WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 15, 657-664. Review Article ISSN 2277–7105

A REVIEW ARTICLE ON MANAGEMENT OF ARSHA AS PER AYURVEDIC AND MODERN VIEW

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Article Received on 03 July 2026,
Article Revised on 22 July 2026,
Article Published on 01 August 2026,

https://doi.org/10.5281/zenodo.21675577

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How to cite this Article: *Dr. Priya Rahul Shelar, Dr. Jaya D. Ghule (2026). A Review Article On Management Of Arsha As Per Ayurvedic And Modern View. World Journal of Pharmaceutical Research, 15(15), 657–664.

INTRODUCTION

Shalya Tantra has a wealth of information related to modern surgical theory. The father of surgery, Acharya Sushruta, thoroughly described the Arsharoga in his treatise, which was thought to be one of the Mahagada and was cured indefinitely. Arsha is a troublesome disease that can affect anyone, anywhere, at any time. Haemorrhoids are a common issue in the present world and almost everyone has experienced them at some point in their lives. Arsha is described as a fleshy growth that obstructs the anal canal and eliminates the existence like enemy.

The primary causes of Arshas are binge eating and a sedentary lifestyle, which decreases the activity of digestive enzymes and causes constipation, itching, burning, and pain near the Guda, which eventually results in bleeding.[2] The estimated worldwide prevalence ranges from 2.9% to 27.9%, of which more than 4% are symptomatic.

Age distribution demonstrates a Gaussian distribution with a peak incidence between 45 and 65 years with subsequent decline after 65 years.[5,6] Different treatment modalities have been said for Arshas in Ayurveda. In early stage with less signs - symptoms Arsha can be treated with Bheshaja (internal medicine), Ksharakarma (herbal caustic paste locally) or Agnikarma (thermal heat burn) and if not cured with all above treatment, it should be treated by Shastrakarma (Surgery).[7] These treatments are said in a particular order which suggests which should be prioritised first. In this article we will look into various Ayurvedic and modern measures in treatment of Arshas.

MATERIALS AND METHODS

All sorts of references have been collected from our ancient *Ayurvedic* texts viz., *Sushruta Samhita, Charaka Samhita, Ashtanga Hridaya, Ashtanga Sangraha.* Modern books like Bailey and Loves's, Short Practice of Surgery, Surgery of the Anus Rectum and Colon, Atlas of General Surgery Jaypee Brothers medical publishers are used as literary source.

AIM AND OBJECTIVES

To study in detail on *Arshas* in both *Ayurvedic* and modern texts, and collect information referred to *Arshas* and find the possible treatment of *Arshas*.

Nidana of *Arshas*

The *Nidana* of *Arshas* are mentioned by *Acharya Charaka Sushrutha* and Vagbhata.

Based on food habits, excessive intake of incompatible diets like *Guru, Sheeta, Abhishyandi,*

Based on *Vihara*: excessive sexual intercourse, excessive staining, supressing of natural urges.

Based on therapeutic abuses, excessive Snehana therapy, inappropriate Vastikarma administration, etc.

Based on other factors such as improper seating on hard surfaces for long time or harsh chairs, long rides on vehicles.

Some other factors can be pregnancy in females

Sahaja Arshas is accountable for the ancestral past actions and behaviour. *Sushrutha Acharya* also mentions the role of foolish *Ahara* and Vihara in the origin of *Arshas*.

Samprapti of *Arshas*

The pathogenesis of *Arshas,* according to *Sushruta*, is caused by *Nidanas*, 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.[10]

According to Charaka, Arshoroga is created when all the Doshas get vitiated, followed by Bahya and Abhyantara rogamarga, and has an impact on Gudavalitraya.[11] 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 Arshas.[12]

Classification of *Arshas*

There are different opinions of *Acharya* regarding the *Arshas* classification.

On the basis of the origin 1. *Sahaja* 2. *Kalaja*

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*.

On the basis of the predominance of *Dosha*.

Vataja 2. *Pittaja* 3. *Kaphaja* 4. *Raktaj* 5. *Sannipataj* 6. *Sahaj*.

On the basis of prognosis

1. *Sadhya* (Curable)

Yapya (Palliative)

3. *Asadhya* (Incurable)

Sadhya: If *Arsha* is of single *Doshika* involvement and not very chronic.

Yapya: *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: *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.

According to contemporary medicine based on the position

Internal

External

Internal haemorrhoids

Internal haemorrhoids are those which occur inside the rectum. These are the varicosities of the veins in the rectal region. As this area does not have pain receptors, internal haemorrhoids are usually not painful and most people do not know they have them. These may bleed when irritated mostly due to constipation.

External haemorrhoids

External haemorrhoids are those which occur outside the anal verge. They are varicosities of the inferior rectal arteries which are branches of the pudendal arteries. They are painful sometimes, and can be accompanied by irritation and swelling. They are prone to thrombosis, if the vein ruptures and a blood clot develops, then it becomes a thrombosed haemorrhoid.

