

REVIEW ARTICLE ON GUDARSHA (HAEMORRHOIDS) AND ITS MANAGEMENT

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ABSTRACT

In the *Ayurvedic Samhitas*, *Gudarsha* is listed among *Ashtamahagada* known for cause severe pain and discomfort, troubling mankind since the vedic era. It is considered troublesome because it manifests in the area of the body known as *Guda Pradesh* which is considered as the *Moola* of *Sharir*. *Guda Arsha* could be traced in the *vedic* literature as the disease has been described as *Durnama* in *Atharveda*. Acc. to John Goliger, incidence of piles increases with advancing age, however this condition is not restricted to older adults and may occur at any age. The faulty dietary patterns and lifestyle, anatomical deformities and hereditary factors are important etiological factors of this disease. In modern medicine, although both invasive & non invasive treatment modalities exist, only natural and Synthetic phlebotonics are prescribed for oral intake. In *Ayurveda*, four major approaches for

management of *Gudarsha* are described *Bheshaja Chikitsa*, *kshara Karma*, *Agnikarma*, and *shastra karma* chosen according to chronicity & severity of disease. The use of *kshara karma* is praised so much that it can replace *Shastra Karma* by its *chedana*, *Bhedana* & *lekhana karma*.

KEYWORDS: *Arsha*, Haemorrhoids, *kshara karma* etc.

INTRODUCTION

Arsha Vyutpatti (Etymological source of Arsha)

The term *Arsha* can be derived by "कृ गतौ" Dhatu with the suffix of "असुन" denotes the explanation of, "as violent as enemy". According to *Shabdakalpadruma*, the term *Arsha* is derived from 'Ash' Dhatu after addition of 'Ach' suffix. According to *Acharya Sushruta*, *Guda* is formed in embryonic stage by the very important *sara* part of *rakta* and *kapha* is break down by *pita* with help of *vata*. *Bhadrashaunaka* mentions *guda* develops first in the body.

Nirukti

Guda Arsha is excessive and unnatural growth of *Maansa dhatu*. These are caused in *guda* (anal Canal), in *vali*, (folds of sphincters), *virudh ahara* cause *mandagni* which causes *vibandha*, *Kandu*, *Daha*, *vedana* in the region of *Guda* and finally bleeds and thus *Gudarsha* originates. *Acharya Vagbhatta* describes it as an entity where muscular projections bother the patient as an enemy and create anus barriers.

According to *Madhukosh*, *Gudaarsha* is defined as disease torment the life like enemy and kill.

अरिवत्प्राणिनोमांसकीलनेनिविषन्तयत् ।

अर्षासितस्मात्उच्यन्तेगुदमार्गनिरोधतः । (अ.ह.नि. - 7/1)

अरिवत्प्राणान्नुणातिपीडयतिइतिअर्षः । (मा.नि. - 5/1)

Acc. to *Acharya Sushruta* it is *sara* of *Rakta* and *kapha* break up by *pitta* along with the active participation of *vaat*. He also describes the various varieties of *Guda Arsha* and its therapy, which includes both surgical and non surgical treatments in addition to herbal medicines to cure the ailment. Haemorrhoids also called emerods or Piles, refers to normal cushions of tissue containing blood vessels located where rectum meet the anus when these vascular cushions become enlarged, inflamed or swollen it is termed as Haemorrhoids.

Haemorrhoids are often described as varicose veins of anus and rectum, these are enlarged bulging blood vessels mainly found in Left lateral, right anterior and right posterior portions. Low grade Haemorrhoids can often be managed effectively by changes in diet and daily habits, along with medication and occasional minor procedures. Surgical intervention is usually reserved for symptomatic, advanced or refractory cases (3rd & 4th degree).

Nidan (Etiology)

Acc to *Sushruta*, in individuals who do not practice self-restraint, various provoking factors such as consuming incompatible foods, eating before previous meals are digested, engaging in sexual activity, sitting or squatting for long periods, riding, or suppressing natural urges disturb the *doshas*. These aggravated *doshas* spread through srotas, move downward, and reach the anal region, where they vitiate the tissues and lead to the formation of fleshy swellings, especially in those with weak digestion.

Irregular bowel habits, lack of physical Activity, sedentary lifestyle, Poor diet, Increased Abdominal Pressure, Genetic predisposition, structural vascular vulnerability, Aging, Prolonged sitting. Precipitating factors such as pelvic floor dysfunction, anal intercourse & liver disease.

Classification**On the basis of predominance of *Doshas***

Vataj Arsha- Non exuding, rose colored, and uneven in their surface. They resemble the *kadamba* flowers and *tundikeri, nadi, mukula* or *Suchi mukha* in shape. An excruciating pain is experienced in the regions of waist, anus, umbilicus, and genitals etc.

