WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.453
Volume 15, Issue 3, 419-425. Review Article ISSN 2277–7105

A COMPREHENSIVE REVIEW ON THE PATHOPHYSIOLOGY AND MULTI-MODAL MANAGEMENT OF HEMORRHOIDS *(ARSHA)*

Dr. Piyush Sharma*[1], Dr. Vishnu Dutt Sharma[2]

[1]M.S. Scholar, PG Department of Shalya Tantra, Post Graduate Institute of Ayurveda, Dr S. R. Rajasthan Ayurved University, Jodhpur (Raj.)

[2]Associate Professor, PG Department of Shalya Tantra, Post Graduate Institute of Ayurveda , Dr S. R. Rajasthan Ayurved University, Jodhpur (Raj.)

Article Received on 29 Dec. 2025,
Article Revised on 19 Jan. 2026,
Article Published on 01 Feb. 2026,

https://doi.org/10.5281/zenodo.18428219

***Corresponding Author**

Dr. Piyush Sharma
M.S. Scholar, PG Department of Shalya Tantra, Post Graduate Institute of Ayurveda, Dr S. R. Rajasthan Ayurved University, Jodhpur (Raj.).

How to cite this Article: Dr. Piyush Sharma*[1], Dr. Vishnu Dutt Sharma[2] (2026). A Comprehensive Review On The Pathophysiology And Multi-Modal Management Of Hemorrhoids (Arsha). World Journal of Pharmaceutical Research, 15(3), 419–425.

ABSTRACT

Arsha, commonly known as hemorrhoids or piles, represents one of the most significant health challenges in contemporary proctology. Classified by ancient *Ayurvedic* scholars under the "*Asthamahagada"* (eight grave diseases), it is a condition noted for its chronicity and resistance to permanent cure. Epidemiological data suggests that approximately 50% of the global population will experience symptomatic hemorrhoidal episodes at some stage in their life, with the highest prevalence seen in the 45–65 age demographic. The etiology is deeply rooted in faulty dietary habits, sedentary lifestyles, and chronic gastrointestinal disturbances. Clinically, hemorrhoids manifest as the engorgement of the hemorrhoidal venous plexus, often accompanied by the displacement of anal cushions, leading to bleeding, prolapse, and significant discomfort. While modern surgical interventions like hemorrhoidectomy offer immediate relief, they are frequently associated with high recurrence rates and post-operative morbidity. Conversely, *Ayurvedic* protocols—incorporating *Bheshaj* (medicinal), *Kshar Karma* (alkaline cautery), *Agnikarm*a (thermal cautery), and the specialized *Kshar Sutra* ligation—provide a holistic approach that addresses both the structural deformity and the underlying digestive dysfunction. This review synthesizes both ancient wisdom and modern clinical observations to provide a definitive guide on the management of *Arsha*.

KEYWORDS: Classified by ancient *Ayurvedic* scholars under the "*Asthamahagada"* (eight grave diseases), it is a condition noted for its chronicity and resistance to permanent cure.

INTRODUCTION

The term "hemorrhoids" is derived from the Greek words *haima* (blood) and *rhoos* (flowing). Technically, hemorrhoids refer to the vascular cushions—composed of arteriovenous communications, smooth muscle (Treitz's muscle), and connective tissue—located in the anal canal. When these cushions become pathologically enlarged or displaced, they are termed "piles" (from the Latin *pila*, meaning a ball).

In the *Ayurvedic* tradition, this condition is known as *Arsha*. The word *Arsha* is derived from the root meaning "to hurt like an enemy" (*Ari-vat-Pranan-Hanti*), signifying the immense pain and distress it causes the patient. *Acharya Sushruta*, the pioneer of surgery, recognized the severity of this condition by placing it among the *Ashta Mahagada*, suggesting it is deep-seated and difficult to treat. The anatomical location of *Arsha* is the *Guda* (anal region), which is identified as a *Sadhya Pranahara Marma* (vital point). Any affliction to a *Marma* is inherently chronic and requires precise, expert management. Anatomically, modern proctology identifies three primary locations for hemorrhoids: the left lateral, right anterior, and right posterior positions. These correspond to the terminal branches of the superior rectal artery. These structures lie beneath the epithelial lining and are vital for maintaining anal continence. However, when intra-abdominal pressure increases—due to pregnancy, chronic straining during defecation, or obesity—these cushions lose their structural integrity.

