

ARSHA (HAEMORRHOIDS): AN AYURVEDIC AND MODERN SURGICAL REVIEW

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ABSTRACT

Arsha is a major anorectal disorder described in the classical *Ayurvedic Samhitas*, with detailed discussion of its etiology, varieties, clinical manifestations, prognosis and treatment. Contemporary medicine recognizes haemorrhoids as symptomatic pathological changes involving the normal vascular cushions of the anal canal. This review presents *Arsha* from both *Ayurvedic* and modern surgical perspectives, with emphasis on the classical descriptions of *Charaka*, *Sushruta* and *Vagbhata*, the *Ayurvedic Nidana Panchaka*, modern clinical features, pathophysiology, Goligher grading and evidence-based treatment. *Ayurvedic* management is discussed through dietary regulation, *Agni* correction, *Vatanulomana*, local measures, *Basti*, *Takra*-based approaches and selected para-surgical principles. Modern management is reviewed from

conservative measures and office procedures to haemorrhoidectomy and other operative options. The article deliberately treats *Arsha* and modern haemorrhoidal disease as clinically correlatable rather than automatically identical entities. Accurate diagnosis, exclusion of serious causes of rectal bleeding and grade-based management are essential.

1. INTRODUCTION

In modern surgery, haemorrhoids are not simply 'swollen veins'. They are normal vascular cushions that contribute to continence; symptomatic disease is associated with enlargement, displacement and related structural changes. Current clinical guidance emphasizes history, anorectal examination, appropriate grading, fibre and bowel-habit modification, followed when necessary by office-based or surgical treatment.

2. Definition and Concept of *Arsha*

According to Charaka

(च. ११. १४/४)

According to *Sushruta*

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This verse establishes six varieties of *Arsha* according to *Vata*, *Pitta*, *Kapha*, *Rakta*, *Sannipata* and congenital origin.

[illegible]

Vagbhata explains the term *Arsha* by comparing the troublesome fleshy projections to an enemy. These growths occur in the anorectal region and may obstruct the passage of stool.

Charaka

Charaka describes *Arsha* according to origin, *Dosha* predominance and clinical nature. *Sahaja Arsha* and *Janmottarakalaja Arsha* forms are recognized.

[illegible]

According to *Dosha* predominance, *Charaka* explains that the specific clinical form is determined by the predominance of individual *Doshas*.

The clinical distinction between dry and exudative forms is also described:

[illegible]

Sushruta

Sushruta describes six principal varieties of *Arsha*.

(. 2/3)

- Sushruta* further describes the role of aggravated *Doshas*, individually or in combination and sometimes associated with *vitiated Rakta*, reaching the *Guda* and producing fleshy growths, particularly in individuals with *Mandagni*.

Vagbhata classifies *Arsha* on the basis of origin and clinical character.

(अ.□ □.□ □ 7/3)

- #### 4. *Nidana* of Arsha

(3A. 7/2)

[illegible]

Classical etiological factors include improper dietary habits, incompatible or excessive food intake, constipation, suppression of natural urges, prolonged sitting, unsuitable physical activities, and factors that disturb *Agni* and *Apana Vayu*.

- *Mandagni* and impaired digestion.
- *Malavibandha*/constipation and difficult evacuation.
- *Vegadharana*, particularly suppression of defecatory urges.
- Prolonged sitting and abnormal defecatory habits.
- Unwholesome, incompatible or excessive dietary intake.
- *Dosha*-specific *Nidana* producing *Vata*, *Pitta*, *Kapha* or *Rakta* involvement.

According to *Sushruta*

[illegible]

The prodromal symptoms include loss of appetite, indigestion, acidity, burning, constipation, thirst, leg weakness, abdominal gas and bloating, weight loss, frequent belching, eye swelling, intestinal gurgling, anal pain, pallor, *Grahani* disorder, wasting, cough, breathlessness, weakness, and drowsiness.

[illegible]

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Purvarupa represents early or subtle manifestations preceding the fully developed disease. In *Arsha*, gastrointestinal and bowel-related symptoms may precede prominent local piles. Depending on the *Dosha* and disease phenotype, reduced appetite, indigestion, abdominal discomfort, irregular bowel movement, constipation and altered stool characteristics may be clinically relevant. Classical texts describe prodromal manifestations in the context of the disease process rather than using a single universal symptom list.