Pittaj Arsha- Blue at their tip, thin, spreading, yellowish or similar to liver resemble the tongue of *suka* bird. They are are thick at middle, like barley grains, or resemble the mouth of leeches and secrete a sort of slimy exudation. The Patient passes stool mixed with blood, fever, burning, severe thirst etc His skin nails, eyes, teeth, mouth urine and faeces becomes yellow.

Kaphaj Arsha - White in colour, deeprooted, unctuous, donot burst or exude fluid, accompanied by severe Itching, The person has diarrrohea with faeces mixed with *kapha* large in quantity, resembled mutton wash, Swelling, cold, fever, loss of taste, improper digestion & heavines of head. They assume a greyish hue & resemble the leas of Cow or stones of karira, or of panas fruit.

Raktaj Arsha - It ressembles the sprouts of *nyagrodha*, coral, *kakananttika phala* and feautres of *pitta*, when hardened feces force through constricted anal passages, they may rupture deep seated haemorrhoidal vessels, causing sudden haemorrhage of vitiated venous blood.

Sannipataj Arsha- Piles produce by all three *doshas* together will have symptoms of all

doshas simultaneously.

On the Basis of Prognosis

- (a) **Sadhya-** *Arsha* situated in *samvaran vali* Stage, involve only single *dosha* & not very chronic in nature.
- (b) **Asadhya-** If *sahaja Arsha* arises from a disturbance of *tridoshas* and located in *Pravahini vali*, if patient shows signs such as swelling of hands, legs, face, umbilical area or suffers from pain in cardiac region the condition likewise is deemed beyond cure.
- (c) **Yapya-** *Arsha* arises when any two *doshas* are simultaneously vitiated, and it occurs in the second *vali* with disease duration not exceeding one year.

On the Basis of Aetiology

- (a) **Primary:-** Located at 3, 7, 11 0 'clock position related to branches of superior haemorrhoidal vessel which divides on right side into two, left side it contains as one.
- (B) **Secondary:-** One which occurs b/w Primary sites.

On the Basis of location

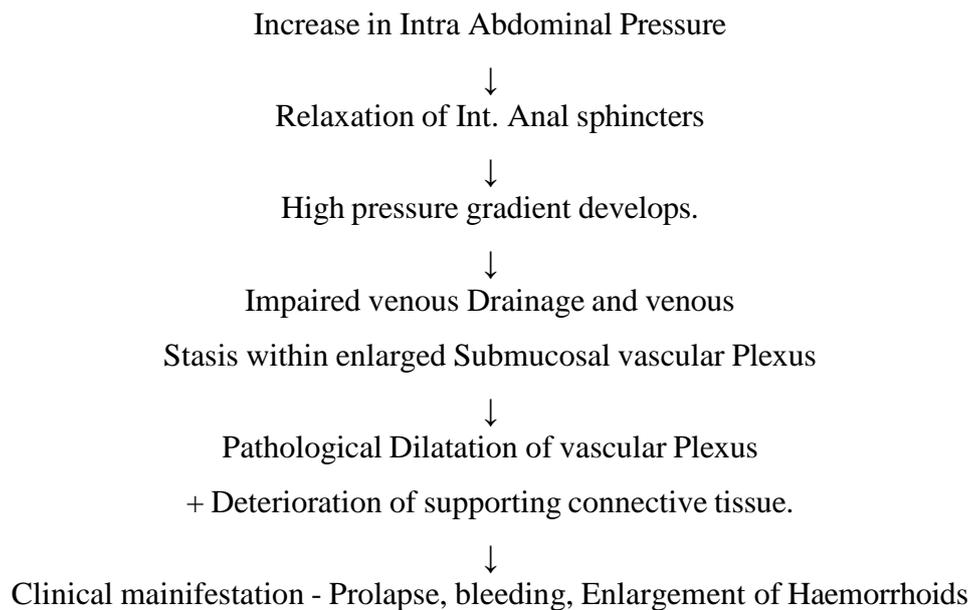
External Haemorrhoids:- Develop outside the anal verge, they represent dilated veins of drainage territory of inferior rectal system which causes pain, swelling & irritation. They are especially liable to become thrombosed when a clot forms or vein ruptures, turning into thrombosed external haemorrhoids.

Internal Haemorrhoids:- These are formed inside rectum essentially they are dilated veins in drainage area supplied by branches of superior rectal arteries, because this region lacks many pain sensing nerves, so they are painless. However when they become irritated, they may bleed.

On the Basis of symptoms

1. **First Degree** - During defecation the pile mass descends down the lumen of anal canal but not outside the anal orifice.
2. **Second Degree-** In this stage the pile mass becomes larger in size and descends down outside the anal orifice during defecation and reduced spontaneously after defecation.
3. **Third Degree-** In later stage the pile mass protrudes at anal orifice during defecation, it does not reduce itself, but needs reduction by digital manipulation
4. **Fourth Degree-** Permanently prolapsed at anal orifice.

