

## REVIEW ARTICLE ON ARSHA AND ITS MANAGEMENT

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**ABSTRACT**

*Arsha* (haemorrhoids), is one of the most common Anorectal disorders described extensively in Ayurvedic classics. It is considered a significant disease due to its chronic nature, tendency for recurrence, and impact on the quality of life. According to Ayurveda, *Arsha* develops due to the vitiation of *Dosha*, particularly *Apana Vata*, along with impairment of *Agni* and derangement of the Anorectal structures. Sedentary lifestyle, irregular dietary habits, constipation, and prolonged straining during defecation are among the major etiological factors. Clinically, it presents with bleeding per rectum, pain, prolapse, itching, and discomfort during defecation. **Objective:** To review the Ayurvedic concept of *Arsha* and its management with emphasis on various therapeutic approaches described in classical texts. **Methods:** This review is based on a

comprehensive analysis of Ayurvedic classics, Contemporary literature, research articles, and published studies related to the aetiology, pathogenesis, classification, clinical features, and management of *Arsha*. **Results:** Ayurveda offers a holistic approach for the management of *Arsha* through *Nidana Parivarjana* (avoidance of causative factors), dietary and lifestyle modifications, *Shamana Chikitsa* (conservative treatment), and *Shodhana Chikitsa* (bio-purificatory therapies). *Acharya Sushruta* has described four principal treatment modalities: *Bheshaja* (medicinal therapy), *Kshara Karma* (chemical cauterization), *Agni Karma* (thermal cauterization), and *Shastra Karma* (surgical intervention). Among these, *Kshara Karma* and *Ksharasutra* therapy have shown promising results in reducing symptoms and preventing

recurrence with minimal complication. **Conclusion:** Ayurvedic management of *Arsha* provides safe, effective, and minimally invasive treatment options. A combination of preventive measures, medicinal therapy, and para-surgical procedures can significantly improve patient outcomes and quality of life while reducing recurrence rates.

**KEYWORDS:** *Arsha*, Haemorrhoids, *Kshara Karma*, *Ksharasutra*, Ayurveda, Anorectal Disorders.

## INTRODUCTION

*Arsha* (haemorrhoids) is one of the most prevalent anorectal disorders affecting a significant proportion of the global population. It is characterized by bleeding per rectum, pain, prolapse, itching, and discomfort during defecation, thereby adversely affecting the quality of life. The increasing prevalence of sedentary lifestyle, irregular dietary habits, chronic constipation, prolonged sitting, and stress has contributed to a rise in the incidence of haemorrhoids in recent decades.

In Ayurveda, *Arsha* is described extensively by *Acharya Charaka*, *Acharya Sushruta*, and *Acharya Vagbhata* and is considered one among the *Ashta Mahagada*<sup>[1]</sup> due to its chronicity, recurrence, and difficulty in management. The disease is believed to result from the vitiation of *Dosha*, particularly *Apana Vata*, along with *Agnimandya* (impaired digestive fire) and derangement of the anorectal structures. Classical texts have provided detailed descriptions regarding its aetiology, classification, pathogenesis, clinical features, prognosis, and treatment principles.

The management of *Arsha* in Ayurveda encompasses preventive, curative, and para-surgical approaches. *Acharya Sushruta* has described four principal treatment modalities, namely *Bheshaja Karma* (medical management), *Kshara Karma* (chemical cauterization), *Agni Karma* (thermal cauterization), and *Shashtra Karma* (surgical intervention).<sup>[2]</sup> Among these, *Kshara Karma* has gained special importance because of its minimally invasive nature, cost-effectiveness, and favourable therapeutic outcomes. In addition, dietary regulations, lifestyle modifications, and various medicinal formulations play a vital role in preventing recurrence and improving patient outcomes.

This review aims to provide a comprehensive overview of *Arsha*, including its Ayurvedic concepts, etiopathogenesis, clinical features, and various management strategies described in classical and contemporary literature.

## MATERIALS AND METHOD

The literary review for the present study was compiled from classical Ayurvedic texts, including *Sushruta Samhita*, *Charaka Samhita*, *Ashtanga Hridaya*, and *Ashtanga Sangraha*. Relevant information was also gathered from standard modern surgical textbooks, such as Manipal Manual of Surgery, SRB's Manual of Surgery, Bailey & Love's Short Practice of Surgery, Surgery of the Anus, Rectum and Colon, and the Atlas of General Surgery published by Jaypee Brothers Medical Publishers, to provide a comprehensive understanding of the subject from both Ayurvedic and contemporary surgical perspectives.