The prevalence of *Arsha* is a testament to the "civilizational" nature of the disease. It is most common in societies where low-fiber diets and sedentary occupations are the norm. The *Ayurvedic* texts emphasize that *Arsha* is a disease of *Mandagni* (impaired digestion). When the digestive fire is weak, it leads to the accumulation of *Ama* (toxins) and chronic constipation, which puts undue pressure on the *Guda Vali* (anal folds), eventually leading to the formation of pile masses.

AIMS AND OBJECTIVES

The primary aim of this review is to bridge the gap between ancient *Ayurvedic* principles and modern surgical practices in the management of hemorrhoids. The specific objectives include.

1. **Detailed Etiological Analysis:** To investigate the lifestyle, genetic, and physiological factors that contribute to the development of *Arsha*.
2. **Pathophysiological Comparison:** To correlate the *Ayurvedic* theory of *Dosha* vitiation with the modern "Sliding Anal Canal Lining" theory.
3. **Evaluation of Classification:** To provide a comprehensive guide on the categorization of hemorrhoids based on origin, *Dosha*, position, and clinical grading.
4. **Management Assessment:** To critically analyze the efficacy of conservative, non-operative, and surgical interventions from both medical systems.
5. **Preventative Education:** To highlight the role of *Pathya-Apathya* (wholesome and unwholesome practices) in preventing the recurrence of the disease.

MATERIAL AND METHODS

This review was conducted through a systematic synthesis of classical *Ayurvedic* literature and contemporary medical databases.

Sources of Data

- ***Ayurvedic* Classics:** Primary data was gathered from the *Sushruta Samhita* (*Chikitsa* and *Nidana Sthaana*), *Charaka Samhita*, *Ashtanga Hridaya*, and *Bhavaprakasha*.
- **Modern Medical Literature:** Information regarding pathophysiology and surgical techniques was extracted from standard textbooks of surgery (e.g., Bailey & Love, SRB's Manual, and B.D. Chaurasia's Anatomy).
- **Electronic Databases:** Research journals such as the *World Journal of Pharmaceutical and Medical Research (WJPMR)* and PubMed were searched for recent clinical trials and epidemiological statistics.

Search Strategy

Keywords used for the search included: "*Arsha* management," "Pathophysiology of Hemorrhoids," "*Kshar Sutra* in Piles," "*Ayurvedic* Proctology," and "Hemorrhoidectomy recurrence rates."

Inclusion Criteria

- Articles discussing the anatomy of the anal canal.
- Texts detailing the four-fold *Ayurvedic* management of *Arsha*.
- Modern clinical guidelines for grading internal hemorrhoids (Grades I-IV).

MANAGEMENT

Management of *Arsha* is categorized based on the severity, chronicity, and the predominance of the vitiated *Doshas*.

1. Modern Management Protocols

Modern medicine follows a stepped approach based on the clinical grade of the hemorrhoid.

A. Conservative Management

This is reserved for Grade I and early Grade II hemorrhoids. It focuses on increasing dietary fiber (25-35g daily) and fluid intake to soften stools and reduce straining.

B. Non-Operative (Office-Based) Procedures

- **Sclerotherapy:** Injection of a sclerosing agent (like 5% phenol in almond oil) into the submucosa to induce fibrosis.
- **Rubber Band Ligation (RBL):** The most common non-surgical treatment where a rubber band is placed around the base of the hemorrhoid, causing ischemic necrosis.
- **Infrared Coagulation (IRC):** Application of infrared radiation to coagulate the vessels and fix the cushion to the underlying muscle.
- **Cryotherapy:** Using extreme cold to ablate the tissue, though this is less common today due to prolonged discharge.