On the basis of symptoms

Grade I: No Prolapses. Just prominent blood vessels.

Grade II: Prolapses upon bearing down but spontaneously reduce.

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

Grade IV: Prolapsed and cannot be manually reduced.

Chikitsa

In *Ayurveda* the fundamental rule to cure a disease is to eliminate the root cause of the disease and prevent the contributing etiological factors. Four therapeutic modalities for *Arsha* have been documented by *Acharya Sushrutha*,[13] and these treatments are to be used based on the degree of dosha involvement in *Arshas*.

Bheshaja Karma (medical treatment)

Shastra Karma (surgical management)

Kshara Karma (chemical cauterization)

Agni Karma (cauterization)

Bheshaja Chikitsa

Bheshaja Chikitsa (Medical management) is described as very first line of treatment of *Arsha*. It is statistically good effective in 1st to 2nd degree of *Ushna* disease prognosis.[14] The ingredients having *Veerya, Katu Vipaka, Deepana, Pachana, Vatanulomaka, Srotosodhana, Sronitsanghata Bhinnakara Guna* are capable to *Samprapti Vighatana* and cure the disease[15] and based on that various preparations are mentioned for management of Arsha. Arshas which are newly arisen, with Alpa Doshas Linga and Upadrava can be treated with Bheshaja.

Local measures - There are many preparations which can be applied locally. These preparations are helpful in eliminating the painful manifestation of *Arshas*.

Shastra Karma

When conservative measures prove ineffective, *Arsha* is managed surgically using a variety of procedures. Haemorrhoidectomy is one of these that is typically advised in patients with prolapsed heamorrhoids, internal heamorrhoids, and significant degrees of disease presentation.

Shastra Karmas can occasionally be linked to complications such as bleeding, infection, incontinence, anal strictures, and urine retention. When comparing haemorrhoidectomy to other anorectal operations, problems related to bleeding are more frequent. Those *Arshas* which are *Tanumoola, Uchritani* and Kledavanta are to be treated with *Shastra.*

Kshara Karma

Kshara is a caustic, alkaline substance that is manufactured from the ashes of therapeutic herbs. It is a less intrusive treatment than *Agni karma* and Shastra Karma. It is known as one of the *Anu Shastras* or Upayantras.

It is the best among sharp and secondary instruments since it performs *Tridoshahara* property along with *Chedana, Bhedana,* and Lekhana Karma. Because *Kshara Karma* can be used to treat places that are difficult to reach with traditional procedures, it is versatile.

Beyond this, *Ksharakarma* is more effective than other forms of treatment because it may be used externally as well as inside. *Kshara Karmas* can be applied to patients who are afraid of surgery, making them useful substitutes for surgical instruments.

Piles caused by *Vata* and Kapha should be treated with cauterization and application of *Kshara*. Those caused by *Pitta* and Rakta should be treated with use of *Mrudu Kshara*. Those *Arshas* which are *Mriudu, Prasrutha, Avagadha* and *Uchritha* are treated by using *Kshara*.

Management of Haemorrhoids

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

Non-Operative Treatment

Rubber band ligation

Rubber band ligation is a fast simple and effective measure in treating first and second degree haemorrhoids and few cases of third degree prolapse to some extent can also be treated. The ligation of haemorrhoidal tissue with the help rubber band causes ischemic necrosis and scarring, leading to fixation of the connective tissue to the rectal wall.

Sclerotherapy

This is currently recommended as a treatment option for first- and second-degree haemorrhoids. The rationale of injecting chemical agents is to create a fixation of mucosa to

the underlying muscle by fibrosis. The solutions used are 5% phenol in oil, vegetable oil, quinine, and urea hydrochloride or hypertonic salt solution.

Infrared coagulation

The infrared coagulator produces infrared radiation which coagulates tissue and vaporizes water in the cell, causing shrinkage of the haemorrhoid mass.

Cryotherapy

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

Laser ablation

Laser ablation also known as laser haemorrhoidectomy or laser haemorrhoidoplasty, is a minimally invasive surgical procedure used to treat haemorrhoids. In this procedure a specialized laser is used to precisely target and shrink the haemorrhoidal tissue. The laser energy is delivered to the haemorrhoid, causing it to shrink and eventually scar. This reduces the blood flow to the haemorrhoid/ leading to its gradual resolution Operative treatment- operation is preferred when all the non-operative measures have failed to show result in treating the haemorrhoids, also when haemorrhoids are of third, fourth degree where surgery is the only option left.

Haemorrhoidectomy

Excisional haemorrhoidectomy is the most effective treatment for haemorrhoids with the lowest rate of recurrence compared to other modalities.

It can be performed using scissors, diathermy, or vascular sealing device such as Ligature and Harmonic scalpel. Excisional haemorrhoidectomy can be performed safely under perianal anaesthetic infiltration as an ambulatory surgery. Indications for haemorrhoidectomy include failure of non-operative management, acute complicated haemorrhoids such as strangulation or thrombosis, patient preference, and concomitant anorectal conditions such as anal fissure or fistula-in-ano which require surgery. In clinical practice, third-degree or fourth-degree internal haemorrhoids are main indication for haemorrhoidectomy.[14] Major drawback of haemorrhoidectomy is postoperative pain. There has been evidence that Ligasure haemorrhoidectomy results in less postoperative pain, shorter hospitalization, faster wound healing and convalescence compared to scissors or diathermy haemorrhoidectomy.