## AIM

To review the concept of *Arsha* (haemorrhoids) in Ayurvedic and Modern literature.

## OBJECTIVE

To compile and analyse the available literature on the aetiology, pathogenesis, clinical features, diagnosis, and management of *Arsha*.

## Definition of *Arsha*

अरिवत् प्राणिनो मांसकीलका विशसन्ति यत्। अर्शासि तस्मादुच्यन्ते गुदमार्ग निरोधतः।।<sup>[3]</sup>

*Acharya Vagbhata* has defined that when muscle like fleshy projections (*Mamsakeela*) kill a person like an enemy and create obstruction in the *Guda Marga* (Anal Canal) is known as *Arsha*.<sup>[3]</sup>

## Etymology of *Arsha*

The word "*Arsha*" is derived from the root "*Ru-gatau*" *Dhatu* with suffix *Asuna*, and simply means aggressive as an opponent.<sup>[4]</sup>

## Synonyms

*Gudaja*, *Guda Keela*, *Guda Praroha*, *Payuroga*, *Durnama*, *Mamsankura*, Haemorrhoid etc.

## Classification

After going through textual references, the classification of *Arshas* can be arranged under following headings.

### A) Aetiological classification

<i>Caraka</i> <sup>[5]</sup>	<i>Sushruta</i> <sup>[6]</sup>	<i>Vagbhata</i> <sup>[7]</sup>
1. <i>Sahaja</i>	1. <i>Vataja</i>	1. <i>Sahaja</i>
2. <i>Jatasyottarakalaja</i>	2. <i>Pittaja</i>	2. <i>Janmottara kalaja</i>
<input type="checkbox"/> <i>Vatolvan</i>	3. <i>Kaphaja</i>	<input type="checkbox"/> <i>Vataja</i>
<input type="checkbox"/> <i>Pittolvan</i>	4. <i>Raktaja</i>	<input type="checkbox"/> <i>Pittaja</i>
<input type="checkbox"/> <i>Kapholvan</i>	5. <i>Sannipataja</i>	<input type="checkbox"/> <i>Kaphaja</i>
<input type="checkbox"/> <i>Dwandolvan (3)</i>	6. <i>Sahaja</i>	<input type="checkbox"/> <i>Raktaja</i>
<input type="checkbox"/> <i>Tridosaja</i>		<input type="checkbox"/> <i>Dwandaja</i>
		<input type="checkbox"/> <i>Sannipataja</i>

### Clinical classification

1. According to consistency:<sup>[8]</sup>

- *Shushka* (dry)
- *Aadra* or *Sravi* (wet)
  - *Vatanubandhi*
  - *Slesmanubandhi*

2. According to site of origin:<sup>[9]</sup>

- *Bahya –Bahaya Vali (Samvarani)*
- *Madhyama – Madhyama Vali (Visarjini)*
- *Abhyantara – Antar Vali (Pravahani)*

3. According to treatment modality<sup>[10]</sup>

*Bheshaja Sadhya, Kshara Sadhya, Agni Sadhya, Shastra Sadhya*

4. According to Prognosis:<sup>[11,12,13]</sup>

*Sadhya, Krishya Sadhya, Yapya, Asadhya*

### Classification of Haemorrhoid

#### According to Contemporary Medicine based on their position<sup>[14]</sup>

Haemorrhoids are classified into two types based on their anatomical location in relation to the dentate (pectinate) line:

#### 1. Internal Haemorrhoids

Internal haemorrhoids originate above the dentate line from the internal haemorrhoidal venous plexus, which is formed by the superior rectal veins. They are covered by columnar epithelium and are supplied by visceral nerves. Consequently, they are generally painless unless they become prolapsed, strangulated, or thrombosed. The most common presenting symptom is painless bright red bleeding per rectum during or after defecation. Patients may also complain of prolapse, mucous discharge, and a sensation of incomplete evacuation.