Roopa (Cardinal Clinical Features)

Rupa represents the fully developed manifestations of *Arsha*. These vary with *Dosha* and type, but may include a mass or fleshy projection at the anus, bleeding, discomfort or pain, itching, discharge, difficulty in evacuation, constipation and a sensation of incomplete evacuation. The precise clinical phenotype should be assessed rather than assigning a *Dosha* solely from one symptom.

Specific Symptoms Based on Dosha Involvement

- *Vataja Arsha* presents with symptoms such as *Vibandha* (constipation and urinary retention), various types of pain (*Shoola*, *Romaharsha*, and *Chimchimayan*), and pain in the lower back, genital organs, and thighs. Discoloration such as *Syava* (Brown) and *Aruna* (reddish) in the eyes, stool, urine, and nails is observed. Other symptoms include *Angamardha* (bodyache) and *Arochaka* (loss of appetite).
- *Pittaja Arsha* is characterized by soft, smooth, and hypersensitive areas, with secretion (*Kleda*) appearing in *PittajVarna* (yellow and blue hues), low viscosity, and malodorous blood discharge. There is also discoloration of waste products and organs, along with symptoms of excessive thirst, fever, and food aversion.
- *Kaphaja Arsha* manifests as smooth, touchable, and white-coloured with shiny skin, marked by heaviness (*Mahamoola*) and stability (*Sthira*). There is also white discoloration of waste products and organs, itching, and excessive secretion, with chronicity and *AamajVikara* (conditions associated with undigested food).
- *Raktaja Arsha* is typified by *Ati Rakta Srava* (excessive bleeding)
- *Sahaja Arsha* exhibits symptoms such as congenital disease, *Durdarshanam* (difficulty in defecation), and *Parusha* (hard stools). Understanding these distinctive clinical features aids in accurate diagnosis and targeted management of *Arsha*.

Samprapti (Pathogenesis)

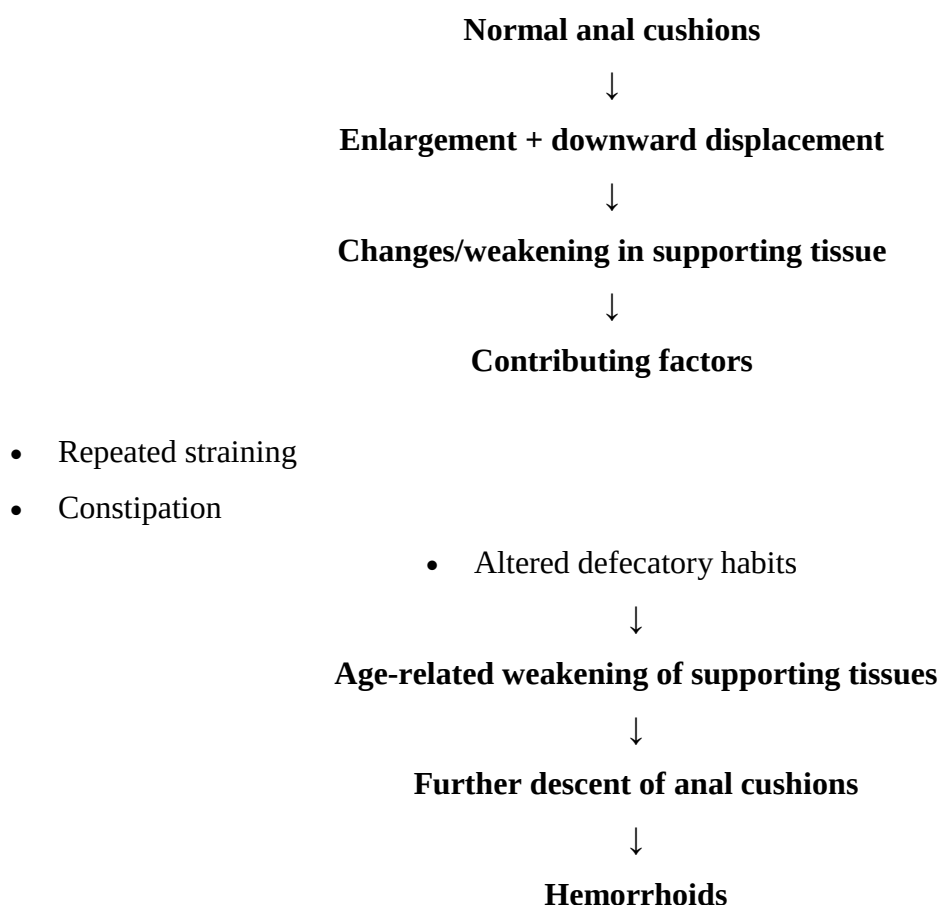
Nidana → Dosha Prakopa → Agni Dushti/Mandagni → Malavibandha and disturbed bowel function → Apana Vayu Vaigunya → Guda involvement → Mamsa-praroha → Arsha.

