natural probiotic. It actively restores the gut microbiome, which is critical for regulating intestinal motility, alleviating constipation, and consequently reducing the intra-abdominal pressure that triggers hemorrhoidal flares.

3. Comparative Efficacy of Local Measures

The implementation of local therapies such as *Dhūpana* (fumigation) utilizing agents like shed snake skin or *Viḍanga* suggests an advanced form of targeted antimicrobial and anti-inflammatory therapy. Furthermore, *Kṣāra Karma* (alkaline cauterization) is highlighted in Ayurvedic texts as a superior alternative to conventional excisional surgery. *Kṣāra* application performs a highly controlled "chemical excision," inducing rapid protein coagulation in the hemorrhoidal tissue. This initiates targeted fibrosis and shrinkage of the mass without the elevated risks of anal stenosis or fecal incontinence frequently associated with modern surgical hemorrhoidectomies.

4. Management of *Raktārśa* (Bleeding Piles)

In the context of *Ārdra Ārśa*, *Caraka's* explicit caution against the immediate physiological arrest of "impure blood" (*Duṣṭa Rakta*) reflects a profound understanding of systemic detoxification. If pathological bleeding is suppressed prematurely, the retained toxins may precipitate secondary systemic complications such as *Jvara* (fever) or *Kuṣṭha* (dermatological disorders). Conversely, in cases of chronic, debilitating hemorrhage, the administration of *Picchā Basti* (mucilaginous enema) creates a vital protective coating over the inflamed rectal mucosa, safely minimizing mechanical friction during defecation and arresting life-threatening blood loss.

CONCLUSION

The therapeutic protocols outlined in *Caraka Saṃhitā Cikitsā Sthāna* Chapter 14 provide a clinical paradigm shift in the management of anorectal disorders. This review concludes that:

Holistic Recovery: Long-term clinical success in treating *Ārśa* is directly proportional to the complete restoration of the patient's *Pācakāgni* (digestive capacity).

Superiority of Para-surgical Measures: Minimally invasive techniques such as *Kṣāra Karma* provide an optimal "middle path" between conservative pharmacotherapy and invasive surgery, ensuring lower recurrence rates and excellent patient compliance.

Preventative Excellence: Strict adherence to *Pathyāpathya* - specifically the avoidance of *Vegadhāraṇa* (suppression of natural urges) and the routine dietary inclusion of *Takra* is fundamentally curative.

Clinical Relevance: In a modern era dominated by lifestyle-induced gastrointestinal motility

disorders, the Ayurvedic principle of *Vātānulomana* provides a sustainable, integrative medical solution that effectively bridges the gaps in contemporary treatment modalities.

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