## 2. External Haemorrhoids

External haemorrhoids arise below the dentate line from the external haemorrhoidal venous plexus, which drains into the inferior rectal veins. They are covered by anoderm and perianal skin, both of which are richly supplied by somatic nerves. Therefore, external haemorrhoids are often painful, particularly when thrombosis occurs. Clinically, they present with perianal swelling, pain, tenderness, irritation, and occasionally bleeding. If the vein ruptures and blood accumulate within the surrounding tissue, a thrombosed external haemorrhoid develops, producing sudden, severe pain and a bluish perianal swelling.

### Classification of Internal Haemorrhoids According to Degree of Prolapse

Internal haemorrhoids are further classified according to the extent of prolapse:

**Grade I:** Haemorrhoids bleed but do not prolapse. They remain confined within the anal canal.

**Grade II:** Haemorrhoids prolapse during defecation or straining but reduce spontaneously after the strain is relieved.

**Grade III:** Haemorrhoids prolapse during defecation or straining and require manual reduction to return into the anal canal.

**Grade IV:** Haemorrhoids remain permanently prolapsed and cannot be manually reduced. They may become oedematous, incarcerated, strangulated, or thrombosed, often requiring surgical intervention.

### Nidana

*Acharya Charaka* has described the causative factors in detail.<sup>[15]</sup> The unwholesome behaviour of parents and the past deeds are responsible for *Sahaja Arshas*.<sup>[16]</sup> *Acharya Sushruta* also specifies the role of improper Ahara and Vihara in the causation of *Arshas*.

*Acharya Vagbhata* incorporated the views of both *Acharya Charaka* and *Sushruta*.<sup>[17]</sup> The aetiology can be broadly categorized as followings.

1. **Dietetic factors:** Dietetic indulgence like *Guru Ahara*, *Sheeta Ahara*, *Abhisyandi Ahara*, *Vidahi Ahara*, *Viruddha Ahara*, *Ajeerna Ahara*, *Pramitasan* etc. interfere with digestive power leading to *Mandagni*.
2. **Habits:** Habits include causes of *Vata* vitiation e.g. excessive sexual indulgence, suppression of natural urges etc.
3. **Pressure or irritation in anal canal:** This includes defective sitting posture like *Utkata Asana* and excessive riding, which causes repeated pressure on hemorrhoidal cushions.
4. **Mandagni** as prime factor: *Arsha*, *Grahani* and *Atisara*, all these acts as one causative factors for each other in the presence of *Mandagni*.<sup>[18]</sup>
5. General weakness and emaciation from prolonged illness: *Udara Roga*, *Pleeha vridhi*, *Grahani dosha* etc. may cause *Arsha*.
6. **Genetic:** Genetic factor has also been considered in the etiology of *Sahaja Arsha* due to misdeeds (*Purvajanmakrit Karma*) of the parents in intrauterine life and *Bija Dosha* of parents.<sup>[19]</sup> The disease due to *Bija Dosha* has been categorized under *Adibala Pravritta* disease by *Acharya Sushruta* means which are produced by the defects of *Bija*, *Bija Bhaga* and *Bija Bhagavayava*.<sup>[20]</sup>

### Samprapti

The pathogenesis of *Arshas*, according to *Sushruta*, is caused by *Nidana*, which lead to the vitiation of *Doshas* in one, two, or more combinations, along with *Rakta*. *Doshas* then move downward through the *Mahadhamani*, affecting the *Gudavalitraya* and causing *Arshas* in people who have *Mandagni* and other local causes.<sup>[18]</sup> According to *Charaka*, *Arshoroga* is created when all the *Doshas* get vitiated, followed by *Bahya* and *Abhyantara Rogamarga*, and has an impact on *Gudavalitraya*.<sup>[21]</sup> *Acharya Vagbhata* asserts that vitiation of the *Doshas* results in the formation of *Mandagni*, vitiation of the *Apanavayu* causes the stagnation of *Mala* in *Gudavali*, and prolonged contact with *Mala* results in the emergence of *Arsha*.