5. Modern Concept of Haemorrhoids

They are **abnormally dilated, elongated, and tortuous vascular/anal cushions** consisting of submucosal venules, arterioles, smooth muscles, and elastic connective tissues. Modern surgery considers haemorrhoidal cushions a normal component of the anal canal that contributes to fine continence. Haemorrhoidal disease develops when these cushions enlarge, descend or become symptomatic. Current clinical guidance describes bleeding, itching, discomfort and prolapse as common symptoms; significant pain is more characteristic of acute thrombosis.

6. Pathophysiology

Hemorrhoids – Modern Concept



Disorder of anorectal vascular cushions + supporting structures



Not simply a venous varicosity

7. Clinical Features

The clinical presentation depends on whether the disease is internal, external, prolapsing, thrombosed or complicated.

- Bright-red rectal bleeding, commonly associated with internal haemorrhoids.
- Prolapse during or after defecation.
- Itching and perianal irritation.
- Mucus discharge or moisture-related discomfort.
- Sensation of a lump or incomplete evacuation.
- Pain is uncommon in uncomplicated internal haemorrhoids; acute severe pain suggests thrombosis or another anorectal condition.
- External thrombosed haemorrhoids may present with a tender perianal lump.

9. Classification and Grading

Internal Haemorrhoids – Goligher Classification

Grade	Clinical description
Grade I	Remain within the anal canal; do not prolapse below the dentate line. Bleeding may occur.
Grade II	Prolapse during defecation/straining and reduce spontaneously.
Grade III	Prolapse during defecation/straining and require manual reduction.
Grade IV	Persistently prolapsed and not manually reducible.



External Haemorrhoids

10. Ayurvedic Management of Arsha

Ayurvedic treatment is individualized according to the type of *Arsha*, Dosha predominance, Agni, bowel function, bleeding, disease severity and strength of the patient. *Charaka's Arsha Chikitsa* chapter describes a broad multimodal approach including local procedures, digestive correction, appropriate diet, *Vatanulomana*, *Snehana*, *Swedana*, *Avagaha*, *Basti*, *Takra* preparations and selected measures for bleeding and local disease.

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These verses show that classical management was not limited to a single drug. It included local measures, digestive stimulation, appropriate food and drink, regulation of *Vata* and stool, medicated *Ghrita*, *Basti* and *Takra*-based approaches. The classical chapter also describes measures for excessive bleeding and local applications.

[illegible]

1. *Bheshaja Karma* (medical treatment)
2. *Shastra Karma* (surgical management)
3. *Kshara Karma* (chemical cauterization)
4. *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. The ingredients having *Veerya*, *Katu Vipaka*, *Deepana*, *Pachana*, *Vatanulomaka*, *Srotosodhana*, *Sronitsanghata Bhinnakara Guna* are capable to *Samprapti Vighatana* and cure the diseases 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 *Arsha*.

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 *Shashtra Karma*. It is known as one of the *Anu Shastras* or *Upayantras*. It is the best among sharp and secondary instruments since it performs *Tridosahara* 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, *Kshara karma* is more effective than other forms of treatment because it may be used externally as well as inside. *Kshara Karma* 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*.

Shashtra 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 haemorrhoids, internal haemorrhoids, and significant degrees of disease presentation. *Shashtra 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 *Shashtra*.

Agni Karma- Agni Karma is an important para surgical procedure. Agni Karma can help treat illnesses that are incurable even with the use of pharmaceuticals, medical devices, and Kshara. It is greater than Kshara Karma because ailments do not recur. It is often modified for use in surgical techniques like freezing and electric heat cautery. Those Arshas which are Karkasha, Sthira, Pruthu and Katina are treated using Agnikarma.

