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Arsha (HAEMORRHOIDS): AN AYURVEDIC AND CONTEMPORARY REVIEW

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ABSTRACT

Arsha is a common anorectal disorder described extensively in the classical Ayurvedic literature and is considered one of the Ashta Mahagada due to its chronicity, recurrence, and considerable impact on quality of life. The clinical manifestations of Arsha include bleeding per rectum, pain, itching, prolapse, discomfort, and difficulty during defecation. In contemporary medicine, haemorrhoids are defined as symptomatic enlargement and distal displacement of the normal anal cushions. Several etiological factors, including constipation, straining during defecation, prolonged sitting, dietary abnormalities, pregnancy, obesity, and altered bowel habits, contribute to its development.

Ayurveda describes Arsha on the basis of Dosha, Dushya, anatomical location, clinical manifestations, and prognosis. The major classifications include Vataja, Pittaja, Kaphaja, Tridoshaja, and Raktaja Arsha. Based on their location, Arsha may be Bahya or Abhyantara. The classical management includes Aushadha Chikitsa, Kshara Karma, Agnikarma, and Shastra Karma, selected according to the type, stage, site, and severity of the disease. Contemporary management ranges from dietary and lifestyle modification to pharmacological treatment, office-based procedures, and surgical intervention.

This review attempts to correlate the Ayurvedic understanding of Arsha with the contemporary concept of haemorrhoidal disease and highlights the importance of an integrated approach for diagnosis, prevention, and management.

KEYWORDS: *Arsha, Haemorrhoids, Ayurveda, Kshara Karma, Agnikarma, Shastra Karma, Anal cushions, Anorectal disease.*

1. INTRODUCTION

Arsha is an important anorectal disorder described in Ayurveda. The disease is characterized by the development of abnormal fleshy projections in and around the anal region, producing symptoms such as bleeding, pain, itching, prolapse, and difficulty in defecation. Due to its tendency to persist and recur, Arsha has been regarded as a serious disease among the *Ashta Mahagada*.

The classical Ayurvedic texts, particularly the *Charaka Samhita, Sushruta Samhita,* and *Ashtanga Hridaya*, provide detailed descriptions regarding the causative factors, pathogenesis, classification, clinical features, prognosis, and treatment of Arsha. These descriptions demonstrate that the Ayurvedic understanding of the disease encompasses both local anorectal pathology and systemic involvement of *Dosha* and *Agni*.

In contemporary medicine, haemorrhoids are regarded as symptomatic enlargement and distal displacement of the normal anal vascular cushions. They are commonly classified as internal or external haemorrhoids according to their relationship with the dentate line. Internal haemorrhoids are further graded according to the degree of prolapse.

Because of its high prevalence and recurrent nature, Arsha/haemorrhoidal disease remains clinically relevant. A systematic review of its Ayurvedic and contemporary concepts is therefore important for understanding the disease and identifying appropriate therapeutic approaches.

2. HISTORICAL PERSPECTIVE

The description of Arsha can be traced to the classical Ayurvedic Samhitas. *Charaka Samhita* discusses Arsha in detail with emphasis on its causative factors, types, clinical manifestations, and therapeutic principles. *Sushruta Samhita* provides an extensive description of anorectal anatomy, types of Arsha, and surgical and para-surgical procedures such as *Kshara Karma, Agnikarma,* and

Shastra Karma.

The classical texts recognize Arsha as a disease that may arise due to improper diet, defective bowel habits, suppression of natural urges, and disturbance of *Doshas*. The disease may affect individuals of different age groups and may become chronic if neglected. The descriptions of bleeding, prolapse, pain, itching, and difficulty in defecation in classical literature show considerable clinical similarity with the manifestations recognized in modern haemorrhoidal disease.

3. ETYMOLOGY AND DEFINITION

The term **Arsha** is derived from the Sanskrit root associated with *"Ru"*, indicating a condition that causes suffering or discomfort. According to Ayurveda, Arsha refers to pathological growths occurring in the *Guda* region that interfere with normal physiological functions and produce various symptoms.

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Classical Ayurvedic literature describes Arsha as a disease capable of producing significant morbidity and therefore places it among the *Ashta Mahagada*.

In modern terminology, haemorrhoids are symptomatic vascular cushions of the anal canal that have become enlarged, displaced, or associated with clinical symptoms such as bleeding and prolapse.

4. NIDANA (Etiological Factors)

The etiological factors described in Ayurveda can broadly be correlated with dietary, behavioural, and physiological factors known to contribute to haemorrhoidal disease.