### Pathogenesis of *Arsha* (haemorrhoids) according to Ancient and Modern Concepts

Ayurveda	Modern Concept
<i>Viruddhahara</i> , <i>Adhyasana</i> , excessive riding, suppression of natural urges and <i>Mandagni</i> leads to constipation ↓	Deficiency of fibre rich food, faulty dietary habits, hereditary, constipation, irregular bowel habits, pregnancy, sedentary life, anal sphincter over activity ↓
Vitiation of <i>Dosha</i> and involvement of <i>Rakta</i> travels through <i>Pradhana</i>	Congestion, engorgement of vessels with blood in haemorrhoidal plexus.

Dhamani and affects <i>Gudavali</i> . ↓	↓
Involvement of <i>Twak, Mamsa, Medas</i> and <i>Mamsadhara Kala</i> ↓	Laxity of anal cushions i.e. supporting connective tissue, muscularis mucosa, sub mucosal tissue and fascia ↓
<i>Arsha</i> ↓	Haemorrhoids ↓
Complication- <i>Raktasrava</i>	Complication- excessive bleeding

### Pathogenesis of *Sahaja Arshas*

*Acharya Sushruta* has enumerated that *Shukra* and *Shonita*, the paternal and maternal components are chief factors which vitiation produces *Arsha*.<sup>[23]</sup> *Acharya Charaka* and *Vagbhata* accepted above statement and has added the sin of patient's past life also acts as causative factor. These causative factors affect the *Bija*, *Bijabhaga* and *Bijabhgayavaya* respectively and cause *Sahaja Arsha*.<sup>[24,25]</sup>

### Roopa

#### Samanya Roopa

According to *Acharya Vagbhata* the *Samanya Roopa* of *Arsha* are given below:

#### 1. Subjective general symptoms<sup>[26]</sup>

*Agnimandya, Arochaka, Vankshana shool, Angamarda, Jwara Swasa Hridaya Shool Nabhi Shool, Payu Shool, Pandu, Visthambha, KwachitAmla/Haarit/Rakta/Pandu/Pitta/Vibhandhi-Malpravrutti* etc.

#### 2. Objective general symptoms

*Acharya Charaka* has described the general different sizes and shapes of *Arsha*, which are similarly to- *Sarshapa, Yava, Masura, Kalay-Pinda Maasha, Tinduka, Gostana, Shringataka* etc.

### Vishesha Roopa

#### 1. *Sahaja Arsha*

##### According to generalized symptoms<sup>[28]</sup>

*Aalasya/Antrakoojana, Durbala-angata/Timira, Hridaya-Upalepa/Trishna, Vividha varna-Yukta-mala tyag, Atopa/Udaawarta, Nabhi/vasti/Vankshana shool* etc.

##### According to local signs and symptoms<sup>[29,30,31]</sup>

*Antar-mukhani, Panduni, Parushani.*

**2) Vataja Arsha**<sup>[32,33,34]</sup>

*Kati-Parshwa Shool, Amsa/Vankshana Shool, Mutra Purisha Krishnata, Chimchimayana at Arsha, Kadamba-Pushpakriti, Tundikeri-sadrusha, Mukula/Naadi-sadrusha, Suchimukhakruti, Bimbeefala/Karpasfala-sannibha.*

**3) Pittaja Arsha**<sup>[35,36,37]</sup>

*Peet-Mutrata, Daaha, Sparsha-asahani, Yava/Jalauka-Mukha Sadrushya, Shuk-Jimvha sannibha, Tanuni/Visarpini.*

**4) Kaphaja Arsha**<sup>[38,39,40]</sup>

*Mutra-Purisha Swetata, Pravahika/Mutra-Krichhata, Sparsh, Sahani, Gostana / Karrera Sannibha, Panasasthi, Sannibha, Maha, Moolani, Upchatani / Prammanvanti, Ghana / Utchhritani, Pichha Sravini.*

**5) Raktaja Arsha**<sup>[41,42,43]</sup>

*Pittaja Arshavat Lakshanani, Ushna Rakta, Pravritti, Kakantika Phala Sadrisha, Vidruma Sadrisha, Nyagrodha Prapoha Sadrisha.*

**6) Sannipataja Arsha**

The symptoms of *Sannipataja Arsha* have not described separately by any *Acharya*. All *Acharya* said that the symptoms of *Sannipataja Arsha* are depending upon the involvement of *Dosha*.<sup>[44,45,46]</sup> The symptoms of concern *Doshaj Arsha* occurs unitedly are the symptoms of *Sannipataja Arsha*.

