

A COMPREHENSIVE REVIEW OF ARSHA (HAEMORRHOIDS): AN INTEGRATIVE PERSPECTIVE OF AYURVEDIC AND CONTEMPORARY MEDICINE

^{*1}Dr. Satinder Gupta, ²Dr. Arjun Gupta, ³Dr. Rahul Gupta

¹PG Scholar, Department of Shalya Tantra, Jammu Institute of Ayurveda and Research, Jammu, India.

²Associate Professor, Department of Shalya Tantra, Jammu Institute of Ayurveda and Research, Jammu, India.

³Associate Professor, Department of Shalya Tantra, Jammu Institute of Ayurveda and Research, Jammu, India.

Article Received on 14 May 2026,
Article Revised on 04 June 2026,
Article Published on 16 June 2026,
<https://doi.org/10.5281/zenodo.20695954>

*Corresponding Author

Dr. Satinder Gupta

PG Scholar, Department of Shalya Tantra, Jammu Institute of Ayurveda and Research, Jammu, India.



How to cite this Article: ^{*1}Dr. Satinder Gupta, ²Dr. Arjun Gupta, ³Dr. Rahul Gupta, (2026). A Comprehensive Review Of Arsha (Haemorrhoids): An Integrative Perspective Of Ayurvedic And Contemporary Medicine. World Journal of Pharmaceutical Research, 15(12), 401-408.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Arsha is a common anorectal disorder extensively described in Ayurvedic classics and is considered one of the Ashtamahagada (eight difficult-to-manage diseases). It is commonly correlated with haemorrhoids, a condition characterized by symptomatic enlargement and distal displacement of anal vascular cushions. The prevalence of haemorrhoidal disease has increased globally due to sedentary lifestyles, unhealthy dietary practices, chronic constipation, and prolonged straining during defecation. Ayurveda attributes the development of Arsha to Mandagni (impaired digestive fire), formation of Ama, and vitiation of Doshas, particularly Vata Dosha. Classical texts describe detailed etiological factors, clinical manifestations, prognostic features, and therapeutic approaches. Contemporary management includes conservative measures, office-based procedures, and surgical interventions. This review explores the

concept of Arsha from both Ayurvedic and modern viewpoints, highlighting similarities in pathogenesis and therapeutic principles while emphasizing the role of integrative management.

KEYWORDS: Arsha, Haemorrhoids, Ayurveda, Kshara Karma, Shalya Tantra, Anorectal Disorders.

INTRODUCTION

Anorectal diseases significantly affect quality of life and account for a considerable proportion of surgical consultations worldwide. Among these conditions, haemorrhoids represent one of the most frequently encountered disorders. In Ayurveda, haemorrhoids are described as Arsha and are included among the Ashtamahagada because of their chronic nature, recurrence, and potential complications.^[1,2]

The term Arsha is derived from the Sanskrit root “Ru,” meaning suffering or affliction. The disease is characterized by the development of fleshy projections in the anal region associated with pain, bleeding, prolapse, itching, and difficulty during defecation.^[3] Modern medicine defines haemorrhoids as symptomatic enlargement and distal displacement of normal anal cushions caused by deterioration of supporting connective tissue and vascular congestion.^[4]

Ayurvedic scholars emphasize that improper dietary habits, suppression of natural urges, sedentary behavior, and impaired digestive function initiate a pathological cascade involving Doshas, Dhatus, and Mala, ultimately leading to Arsha formation.^[5]

MATERIALS AND METHODS

This narrative review was prepared through an extensive examination of classical Ayurvedic texts, including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana. Contemporary literature was reviewed using standard surgical textbooks and peer-reviewed articles published in indexed journals. Relevant literature concerning etiology, pathophysiology, classification, diagnosis, and management of haemorrhoids was analyzed and compared with Ayurvedic concepts.

Anatomical Considerations

Ayurvedic Perspective

Acharya Sushruta described Guda as an anatomically specialized structure measuring approximately four and a half Angula in length and containing three Valis namely Pravahini, Visarjani, and Samvarani. These structures are involved in the regulation and expulsion of fecal matter.^[6]

Modern Perspective

The anal canal contains fibrovascular cushions composed of vascular tissue, connective tissue, and smooth muscle fibers. These cushions contribute to continence and help maintain complete closure of the anal canal. Pathological changes in these structures result in haemorrhoidal disease.^[4]

Etiopathogenesis

Ayurvedic Concept

According to Ayurveda, excessive intake of Guru, Abhishyandi, Vidahi, and incompatible foods, along with suppression of natural urges and sedentary habits, leads to Mandagni and Ama formation. This results in vitiation of Tridosha, especially Vata Dosha, which localizes in the Guda region and affects Mamsa, Meda, and Rakta Dhatu, producing Arsha.^[5,7]

Modern Concept

Current evidence suggests that haemorrhoids develop due to deterioration of the supporting connective tissue framework of anal cushions. Additional contributing factors include chronic constipation, pregnancy, obesity, aging, prolonged sitting, and increased intra-abdominal pressure.^[4,8]

The Sliding Anal Cushion Theory remains the most accepted explanation for haemorrhoidal development.^[9]

Classification

Ayurvedic Classification

According to Dosha Dominance

- Vataja Arsha
- Pittaja Arsha
- Kaphaja Arsha
- Raktaja Arsha
- Sannipataja Arsha

