

REVIEW ARTICLE ON GUDA ARSHA (HAEMORRHOIDS): CAUSES, SIGN AND SYMPTOMS, PREVENTION & TREATMENT**Dr. Pooja Sinha^{1*}, Dr. Manoj Pratap Singh² and Dr. Bislesh Kumar Rajpoot³**

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Article Received on
29 May 2020,

Revised on 19 June 2020,
Accepted on 09 July 2020

DOI: 10.20959/wjpr20208-18056

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ABSTRACT

Guda Arsha (Hemorrhoids) are now a days very common anorectal disorder presented by symptomatic enlargement and abnormally functioning of anal cushions. The pathophysiologies of hemorrhoids contain the deteriorating modification of supportive tissue within the anal cushions, vascular obstruction, and hyperperfusion of hemorrhoidal plexus. Low-grade haemorrhoids (1st and 2nd degree) are easily and effectively treated with dietary and routine modification, medical intervention, and some operative procedures. An operation is typically indicated in symptomatic high-grade and/or difficult haemorrhoids (3rd and 4th Degree). In Ayurveda, there are 4 types of treatment can be done in Guda Arsha- Aushad, Kshar, Agni, Shastra.

In Modern Medical Science Haemorrhoidectomy is the most common surgery preferred by surgeons.

INTRODUCTION

Hemorrhoids, emerods, or piles are swelling and swelling of veins within the rectum and anus. The anatomical term "hemorrhoids" technically refers to "anal Cushions of tissue crammed with blood vessels at the junction of the rectum and therefore the anus." Hemorrhoids often described as "varicose veins of the anus and rectum", hemorrhoids are enlarged, bulging blood vessels in and about the anus and lower rectum. Hemorrhoids are

usually found in three main locations: left lateral, right anterior and right posterior portions. They lie beneath the epithelial lining of the anal canal and contains direct arteriovenous communications, mainly between the terminal branches of the superior rectal and superior hemorrhoidal arteries and to a lesser extent, between branches originating from the inferior and middle hemorrhoidal arteries and therefore the surrounding connective tissue.

Arsha is being described by all the classics of Ayurveda. Acharya Sushruta even placed this disorder within the “Ashta Mahagada” (Eight grave diseases). Arsha occurs in Guda region, which is undoubtedly a Marma, and it's well known for its chronicity and difficult management. This shows the gravity of the disease.

Causes

The exact causes of symptomatic hemorrhoids are unknown. Variety of things are believed to play important role including

1. Irregular bowel habits (constipation or diarrhea)
2. Lack of exercise
3. Nutritional factor (a low-fiber diet)
4. Increased intra-abdominal pressure (prolonged straining, an intra-abdominal mass, or pregnancy),
5. Genetics, absence of valves within the hemorrhoidal veins,
6. Aging.
7. Prolonged sitting
8. Other factors that are believed to extend the danger
9. Include

Classification of arsha (Piles)

There are different opinions of Acharya regarding the classification of Arsha:

a) On the basis of the origin

1. Sahaja
2. Janmottarakalaja

b) On the basis of the character of bleeding

Ardra (Sravi)- Bleeding piles due to vitiation of Rakta and Pitta Dosha.

Shushka- Non bleeding piles due to vitiation of Vata and Kapha Dosha.

c) On the basis of the predominance of dosha

1. Vataj
2. Pittaj
3. Kaphaj
4. Raktaj
5. Sannipataj
6. Sahaj

d) On the basis of prognosis

1. Sadhya (Curable)
2. Yapyia (Palliative)
3. Asadhya (Incurable)

Sadhya variety: If Arsha is located in the Samvarani vali and is of single Doshika involvement and not very chronic.

Yapyia variety: Arsha caused by the simultaneous vitiation of any two Doshas and the location of Arsha in the second Vali, the chronicity of the disease is not more than one year.

Asadhya variety: Sahaja Arsha and if caused by the vitiation of three Doshas and if the Arsha is situated in the Pravahini Vali, then it is incurable. In addition to this if the patient develops oedema in hands, legs, face, umbilical region, anal region, testicles or if he suffers from pain in the cardiac region, it is also considered as incurable.

e) On the basis of position

1. Internal
2. External

External hemorrhoid

External hemorrhoids are those that occur outside the anal verge (the distal end of the anal canal). Specifically they are varicosities of the veins draining the territory of the inferior rectal arteries, which are branches of the pudendal artery. They are sometimes painful, and can be accompanied by swelling and irritation. External hemorrhoids are prone to thrombosis, if the vein ruptures and/or a blood clot develops, the haemorrhoid becomes a thrombosed hemorrhoid.