**COMPLICATION**

*Acharya Charaka* enumerated that *Sotha* in *Hasta, Pada, Mukha, Nabhi, Guda, Vrisana* along with *Hridaparswa Shoola, Sammoha, Chardi, Anga Gaurava, Jwara* and *Gudapaka* should be considered as signs of *Asadhya*.<sup>[11]</sup> It appears to be the symptomatology of chronic anaemia due to severe blood loss. *Acharya Charaka* has also mentioned *Baddhagudodar* as their earliest presentation (intestinal obstruction) if *Arsha* is not treated properly.<sup>[47]</sup>

*Acharya Sushruta* mentioned *Arsha* associated with *Trishna, Arochaka, Prasruta Sonitam, Sotha, Atisara* will kill the patient.<sup>[48]</sup> *Acharya Vagbhata* has recognized *Udavarta*<sup>[49]</sup> as principal complication of *Arsha*, if one used to take *Vata* vitiating factors, the *Vata* obstructs

the *Adhovahi Srotas* leading to obstruction of *Vata*, *Pureesha*, *Mutra* and severe pain in *Kostha*, *Pristha*, *Hridaya* and *Parswa*.

### Management of *Arsha*

The aim of Ayurveda is to cure the disease of the diseased person and maintain the health of healthy person.<sup>[50]</sup> The later may be regarded as preventive or prophylactic measure. In the management of *Arsha*, the treatment can be classified into preventive and curative measures.

#### Preventive Measures:

1. Avoid etiological factors.
2. To keep *Dosha* in balance state-*Shamshodha*, *Samshamana*.
3. To keep *Agni* in normal state-*Deepana*, *Pachana*, *Anulomana*.

#### Curative Measures

*Acharya Sushruta* has described four curative measures in the treatment of *Arsha* i.e. *Bheshaja Karma*, *Kshara Karma*, *Agni Karma* and *Sastra Karma*.<sup>[51]</sup> *Acharya Charaka* who was basically a physician, has also enumerated these four measures but has emphasized more on medical measures, pointing out the risks involved in the remaining three measures if performed by unskilled surgeon.<sup>[52]</sup> These measures can be grouped as follows:

1. Medical treatment
2. Para surgical treatment
3. Surgical treatment

#### 1. Medical Treatment

*Acharya Sushruta* has mentioned *Bhesaja Chikitsa* for the *Arsha* which are *Achirakalajatani* means newly developed, *Alpa Dosha linga Upadravani* means having less dosha involvement, less signs and symptoms and less complications.<sup>[53]</sup> The line of treatment for different types of *Arsha* according to dosha involvement are as follows-

**Table showing the line of treatment for different *Arsha*<sup>[54]</sup>**

Types	Line of treatment
<i>Vataja</i>	<i>Snehana</i> , <i>Swedana</i> , <i>Vamana</i> , <i>Virechana</i> , <i>Asthapana</i> , <i>Anuvasana</i>
<i>Pittaja</i>	<i>Virechana</i>
<i>Kaphaja</i>	<i>Sringavera</i> , <i>Kulattha</i>
<i>Raktaja</i>	<i>Samsamana</i>
<i>Tridoshaja</i>	<i>Sarva Doshanasaka Chikitsa</i> , <i>Doshasamaka Ausadhasiddha Paya</i>

The medical treatment modality can be further divided into two groups:

- a) Internal Medicine
- b) Local Application.

## 2. Para-Surgical Measures

### a) *Kshara Karma*

*Kshara* is a caustic, alkaline in nature obtained from the Ash of medicinal plants. *Kshara Karma* is a milder procedure as compared to surgery and thermal cautery. It is capable to perform typical functions, *Chedana*, *Bhedana* and *Lekhana* and destroys the *Tridoshaja Roga*.<sup>[55]</sup> *Acharya Sushruta* has indicated *Kshara Karma* in the *Arsha* which are *Mridu* (soft), *Prasrita* (extended), *Avagadha* (deep seated) & *Uchrita* (elevated).<sup>[56]</sup> According to *Dosha* involvement *Mridu Kshara* should be used in *Pittaja* and *Raktaja Arsha* and *Kshara* in *Kaphaja* and *Vataja Arsha*.<sup>[57]</sup>