- *Nidana Parivarjana*: avoidance of causative dietary and behavioural factors.
- *Agni Deepana* and *Pachana*: correction of impaired digestion where clinically indicated.
- *Vatanulomana* and *Malappravritti* regulation: correction of constipation and difficult evacuation.
- *Pathya Ahara*: fibre-containing, suitable and easily digestible food according to Agni and individual constitution.
- Local measures: *Avagaha*, *Pralepa*, *Prakshalana* and other classical local therapies according to the type of *Arsha*.
- *Basti*: selected cases, particularly when Vata and constipation are prominent, under qualified *Ayurvedic* supervision.
- *Takra*-based therapy: described in classical *Arsha Chikitsa*, particularly in relevant digestive phenotypes.

- *Raktamokshana* and hemostatic measures: described in classical texts for selected *Rakta*-dominant or bleeding presentations and should be performed only by appropriately trained clinicians.
- *Kshara/Agni/Shastra* or other para-surgical approaches: selected structural lesions may require procedural management according to classical indication, modern safety standards and institutional expertise.

11. Modern Treatment of Haemorrhoids

Conservative Management

First-line management focuses on correcting bowel habits and reducing mechanical strain.

- Increase dietary fibre and maintain adequate fluid intake.
- Treat constipation appropriately.
- Avoid excessive straining during defecation.
- Avoid prolonged sitting on the toilet.
- Maintain regular physical activity and healthy bowel habits.

Indian practice guidelines recommend fibre and adequate fluid as first-line therapy and advise appropriate constipation treatment.

Surgical Treatment

1.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.

2.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.

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

4.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.

5.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, the third-degree or fourth-degree internal haemorrhoids are the main indication for haemorrhoidectomy.

A 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.

12. Ayurvedic–Modern Integrative Perspective.

Clinical objective	Ayurvedic perspective	Modern perspective
Constipation/bowel regulation	<i>Vatanulomana</i> ; <i>Malapravritti</i> regulation	Fibre, fluids, stool-softening/constipation management
Diet	<i>Pathya Ahara</i> according to <i>Agni</i> and <i>Dosha</i>	High-fibre balanced diet
Local symptoms	<i>Avagaha</i> , <i>Prakshalana</i> and selected local measures	Short-term symptomatic/topical measures
Persistent internal disease	Selected classical para-surgical approaches	RBL, sclerotherapy, infrared coagulation
Advanced structural disease	Individualized assessment and timely referral	Haemorrhoidectomy/selected surgical procedures

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.

13. DISCUSSION

Arsha is a disease in which classical *Ayurvedic* descriptions and modern surgical concepts provide complementary but non-identical frameworks. *Ayurveda* emphasizes the role of *Nidana*, *Agni*, *Dosha*, *Apana Vayu* and bowel function, whereas modern surgery emphasizes vascular cushion anatomy, supporting tissue, prolapse and grade-based intervention.

The concept of *Nidana Panchaka* provides a structured approach to history, early manifestations, established signs, therapeutic response and pathogenesis. Modern clinical assessment similarly begins with history and examination and uses anoscopy or endoscopy selectively to establish diagnosis and exclude alternative pathology.

The most clinically meaningful overlap is the importance of bowel regulation. Avoiding constipation and excessive straining is emphasized in modern guidelines and can be conceptually correlated with *Ayurvedic Vatanulomana* and *Malavibandha* correction. However, these should be presented as clinical parallels rather than identical mechanisms.

14. CONCLUSION

Arsha is a well-described *Ayurvedic* anorectal disorder with classifications based on origin, *Dosha* predominance and clinical character. *Charaka*, *Sushruta* and *Vagbhata* provide detailed descriptions of its causes, varieties, clinical manifestations and management. *Nidana Panchaka* offers a systematic framework for understanding *Arsha* through *Nidana*, *Purvarupa*, *Rupa*, *Upashaya* and *Samprapti*.

Modern haemorrhoidal disease is classified as internal or external, with internal haemorrhoids graded I–IV according to prolapse. Modern management ranges from fibre, fluid and bowel-habit correction to office procedures and surgery according to disease severity. *Ayurvedic* management emphasizes *Nidana Parivarjana*, *Agni* correction, *Vatanulomana*, *Pathya Ahara* and selected local, *Basti* and para-surgical measures.

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