Pathology of Haemorrhoids



Clinical Feautres

It includes loss of appetite, indigestion, acidity, burning sensation throughout the body, excessive gas, thirst, weakness in the legs, bloating, weight loss, belching, puffiness around the eyes, rumbling sounds in the intestines, sharp pain in the anal region, and symptoms suggesting anemia. Other associated signs may include disorders of *grahani*, signs of wasting, cough, shortness of breath, fatigue, dizziness, drowsiness, excessive sleep, and weakness of the sensory organs. (Su. Nidana 8/2).

Pain can occur while sitting, Anal discomfort, itching or swelling, Blood in stool, Constipation, Mucous Discharge per rectum, Painless Bleeding 'fresh Splash in the pan', Mass per anum, Secondary Anaemia.

Complications- Profuse Haemorrhage, Strangulation-When prolapsed haemorrhoids usually large grade II or III masses become trapped by a spasmodic anal sphincter during defecation, severe swelling and oedema of the anal and perianal region can develop.

Thrombosis- Strangulated piles turn dark purple or black and become firm in consistency. Although the severe pain decreases, tenderness remains.

Ulceration- Strangulated and thrombosed haemorrhoids often show ulceration on their surface.

Gangrene- Gangrene may develop when the arterial supply of a strangulated pile is compromised. This may lead to superficial necrosis and ulceration, and in severe cases, complete loss of blood supply causing extensive gangrene of the prolapsed mass.

Fibrosis- Chronic strangulation and thrombosis can result in the pile becoming densely fibrotic, eventually shrinking into a small firm mass at the anal margin.

Portal Pyaemia- An infected thrombus from a strangulated haemorrhoid spreads into the portal venous system through the superior haemorrhoidal vein.

Treatment

Ayurvedic Management (Conservative Approach)

Laxatives: *Triphala Churna, Panchasakar Churna, Haritaki Churna, Abhayarishta, drakshasava*

Deepana–Pachana - *Chitrakadi Vati, Lavan Bhaskar Churna, Agnitundi Vati.*

Arshoghna - *Suranpak, Arshakuthar Rasa, Shigru Guggulu.*

Hot Sitz Bath- Add *Tankan Bhasma, Sphatika Bhasma, Triphala Kwatha, or Panchavalkala Kwatha* to warm water.

Rakta Stambhaka - *Bol Baddha Rasa, Bol Parpati, Kukutandatwak Bhasma, Praval Pishti*

Vrana Ropaka -: *Jatyadi Taila, Nirgundi Taila*

Vedanahara - *Madhuyastyadi Taila, Triphala Guggulu*

Procedures

Kshar Sutra Ligation in Arsha

Sushruta first described *Kshar Sutra* ligation for haemorrhoids in the *Nadi Vrana Chikitsa*. His technique closely resembles that of Miles (1919), who also used ligation for haemorrhoids but with a V-shaped incision.

Chakrapani Datta Use a medicated thread made from *Snuhi* latex (*Euphorbia neriifolia*) and *Haridra* (*Curcuma longa*).

This *Kshar Sutra* technique acts as a simple, safe, and effective form of haemorrhoidectomy by medicated thread. It requires no major equipment or hospitalization, causes minimal blood loss (0.2–0.5 ml per pile mass), and allows patients to resume normal work within 48 hours. No transfusion is needed, and only a mild laxative is advised the night before the procedure.

Kshara Karma

Sushruta described *Kshar Karma* as one of the finest para-surgical tools for the successful management of numerous surgical ailments due to its unique actions *Chhedya*, *Bhedya* and *Lekhya*. *Kshar*. It is particularly beneficial in cases where conventional surgery is unsuitable or the patient is unfit for major surgical interventions. The procedure involves the application of a sclerosing agent such as *Apamarg Kshar*, *palasha kshara*, *Snuhi Kshar* directly into the hemorrhoidal vessel which causes the walls of the vein to collapse and enables the hemorrhoids to shrink and resolve.

Agnikarma

Agni Karma is indicated for chronic hemorrhoids which protrude through the anal orifice. These lesions tend to be large in size, with rough and irregular surfaces, and hardened due to long standing inflammation and fibrosis. In the case of prolapsed piles, the mass is surgically excised and the residual stump is cauterised using a red-hot iron probe. The heat is applied carefully so as to penetrate the deep tissue and cause necrosis and fibrosis without excessive damage. The thermal heat causes local destruction of remnant pile and initiates fibrosis of the remaining vessels, thus reducing the risk of recurrence. It ablates the vascular supply, reduces vascular engorgement, and promotes healing of the overlying mucosa and skin.