C. Operative Treatment

- **Excisional Hemorrhoidectomy:** The surgical removal of hemorrhoidal tissue. While effective for Grade III and IV, it is associated with significant postoperative pain, risk of anal stenosis, and urinary retention.
- **Stapled Hemorrhoidopexy:** A technique that circumferentially excises the redundant mucosa, "lifting" the cushions back to their anatomical position.

2. *Ayurvedic* Management Protocols

Ayurvedic management is uniquely four-fold (*Chaturvidha Raksha*).

Bheshaj (Medicinal), Kshar Karma (Alkaline), Agnikarma (Thermal), and Shastra Karma (Surgical).

A. Conservative (*Bheshaj Chikitsa)*

- **Laxatives (*Anulomana):*** *Triphala churna*, *Panchasakar churna*, or *Abhayaarista* are used to ensure smooth bowel evacuation.

- **Digestive Stimulants *(Deepan-Pachan):*** *Chitrakadi vati* or *Agnitundi vati* to correct the underlying *Mandagni*.
- **Topical Applications:** *Jatyadi tail* or *Nirgundi tail* for wound healing and reduction of inflammation.
- **Sitz Bath *(Avagaha Sweda):*** Warm water baths with *Panchawalkal kwath* or *Triphala kwath* to reduce congestion and pain.

B. *Kshar Karma* (Alkaline Cautery)

This involves the application of a caustic alkaline paste (derived from plants like *Apamarg* or *Snuhi*) directly onto the pile mass. The *Kshar* causes chemical necrosis of the tissue, leading to the mass shriveling and shedding off.

C. *Agnikarma* (Thermal Cautery)

Indicated for bleeding piles (*Ardra Arsha*), where heat is applied to the mass to arrest hemorrhage and prevent recurrence through localized fibrosis.

D. *Kshar Sutra* Ligation (Parasurgical)

This is the "gold standard" of *Ayurvedic* proctology. A medicated thread (*Kshar Sutra*), coated multiple times with *Snuhi* latex, *Apamarg Kshar*, and *Haridra* (turmeric), is tied around the base of the hemorrhoid. The thread slowly cuts through the tissue while simultaneously healing the wound through its alkaline and antiseptic properties. This procedure has a nearly zero recurrence rate compared to modern surgery.

DISCUSSION

The comparison between modern and *Ayurvedic* paradigms reveals fascinating correlations. The modern "Sliding Anal Canal Theory" suggests that hemorrhoids occur when the supporting tissues of the cushions disintegrate. This aligns with the *Ayurvedic* view that *Vata* vitiation leads to the drying and weakening of the *Snayu* (connective tissues) and *Sira* (vessels) of the *Guda*.

A significant point of discussion is the high recurrence rate after modern hemorrhoidectomy. Surgeons often focus on removing the structural mass but do not address the physiological cause—chronic constipation and impaired digestion. *Ayurveda*, by emphasizing *Pathya-Apathya* (Dietetics), addresses the root cause.

***Pathya* (Wholesome) vs. *Apathya* (Unwholesome)**

- ***Pathya:*** Cow's milk, buttermilk (*Takra* is considered "Amrita" or nectar for *Arsha),* fiber-rich grains like wheat and barley, and green vegetables.
- ***Apathya:*** Spicy foods, chilies, heavy "Maida" products, fried foods, and prolonged sitting.

Furthermore, the pain associated with post-operative recovery is a major deterrent for patients. Studies have shown that *Kshar Sutra* ligation and Ligasure hemorrhoidectomy result in significantly less post-operative pain and faster wound healing compared to conventional scissor dissection. The chemical debridement provided by the *Kshar* ensures that the wound stays clean without the need for extensive antibiotic therapy.