### b) *Agni Karma*

*Agni Karma* is an important para-surgical measure and is still used extensively in surgical field in a modified form by way of electric heat cautery and freezing. It is regarded as superior to other surgical and para-surgical measure because of its capacity to destroy the diseased tissue completely and its wide applicability even in such lesion which are incurable by other measures.<sup>[58]</sup>

In the management of *Arsha*, *Agni Karma* is indicated for the *Arsha* which are *Karkasha* (rough), *Sthira* (fixed), *Prithu* (broad) and *Kathina* (hard).<sup>[56]</sup> *Arsha* which arise by the vitiation of *Vata* and *Kapha*, can be treated with *Agnikarma*.<sup>[57]</sup> Also those which are *Mahanti* (big) and *Doshapoorna* (meaning probably thrombosed, infected etc) can be treated with *Agni*.<sup>[59]</sup>

### Contraindication of *Agni Karma*<sup>[60]</sup>

*Pittaja Prakriti*, *Rakta Pitta*, *Bhinna Kostha*, *Anuddhrita Shalya*, *Durbala*, *Bala*, *Bridhdha*, *Bhiru*, *Aneka Vrana Pidita*, *Aswedya*.

### c) *Kshara Sutra* Application

*Kshara Sutra* is a para-surgical measure capable to perform excision (*Chedana*) by virtue of its mechanical pressure and chemical action. *Acharya Sushruta* advised its use in *Nadivrana*.<sup>[61]</sup> However he has not mentioned its use in *Arsha*. *Chakradutta* has indicated its use in management of *Arsha* and described its method of preparation.<sup>[62]</sup>

Same reference also found in *Bhavaprakasha*, *Bhaisajyaratnavali* etc. In *Gadanigraha* also, the author has advised treatment of big pedunculated *Arsha* with *Kshara Sutra*.<sup>[63]</sup> *Vangasen* has also advised *Kshara Sutra* application in *Arsha*.<sup>[64]</sup>

#### d) Rakta Mokshana

*Acharya Sushruta* enumerated *Arsha* as a disease unsuitable for *Rakta Mokshana*<sup>[65]</sup> but in management of *Arsha*, he advised *Rakta Mokshana* under certain conditions like protruding out with full clinical features.<sup>[66]</sup>

*Acharya Vagbhata* advised *Rakta Mokshana* in such type of *Arsha* where vitiated blood is retained and *Arsha* is inflamed and hard.<sup>[67,68]</sup> *Acharya Caraka* also advised *Rakta Mokshana* with the help of *Jalouka*, *Sastra*, *Suchi* etc.<sup>[69]</sup>

### 3. Surgical Treatment

*Sastra karma* is indicated for the *Arsha* which are *Tanumulani* (thin rooted/ pedunculated), *Uchritani* (elevated) and *Kledavanti* (having discharge). After taking all the pre-operative measures, *Chedana karma* (excision) should be done with the help of sharp instrument like *Mandalagra*, *Karapatra*, *Vridhipatra*, *Nakha Sastra*, *Mudrika*, *Utpalapatra* and *Ardhadhara* in shape of semilunar incision. Followed by excision if there remains any remnant part, it should be cauterized (*Agnikarma*).<sup>[66]</sup> After this *Kavalika* (medicated cloth) is to be placed and *Gophanika* (T-bandage) should be done. It seems to ligation and excision method of present-day knowledge.

## MODERN MANAGEMENT OF ARSHA<sup>[70]</sup>

### Non-operative Treatment

Haemorrhoidal treatment varies from therapeutic treatment, lifestyle modifications to surgeries depending on the degree and severity of the disease.

#### 1. Rubber Band Ligation (RBL)

Rubber band ligation is a simple, safe, and effective outpatient procedure primarily indicated for first- and second-degree haemorrhoids. A rubber band is applied to the base of the haemorrhoid, causing ischemic necrosis, fibrosis, and fixation of the mucosa to the underlying rectal wall.

#### 2. Sclerotherapy

Sclerotherapy involves the injection of sclerosing agents into the submucosa of the haemorrhoid, producing fibrosis and reducing blood flow. It is mainly recommended for first- and second-degree haemorrhoids.