4.1 Dietary Factors

- Excessive intake of heavy and difficult-to-digest food
- Excessively spicy or irritant food
- Irregular dietary habits
- Low-fibre diet
- Excessive consumption of dry food
- Inadequate fluid intake

4.2 Behavioural Factors

- Prolonged sitting
- Excessive straining during defecation
- Suppression of natural urges
- Sedentary lifestyle
- Excessive physical exertion
- Irregular bowel habits

4.3 Physiological and Other Factors

- Chronic constipation
- Disturbance of *Agni*
- Pregnancy
- Increased intra-abdominal pressure
- Obesity
- Chronic diarrhoea
- Repeated straining

Thus, both Ayurvedic and contemporary literature recognize abnormalities in bowel habits and mechanical stress on the anorectal region as important contributors to the disease.

5. SAMPRAPTI (Pathogenesis)

According to Ayurveda, improper dietary and behavioural factors lead to vitiation of one or more *Doshas*. Alteration of *Jatharagni* and formation of improperly digested metabolites may further contribute to pathological changes.
The vitiated *Doshas* affect the *Guda* region and produce abnormal growths or *Mamsankura*, resulting in Arsha.

The pathogenesis may be represented as:
Nidana Sevana → Agnidushti → Dosha Prakopa → Apana Vayu Vaigunya → Guda Sthana Dushti → Mamsa/Medas involvement → Arsha Utpatti → Clinical manifestations
From a contemporary perspective, chronic straining, increased intra-abdominal pressure, vascular congestion, weakening of supporting tissues, and downward displacement of the anal cushions contribute to haemorrhoidal disease.

6. CLASSIFICATION OF ARSHA

6.1 According to Dosha

Ayurveda broadly describes:

1. **Vataja Arsha**
2. **Pittaja Arsha**
3. **Kaphaja Arsha**
4. **Raktaja Arsha**
5. **Tridoshaja Arsha**

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6.2 According to Site

- **Bahya Arsha** – external location
- **Abhyantara Arsha** – internal location

6.3 According to Prognosis

Arsha may also be considered in relation to its prognosis, chronicity, severity, and associated complications.
Contemporary classification of internal haemorrhoids is commonly based on the degree of prolapse:

Grade	Clinical description
Grade I	Bleeds but does not prolapse
Grade II	Prolapses during straining but reduces spontaneously
Grade III	Prolapses during straining and requires manual reduction
Grade IV	Permanently prolapsed and cannot be manually reduced

7. PURVARUPA (Prodromal Features)

The classical literature describes several early manifestations preceding fully developed Arsha. These may include:

- Altered bowel habits
- Constipation
- Difficulty in evacuation
- Heaviness in the anal region
- Discomfort during defecation
- Abdominal distension
- Indigestion
- Alteration in appetite

These early manifestations may correspond to functional bowel disturbances that predispose an individual to haemorrhoidal disease.

8. RUPA (Clinical Features)

The clinical presentation varies according to the type of Arsha and the predominance of the involved *Dosha*.
Common manifestations include:

- **Raktasrava** – bleeding per rectum
- **Shoola** – anorectal pain
- **Kandu** – itching
- **Daha** – burning sensation
- **Prolapse** – protrusion of haemorrhoidal mass
- **Guda Gaurava** – heaviness in the anal region
- **Vibandha** – constipation
- Difficulty during defecation
- Mucous discharge
- Sensation of incomplete evacuation

Modern Clinical Correlation

The major clinical manifestations of haemorrhoids include:

- Painless bright-red rectal bleeding
- Prolapse
- Anal discomfort
- Pruritus
- Mucous discharge
- Pain, particularly in complicated external haemorrhoids
- Perianal swelling

9. ANATOMICAL CORRELATION

The anal canal is approximately 4 cm in length and extends from the anorectal junction to the anal verge. The **pectinate/dentate line** divides the upper and lower portions of the anal canal and has important clinical significance.

The anal canal contains vascular cushions that contribute to continence. These cushions are located predominantly in the left lateral, right anterior, and right posterior positions.

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Pathological enlargement and downward displacement of these cushions contribute to the development of internal haemorrhoids. Ayurvedic descriptions of the *Guda* region and *Arsha* can therefore be studied in correlation with contemporary anorectal anatomy.

10. DIFFERENTIAL DIAGNOSIS

Rectal bleeding and anorectal symptoms should not automatically be attributed to haemorrhoids.
Important differential diagnoses include:

- Anal fissure
- Fistula-in-ano
- Rectal polyp
- Rectal carcinoma
- Inflammatory bowel disease
- Proctitis
- Rectal prolapse
- Solitary rectal ulcer
- Perianal dermatitis
- Thrombosed external haemorrhoid

A proper clinical examination is essential, particularly in patients with persistent or unexplained rectal bleeding.