According to Bleeding

- Ardra Arsha
- Shushka Arsha

According to Origin

- Sahaja (Congenital)
- Janmottarakalaja (Acquired)

According to Prognosis

- Sadhya
- Yapya
- Asadhya

Modern Classification**Internal Haemorrhoids**

- Grade I
- Grade II
- Grade III
- Grade IV

External Haemorrhoids

Located distal to the dentate line and covered by anoderm.^[4]

Clinical Features**Patients commonly present with**

- Bleeding per rectum
- Prolapse of pile mass
- Anal discomfort
- Pain during defecation
- Pruritus ani
- Mucous discharge
- Feeling of incomplete evacuation

Vataja Arsha is characterized by severe pain and constipation, Pittaja Arsha by burning sensation and bleeding, and Kaphaja Arsha by itching and fleshy growths with minimal pain.^[6,7]

Diagnosis**Clinical diagnosis is established through**

- Detailed history

- Inspection
- Digital rectal examination
- Proctoscopy

Additional investigations include

- Complete blood count
- Sigmoidoscopy
- Colonoscopy
- Stool examination

These investigations help exclude other anorectal pathologies and colorectal malignancies.^[10]

Differential Diagnosis**Conditions that may mimic haemorrhoids include**

- Anal fissure
- Fistula-in-ano
- Rectal polyps
- Anal papilloma
- Rectal carcinoma
- Condyloma acuminata
- Crohn's disease
- Haemangioma^[10]

Management**Ayurvedic Management****Bheshaja Chikitsa**

Indicated in early-stage disease and includes Deepana, Pachana, Vatanulomana, and Arshoghna formulations.^[7]

Kshara Karma

A para-surgical procedure employing alkaline preparations that induce controlled chemical cauterization, fibrosis, and shrinkage of haemorrhoidal masses.^[11]

Agnikarma

Thermal cauterization useful in selected non-bleeding and fibrotic lesions.^[6]

Shastra Karma

Recommended for advanced, prolapsed, and recurrent haemorrhoids.^[6]

Modern Management**Conservative Treatment**

- High-fiber diet
- Adequate hydration
- Sitz bath
- Stool softeners
- Lifestyle modifications

Office-Based Procedures

- Rubber band ligation
- Sclerotherapy
- Infrared coagulation

Surgical Procedures

- Open haemorrhoidectomy
- Closed haemorrhoidectomy
- Stapled haemorrhoidopexy
- Doppler-guided haemorrhoidal artery ligation^[12]

Complications**Untreated haemorrhoids may lead to**

- Chronic blood loss anemia
- Thrombosis
- Strangulation
- Ulceration
- Secondary infection
- Abscess formation
- Gangrene (rare)^[10]

Pathya and Apathya

Pathya

- Whole grains
- Green vegetables
- Fruits rich in dietary fiber
- Buttermilk
- Adequate water intake
- Regular physical activity

Apathya

- Excessively spicy foods
- Fried foods
- Refined flour products
- Alcohol
- Prolonged sitting
- Excessive straining during defecation.^[7]

CONCLUSION

Arsha continues to be an important anorectal disorder encountered in both Ayurvedic and modern clinical practice. The Ayurvedic concept of impaired digestion, Dosha imbalance, and tissue involvement closely parallels contemporary understanding of haemorrhoidal pathogenesis. While modern medicine offers effective minimally invasive and surgical interventions, Ayurveda provides a holistic approach emphasizing prevention, dietary regulation, lifestyle modification, and individualized treatment. Integration of both systems may improve patient outcomes and reduce recurrence. Future well-designed clinical trials are required to further validate Ayurvedic therapeutic modalities and establish evidence-based integrative treatment protocols.

REFERENCES (VANCOUVER STYLE)

1. Sushruta. Sushruta Samhita, Nidana Sthana, Arsha Nidana Adhyaya. Varanasi: Chaukhambha Sanskrit Sansthan, 2018.
2. Agnivesha. Charaka Samhita, Chikitsa Sthana. Varanasi: Chaukhambha Bharati Academy, 2019.
3. Madhavakara. Madhava Nidana. Varanasi: Chaukhambha Sanskrit Sansthan, 2017.

4. Williams NS, O'Connell PR, McCaskie A. Bailey & Love's Short Practice of Surgery. 28th ed. Boca Raton: CRC Press, 2022.
5. Sharma PV. Charaka Samhita. Varanasi: Chaukhambha Orientalia, 2014.
6. Shastri AD. Sushruta Samhita. Varanasi: Chaukhambha Sanskrit Sansthan, 2018.
7. Tripathi B. Charaka Samhita with Hindi Commentary. Varanasi: Chaukhambha Surbharati Prakashan, 2019.
8. Sun Z, Migaly J. Review of Hemorrhoid Disease: Presentation and Management. Clin Colon Rectal Surg, 2016; 29(1): 22–29.
9. Thomson WH. The nature of haemorrhoids. Br J Surg, 1975; 62(7): 542–552.
10. Das S. A Concise Textbook of Surgery. 12th ed. Kolkata: Dr S Das Publications, 2021.
11. Gupta PJ. Kshara Sutra and Kshara Karma in Ano-rectal Disorders. Indian J Surg, 2018; 80(3): 248-254.
12. Beck DE, Roberts PL, Saclarides TJ. The ASCRS Textbook of Colon and Rectal Surgery. 4th ed. New York: Springer, 2022.