Internal haemorrhoids

Internal hemorrhoids are those that occur inside the rectum. Specifically they are varicosities of veins draining the territory of branches of the superior rectal arteries. As this area lacks pain receptors, internal hemorrhoids are usually not painful and most people are not aware that they have them. Internal hemorrhoids, however, may bleed when irritated, usually due to constipation.

f) On the basis of symptoms

1. Grade I: No Prolapses. Just prominent blood vessels.

2. Grade II: Prolapses upon bearing down but spontaneously reduce.

3. Grade III: Prolapses upon bearing down and require manual reduction.

4. Grade IV: Prolapsed and cannot be manually the precise pathophysiology of hemorrhoidal development is poorly understood. For years the theory of varicose veins, which postulated that hemorrhoids were caused by varicose veins within the anal canal, had been popular but now it's obsolete because hemorrhoids and anorectal varices are proven to be distinct entities. Today, the idea of sliding anal canal lining is widely accepted. This proposes that hemorrhoids develop when the supporting tissues of the anal cushions disintegrate or deteriorate. Hemorrhoids are therefore the pathological term to explain the abnormal downward displacement of the anal cushions causing venous dilatation.

There are typically three major anal cushions, located within the right anterior, right posterior and left lateral aspect of the anal canal, and various numbers of minor cushions lying between them. The anal cushions of patients with hemorrhoids show significant pathological changes. These changes include abnormal venous dilatation, vascular thrombosis, degenerative process within the collagen fibers and fibroelastic tissues, distortion and rupture of the anal subepithelial muscle. additionally to the above findings, a severe inflammatory reaction involving the vascular wall and surrounding connective tissue has been demonstrated in hemorrhoidal specimens, with associated mucosal ulceration, ischemia and thrombosis.

Sign & Symptoms

The symptoms of pathological hemorrhoids depend on the sort present. Internal hemorrhoids usually present with painless rectal bleeding while external haemorrhoids may produce few symptoms or if thrombosed significant pain and swelling within the area of the anus.

Prevention

Prevention of hemorrhoids includes drinking more fluids, eating more dietary fiber (such as fruits, vegetables and cereals high in fiber), exercising, practicing better posture, and reducing bowel movement strain and time. Wearing tight clothing and underwear can also contribute to irritation and poor muscular tonus within the region and promote hemorrhoid development.

Women who sign they have painful stools during menstruation would be well-advised to begin taking extra dietary fiber and fluids a few days before that point.

Fluids emitted by the intestinal tract may contain irritants which will increase the fissures associated with hemorrhoids. Washing the anus with cool water and soap may reduce the swelling and increase blood supply for quicker healing and should remove irritating fluid.

Many of us don't get a sufficient supply of dietary fiber (20 to 25 grams daily), and small changes during a person's daily diet can help tremendously in both prevention and treatment of hemorrhoids.

Management of hemorrhoidal disease

Therapeutic treatment of hemorrhoids ranges from dietary and lifestyle modification to radical surgery, depending on degree and severity of symptoms.

Dietary and lifestyle modification

Since shearing action of passing hard stool on the anal mucosa may cause damage to the anal cushions and lead to symptomatic hemorrhoids, increasing intake of fiber or providing added bulk within the diet might help eliminate straining during defecation. In clinical studies of hemorrhoids, fiber supplement reduced the danger of persisting symptoms and bleeding by approximately 50%, but didn't improve the symptoms of prolapse, pain, and itching. Fiber supplement is therefore regarded as an efficient treatment in non-prolapsing hemorrhoids; it could take up to six week for a big improvement to be manifest. As fiber supplements are safe and cheap, they remain an integral a part of both initial treatment and of a regimen following other therapeutic modalities of hemorrhoids. Lifestyle modification should even be advised to any patients with any degree of haemorrhoids as a neighborhood of treatment and as a precautions. These changes include increasing the intake of dietary fiber and oral fluids, reducing consumption of fat, having regular exercise, improving anal hygiene, abstaining

from both straining and reading on the rest room , and avoiding medication that causes constipation or diarrhea.

Non-operative treatment

1. Sclerotherapy

This is currently recommended as a treatment option for first- and second-degree hemorrhoids. The rationale of injecting chemical agents is to make a fixation of mucosa to the underlying muscle by fibrosis. The solutions used are 5% phenol in oil, quinine, and urea hydrochloride or hypertonic salt solution.

2. Elastic band ligation

Rubber band ligation (RBL) may be a simple, quick, and effective means of treating first- and second-degree hemorrhoids and selected patients with third-degree hemorrhoids. Ligation of the hemorrhoidal tissue with a rubber band causes ischemic necrosis and scarring, leading to fixation of the anal tissue to the rectal wall.