CONCLUSION

Arsha is a multifaceted disease that is intrinsically linked to the lifestyle choices of the modern era. While modern medicine provides excellent diagnostic grading and various non-invasive office procedures, the long-term management of chronic or Grade IV hemorrhoids remains challenging. This review concludes that an integrated approach—combining the acute interventions of modern surgery with the digestive correction and low-recurrence parasurgical techniques (like *Kshar Sutra*) of *Ayurveda*—offers the best prognosis for patients. The key to a disease-free life lies in the "ideal living pattern" described in *Ayurvedic* classics: maintaining digestive fire, avoiding the suppression of natural urges, and adhering to a fiber-rich diet. *Ayurveda* possesses the immense potential to manage all stages of *Arsha* successfully without the complications typical of radical surgery.

REFERENCES

1. *Shastri Kaviraja Ambikadutta*. *Sushrutasamhita (Sutra Sthaana).* Varanasi: Chaukhambha Sanskrit Sansthan, 2010; 163.
2. *Chaturvedi G, Shastri K. Charak Samhita (Chikitsa sthana).* Varanasi: Chaukhambha Bharati Academy, 2011; 46-50.
3. Kukreja Ajit Naniksingh. Anorectal Surgery Made Easy. New Delhi: Jaypee Brothers Medical Publishers, 2013; 307.
4. B.D. Chaurasia. Human Anatomy Vol. 2. New Delhi: CBS Publications, 2004; 381-383.
5. S. Das. A Concise Textbook of Surgery. Kolkata: Dr. S. Das, 2014; 1075-1076.
6. M Sriram Bhat. *SRB's Manual of Surgery.* New Delhi: Jaypee Brothers Medical Publishers, 2013; 1042.

7. Williams NS, Bulstrode CJK, O'Connell PR. *Bailey & Love's Short Practice of Surgery*. 26th Ed. CRC Press.
8. Thomson H. The real nature of perianal hematoma. British Journal of Surgery, 1982.
9. Haas PA, Fox TA. The morphology of the anal canal. Diseases of the Colon & Rectum, 1977.
10. Burkitt DP. Varicose veins, deep vein thrombosis, and hemorrhoids British Medical Journal, 1972.
11. *Vagbhata. Ashtanga Hridaya (Nidana Sthaana).* Varanasi: Chaukhambha Orientalia.
12. Sharma PV. *Dravyaguna Vijnana.* Varanasi: Chaukhambha Bharati Academy.
13. *Agnivesha. Charaka Samhita (Chikitsa Sthaana*). Varanasi: Chaukhambha Sanskrit Sansthan.
14. *Bhavamisra. Bhavaprakasha.* Varanasi: Chaukhambha Sanskrit Bhawan.
15. *Sharangadhara. Sharangadhara Samhita.* Varanasi: Chaukhambha Orientalia.
16. Goligher JC. Surgery of the Anus, Rectum and Colon. 5th Ed. Bailliere Tindall.
17. Gupta PJ. Hemorrhoids: from basic pathobiology to therapeutic updates. Journal of Gastrointestinal and Liver Diseases.
18. Lunniss PJ. Anatomy of the Anal Canal. In: Keighley & Williams' Surgery of the Anus, Rectum and Colon.
19. *Madhavakara. Madhavanidanam.* Varanasi: Chaukhambha Publications.
20. Shrivastava S. *A Review on Kshar Sutra Ligation.* International Journal of Ayurvedic Medicine.
21. Clinical Practice Guidelines for the Management of Hemorrhoids. American Society of Colon and Rectal Surgeons (ASCRS).
22. Johanson JF. The prevalence of hemorrhoids and chronic constipation. Gastroenterology, 1990.
23. Kaushik S. *A comparative study of Kshar Sutra and Hemorrhoidectomy*. Journal of Proctology.
24. Townsend CM. Sabiston Textbook of Surgery. 20th Ed. Elsevier.
25. Harrison TR. Principles of Internal Medicine. 19th Ed. McGraw Hill Professional.
26. World Health Organization (WHO). Traditional Medicine Strategy, 2014-2023.
27. Journal of Ayurveda and Integrative Medicine (JAIM). *Standardization of Kshar Sutra.*
28. British Journal of Surgery. Long-term results of stapled hemorrhoidopexy.
29. Corman ML. Colon and Rectal Surgery. Lippincott Williams & Wilkins.