### **3. Infrared Coagulation**

Infrared coagulation uses infrared energy to coagulate haemorrhoidal tissue, resulting in vessel obliteration, tissue shrinkage, and symptom relief. It is effective in early-stage haemorrhoids.

### **4. Cryotherapy**

Cryotherapy destroys haemorrhoidal tissue by freezing it with a cryoprobe. Although it causes tissue necrosis with relatively less pain, its use has declined because of prolonged discharge and delayed healing.

### **5. Laser Ablation**

Laser haemorrhoidoplasty is a minimally invasive technique in which laser energy is applied to shrink the haemorrhoidal tissue. It reduces blood supply, leading to fibrosis and gradual resolution with minimal postoperative discomfort.

### **Operative Treatment**

Surgical intervention is indicated when conservative measures fail or in patients with advanced (third- and fourth-degree) haemorrhoids, recurrent disease, thrombosed or strangulated haemorrhoids, or associated anorectal disorders.

### **Haemorrhoidectomy**

Excisional haemorrhoidectomy remains the gold standard for advanced haemorrhoids due to its low recurrence rate. The procedure may be performed using conventional scissors, electrocautery (diathermy), or energy-based devices such as LigaSure and Harmonic Scalpel. It can be safely carried out under local, regional, or general anaesthesia. Although haemorrhoidectomy provides excellent long-term outcomes, postoperative pain remains its major limitation. Energy-assisted techniques, particularly LigaSure haemorrhoidectomy, have been associated with reduced postoperative pain, shorter hospital stay, and faster recovery compared with conventional methods.

### **MEDICAL MANGEMENT**

**Pathya- Apathya (Dietic regimen)<sup>[71]</sup>**

Diet is equally important as medicine in the course of treatment.

*Vaidya Lolimbaraja* has said that, "those who follow Pathya or dietic regimen requires no medicine, those who do not follow Pathya, no medicine is useful". Person suffering from Arshas should indulge in such of the food & drink habits which regulate bowel movement & improve digestive power.

Pathya (food) as prescribed in the text can be re-arranged as below:

1. *Anna Varga* : *Yava, Rakthashali, Godhuma, Kulattha.*
2. *Shaka Varga* : *Surana, Patola, Vartaka, Punarnava.*
3. *Ksheera Varga* : *Aja ksheera, Chaga ksheera, Takra.*
4. *Phala Varga* : *Amalaki, Kapittha.*
5. *Ahara upaVarga* : *Palandu, Nagara, Maricha.*
6. *Mamsa*: *Mruga mamsa.*

***Apathya Ahara:*** *Viruddha ahara, Vistambika Ahara, Guru Ahara, Anupa Mamsa, Dusta Udaka.*

***Apathya Vihara:*** *Vega Avarodha, Ati Streesanga, Kukkutasana, Prushta yana.*

*PathyaPathya* mentioned in *Raktha pitta* holds good in *Arshoroga* also.

**DISCUSSION**

The present review highlights the concept of *Arsha* (haemorrhoids) from both Ayurvedic and contemporary medical perspectives. Ayurveda provides a comprehensive understanding of the disease by explaining its aetiology, pathogenesis, classification, and management based on the principles of *Dosha*, *Agni*, and *Nidana*. The Contemporary medicine explains haemorrhoids in terms of anatomical and vascular changes of the anal cushions. Although both systems differ in their theoretical concepts, they share common risk factors such as chronic constipation, prolonged straining, sedentary lifestyle, and unhealthy dietary habits. The review suggests that Ayurvedic management, including *Nidana Parivarjana*, medicinal therapy, and para-surgical procedures such as *Kshara Karma*, offers a holistic approach by addressing both the root cause and the clinical manifestations of the disease.

**CONCLUSION**

*Arsha* is a common anorectal disorder influenced by dietary habits, lifestyle, occupation, and bowel practices. Ayurveda emphasizes that prevention is the first step in management, with *Nidana Parivarjana* (avoidance of causative factors) playing a key role in reducing the incidence and recurrence of the disease. Along with appropriate dietary and lifestyle modifications, Ayurvedic therapies provide effective management across different stages of *Arsha*. Thus, Ayurveda offers a safe, holistic, and patient-centred approach that not only relieves symptoms but also helps prevent recurrence, making it a valuable therapeutic option in the management of haemorrhoids.

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