3. Infrared coagulation

The infrared coagulator produces infrared which coagulates tissue and evaporizes water within the cell, causing shrinkage of the hemorrhoid mass.

4. Cryotherapy

Cryotherapy ablates the hemorrhoidal tissue with a freezing cryoprobe. it's been claimed to cause less pain because nerve endings are destroyed at very low temperature.

Operative treatment

An operation is indicated when non-operative approaches have failed or complications have occurred. Hemorrhoidectomy: Excisional hemorrhoidectomy is the most effective treatment for hemorrhoids with the lowest rate of recurrence compared to other modalities. It can be performed using scissors, diathermy, or vascular sealing devices like Ligasure and Harmonic scalpel. Excisional hemorrhoidectomy are often performed safely under perianal anesthetic infiltration as an ambulatory surgery. Indications for hemorrhoidectomy include failure of non-operative management, acute complicated hemorrhoids like strangulation or thrombosis, patient preference, and concomitant anorectal conditions like anal fissure or fistula-in-ano which needs surgery. In clinical practice, the third-degree or fourth-degree internal hemorrhoids are the most indication for hemorrhoidectomy.

A major drawback of hemorrhoidectomy is postoperative pain. There has been evidence that Ligasure hemorrhoidectomy leads to less postoperative pain, shorter hospitalization, faster wound healing and convalescence compared to scissors or diathermy hemorrhoidectomy.

Ayurvedic management

Conservative

1. Prevention of constipation- Laxative- Triphala churna, Haritaki churna, Aloe Vera juice, Abhayaarista.
2. Deepan pachan- Chitrakadi vati, Lavan baskar churna, Agnitundi vati.
3. Arshoghna-Sooranpak, Arshakuthar ras, Lepa of different arshoghna drugs as described by Acharya Charaka and Susruta can be use.
4. Hot sitz bath- without mixing anything in lukewarm water 10 min morning and evening.
5. Rakta stambhak-Bol baddha rasa, Bol parpati,Praval pisthi.
6. Vran ropak-Jatyadi tail 3 ml Per rectum 2 times a day.
7. Vednahr- Triphala guggulu, Peedantak Vati.

Procedures

1. Kshar sutra ligation

These days Ayurvedic Kshar-sutra treatment is in trends. This is the method of handling of hemorrhoids which is described in ancient Ayurvedic grantha. it's showing high successful rate and negligible reoccurrence. This is Minor surgery and can done by experienced physician. during this treatment Kshar-sutra is applied within the hemorrhoids under local anesthesia/general anesthesia and the pile mass sheds off within seven to 10 days with stool.

2. Chedana karma

The Chedana Karma of Arsha should be through with the help of sharp instruments like Mandalagra, Karapatra, Nakhashstra, Mudrika, Utpalapatra and Ardhadhara in shape of semilunar incision. After Chedana Karma, if needed, Agnikarma (Cauterisation) should be immediately applied in case of any remnant or to arrest the active bleeding or secondary oozing of the blood vessels. The procedure of Kavalika placement followed by the Gophana Bandha should be performed. This whole procedure looks like conventional open haemorrhoidectomy or to mention the ligation and excision procedure performed in recent times.

3. Agni karma

A number of cauterization methods are shown to be effective for hemorrhoids, but are usually only used when other approaches fail. This procedure are often done using electrocautery, infrared, laser surgery, or cryosurgery.

4. Ksharkarma

Involves the applying of a sclerosing agent, such as Snuhi Kshar, Apamarg Kshar into the hemorrhoid. This causes the vein walls to collapse and therefore the hemorrhoids to shrunken up.

Apathya in arsha

Chilies, Spicy, Fried Foods, Maida product, Non-Veg, Paneer, Cane foods, Constant sitting, Excessive Pressure in defeacation etc.

Pathya in arsha

Cow milk, Butter, Buttermilk, Wheat, Ghee, Rice, Green vegetable, Regular sleep, Exercise, Regular diet, Non suppression of natural urges etc

CONCLUSION

Arsha may be a problem associated with life style, age, occupation and dietary factors. The one that follows the perfect living pattern as described in Ayurveda classics can live disease free healthy life. Consuming food lacking fibre content, faulty food habits, abnormal body posture, complicated delivery, repeated abortion, psychological imbalances and physical injury to anal region are some important factors highlighted in Ayurveda classics for the manifestation of Arsha (piles). it's a really terrible condition, patient is scared of defecation due to pain with bleeding per rectum. Therefore, Ayurveda definitely has immense potential to manage all stages of Arsha successfully with none complications.

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