Apathya in Arshas

Fried food, maida rich foods, non-veg, chilies, constipating foods, ideal sitting without any work to body, excessive pressure while defecation, food which are deep fried. These foods can cause Arshas.

Pathya in Arshas

Cow milk, buttermilk, pure ghee, wheat, rice, green gram, fibre rich foods, boiled vegetables, sufficient sleep, exercise regularly, good and regular diet habits, Vega Dharana should be avoided specially the urge to pass stools.

DISCUSSION

This article provides a detailed exploration of treatments from both Ayurvedic and modern medical perspectives. It aims to bridge gap between traditional wisdom and contemporary scientific practices in addressing common ailment of haemorrhoids, known as Arshas in Ayurveda.

CONCLUSION

Arsha is a condition associated with age, occupation, way of life, and food. Ayurvedic classics describe an ideal pattern of living that one can follow to live a long and healthy life. Some significant factors mentioned in Ayurvedic classics for the manifestation of Arsha (piles) include eating low-fiber food, bad eating habits, abnormal body posture, complicated delivery, repeated abortion, psychological imbalances, and physical harm to anal region. Nidana Parivarjana plays an important role in prevention of Arshas. As a result, Ayurveda has a great deal of potential to successfully and trouble-free handle all stages of Arsha.

REFERENCES

1. Shastri AD. Sushruta Samhita Vol-I. Ayurveda Tatwa Sandeepika Hindi Commentary. Nidanasthana Adhayaya 2/17. Varanasi; Chaukhambha Sanskrit Sansthana, 2010.
2. Murthy S. Astanga Hridaya Vol II (Nidana sthana 7/1). Varanasi; Chowkhamba Krishnadas academy, 2006; p.66.
3. Johanson, J. F., & Sonnenberg, A. (1990). The prevalence of hemorrhoids and chronic constipation: an epidemiologic study. Gastroenterology, 98(2): 380-386.
4. Rogozina, V. A. (2002). Hemorrhoids. Eksperimental'naia i Klinicheskaia Gastroenterologiia= Experimental & Clinical Gastroenterology, 4: 93-6.

5. Johanson, J. F., & Sonnenberg, A. (1990). The prevalence of hemorrhoids and chronic constipation: an epidemiologic study. Gastroenterology, 98(2): 380-386.
6. Parks, A. G. (1955). De haemorrhoids; a study in surgical history. Guy's hospital reports, 104: 135-150.
7. Keighley, M. R. (1993). Surgery of the Anus. Rectum and Colon, 1: 295-298.
8. Anonymous, Susruta Samhita with English translation of text and Dalhana's commentary along with critical notes, Sharma P V, Reprint, 2005. Choukhambha Visvabharati, Varanasi: Chikitsa Sthana, Chapter 6, Sloka 3: p.46.
9. Acharya YT. Sushrutha Samhita with 'Nibandha Sangraha' Commentary of Dalhanacharya and 'Nyayachandrika Panjika' of Gayadasa (Nidana sthana 2/4). Varanasi; Chaukhambha Orientalia, 2009; p. 271.
10. Murthy K.R. Ashtanga Hrudayam Text English Translation Vol.- II (Chapter 7/10-14). Varanasi; Chaukhambha Krishnadas Academy, 2007; p. 68.
11. Acharya YT. Sushrutha Samhita with 'Nibandha Sangraha' Commentary of Dalhanacharya and 'Nyayachandrika Panjika' of Gayadasa (Nidana sthana 2/4). Varanasi; Chaukamba Orientalia, 2009; p. 271.
12. Acharya YT Charaka Samhita (Chikitsa Sthana 14/9,19,23). Varanasi; Chawkhambha Krishnadas Academy, 2010; p. 502-503.
13. Murthy K.R. Ashtanga Hrudayam Text English Translation Vol.- II (Chapter 7/21-22). Varanasi; Chaukhambha Krishnadas Academy, 2007; p. 70.
14. Shastri AD. Sushruta Samhita part-I Ayurveda Tatwa Sandeepika Hindi Commentary. Chikitsasthana 6/3 Varanasi; Chaukhamba Sanskrit Sansthana; Varanasi, 2010.
15. Pardeshi N. A Clinical Study to Assess the Efficacy of Tiladi Modak in the Management of Abhyantar Arsha w.s.r. to 1st & 2nd Degree Internal Hemorrhoids. International Ayurvedic Medical Journal, 2018; 2(5): 1223- 1227.
16. Kumar A. A Clinical Study of Suran Pindi in Arsha (Haemorrhoids). World Journal of Pharmaceutical and Medical Research, 2019; 5(7): 132-136.