Chedana Karma

The *Chedana Karma* for *Arsha* is performed using sharp instruments such as the *Mandalagra*, *Karapatra*, *Nakhashastra*, *Mudrika*, *Utpalapatra* and *Ardhadhara*, making a semilunar incision. After excision, if required, *Agnikarma* is applied immediately to treat any residual tissue or to arrest bleeding or oozing from blood vessels. Then a *kavalika* insertion followed by the *gophana-bandha*. This entire sequence closely resembles the conventional open haemorrhoidectomy performed in modern surgery

Conservative Treatment - Sitz Bath (Reduces oedema, Pain & Promotes healing) Local Applicators.

Fibre diet 35g/day, Plenty of Fibre

In case of inflamed, permanent prolapse, Oedematous Piles, - initially manual stretching of anal sphincter which Prevents anal canal congestion of anal cushions & relaxes anal Sphincter, as result of which prolapse gets reduced.

Non-operative Rubber Band ligation

It is considered as gold standard for treating internal Haemorrhoids due to low recurrence when using with infrared photocoagulation & sclerotherapy. It is recommended primary treatment for Grade 1 & Grade 2 Haemorrhoids, Therefore Rubber Band ligation is suitable as first-second or third line therapy, particularly in cases involving Bleeding or prolapse. Surgical intervention may be warranted when there is a significant external component, thrombosis or persistent recurrence following multiple Banding Procedures.

Sclerotherapy

Minimally invasive and relatively comfortable Treatment for Haemorrhoids, involving injection of sclerosing agent that causes the haemorrhoidal tissue to shrink and resolve. While generally effective, it is not a permanent solution and may require multiple sessions for sustained relief. Though rare complication such as Prostatitis and sepsis can occur.

Infrared coagulation therapy

It uses Infrared radiation to generate heat coagulating blood and tissue within Haemorrhoids. Here 14 volt wolfram halogen lamp with a gold reflector, Infrared transmitted via a fibre optic cable ending in a probe or pistol applicator. Probe applied at base of haemorrhoidal pedicles. Infrared burst applied in a cloverleaf pattern which produces tissue necrosis scarring → fixation of mucosa to underlying tissue. It coagulates proteins, evaporates cellular water which reduces blood flow and hemorrhoid shrinks or sloughs off.

Cryosurgery

It involves ablating the haemorrhoidal tissue using a freezing cryoprobe, and it is claimed to cause less pain because extremely low temperature may destroy sensory nerve endings.

Laser therapy for Piles

For third degree haemorrhoids, lasers such as Nd-YAG, diode and CO₂ may be used. The intense laser beam interacts with tissue, to cut, coagulate or ablate it, simultaneously sealing off nerves and small blood vessels. By closing superficial nerve endings, patient experiences minimal post-operative discomfort. Laser serves to dissect and excise haemorrhoidal masses particularly in Internal haemorrhoids.

OPERATIVE METHOD

Haemorrhoidectomy

Under epidural or caudal anaesthesia, the left pile is grasped with three artery forceps at the perianal skin and retracted laterally to expose the mucosal part. The mucosal portion is clamped and pulled outwards the right posterior and anterior piles are similarly exposed. The left index finger is inserted into the anal canal to support the pedicle. A V-shaped incision is made in the perianal skin over the pile using scissors, and blind dissection is done up to 2 cm above the internal sphincter. The pedicle is ligated with silk and catgut, and the pile mass excised, leaving a 1–2 cm stump. Similar steps are repeated for the 7 and 11 o'clock piles. The ligated stumps are pushed back into the anal canal, and wound edges are trimmed, leaving three pear-shaped raw areas.

Stapled Hemorrhoidopexy – (Longo's Procedure)

It uses a circular stapling device to remove a circumferential ring of rectal mucosa and submucosa above dentate line, repositioning the haemorrhoidal tissue and stapling edges together. It is quicker less painful and less traumatic than conventional haemorrhoidectomy with similar short term results.

However it carries a higher risk of recurrence and may require additional surgery. Patients Should be counselled to weigh short term comfort against long term outcomes.

CONCLUSION

Haemorrhoids remain a significant benign anorectal condition affecting many individuals. Modern allopathic medicine provides well-defined classification, diagnostic procedures, and a spectrum of management from conservative to surgical. The *Ayurvedic* view of *Gudarsha* presents a rich, multifaceted framework that emphasises not only local treatment of the haemorrhoidal mass, but also systemic health, digestion, lifestyle and preventive concepts. Para-surgical techniques like *Pratiṣarniya Kṣhar* and *Kṣhar sutra* show promising results in early/intermediate cases. Integrating both systems in a judicious, evidence-based manner holds promise in improving patient outcomes, reducing recurrence and optimal holistic wellbeing.

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