11. DIAGNOSIS

Diagnosis is primarily clinical and involves:

History

- Duration of symptoms
- Character and quantity of bleeding
- Pain
- Prolapse
- Bowel habits
- Constipation
- Dietary habits
- Previous treatment
- Recurrence

Clinical Examination

- Inspection of the perianal region
- Digital rectal examination
- Proctoscopy/anoscopy when indicated

Additional Investigations

Depending on age, symptoms, and clinical suspicion:

- Complete blood count
- Stool examination when indicated
- Anoscopy
- Sigmoidoscopy
- Colonoscopy

12. AYURVEDIC MANAGEMENT OF ARSHA

Ayurvedic management is individualized according to *Dosha, Bala, Agni, Avastha,* and the nature of Arsha.
The principal therapeutic approaches include:

12.1 Aushadha Chikitsa

Medicinal treatment is particularly useful in selected cases, especially in early or uncomplicated disease.
Therapy may aim to:

- Improve *Agni*
- Regulate bowel movements
- Reduce constipation
- Correct *Dosha* imbalance
- Control bleeding
- Reduce inflammation and discomfort

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- Promote local healing

12.2 Kshara Karma

Kshara Karma is an important para-surgical procedure described in classical Ayurvedic literature. It involves the therapeutic application of an alkaline preparation to the pathological tissue.

It may be considered in selected haemorrhoidal lesions according to their size, location, and clinical characteristics.

12.3 Agnikarma

Agnikarma involves controlled therapeutic application of heat. Classical texts describe its use in selected conditions and it may be considered according to the type and stage of Arsha.

12.4 Shastra Karma

Surgical management is indicated in selected advanced or complicated cases. Classical Ayurvedic surgery provides detailed descriptions of operative management of Arsha.

13. CONTEMPORARY MANAGEMENT

Management of haemorrhoids depends upon severity and grade.

Conservative Management

- High-fibre diet
- Adequate fluid intake
- Avoidance of excessive straining
- Regular bowel habits
- Stool softeners when required
- Lifestyle modification

Office-Based Procedures

Selected patients may benefit from:

- Rubber band ligation
- Sclerotherapy
- Infrared coagulation

Surgical Management

Advanced or refractory disease may require:

- Haemorrhoidectomy
- Stapled haemorrhoidopexy
- Haemorrhoidal artery ligation/dearterialization

The choice of treatment depends upon the grade of haemorrhoids, symptoms, patient factors, and available expertise.

14. PATHYA-APATHYA

Dietary and behavioural regulation is an important component of Ayurvedic management.

Pathya

- Fibre-rich diet
- Adequate water intake
- Fresh fruits and vegetables
- Whole grains
- Regular physical activity
- Timely defecation
- Maintenance of healthy bowel habits

Apathya

- Excessive spicy food
- Excessively dry food
- Low-fibre diet
- Excessive alcohol intake
- Prolonged sitting
- Excessive straining
- Suppression of natural urges
- Irregular eating habits

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15. AYURVEDIC–CONTEMPORARY CORRELATION

Ayurvedic concept	Contemporary correlation
Arsha	Haemorrhoidal disease
Guda	Anal canal/anorectal region
Raktasrava	Rectal bleeding
Shoola	Anorectal pain
Kandu	Pruritus ani
Daha	Burning sensation
Mamsankura	Haemorrhoidal mass/prolapse
Vibandha	Constipation
Apana Vayu dysfunction	Altered defecatory function
Kshara Karma	Chemical/alkaline tissue destruction
Agnikarma	Therapeutic thermal intervention
Shastra Karma	Surgical intervention

This correlation should be regarded as a conceptual comparison rather than a claim that the classical and modern disease classifications are completely identical.

16. PREVENTION

Prevention of haemorrhoidal disease focuses primarily on maintaining normal bowel function.
Important preventive measures include:

1. Adequate dietary fibre.
2. Sufficient fluid intake.
3. Avoidance of prolonged straining.
4. Regular physical activity.
5. Prevention and treatment of constipation.
6. Avoidance of prolonged sitting on the toilet.
7. Maintenance of healthy body weight.
8. Early treatment of anorectal symptoms.

17. DISCUSSION

Arsha represents a clinically important anorectal condition with descriptions extending from ancient Ayurvedic literature to contemporary colorectal medicine. The Ayurvedic approach considers the disease as a consequence of *Dosha* imbalance, impaired *Agni*, disturbed bowel function, and localized pathology in the *Guda* region. This provides a broader framework that incorporates dietary, behavioural, and systemic factors.

Contemporary medicine explains haemorrhoids predominantly through changes involving the anal cushions, vascular congestion, sliding of supporting tissues, and mechanical factors associated with defecation. Although the terminology and pathophysiological models differ, significant clinical overlap exists in relation to bleeding, prolapse, constipation, pain, itching, and anorectal discomfort.

The classical therapeutic modalities of *Aushadha, Kshara, Agnikarma,* and *Shastra Karma* demonstrate that Ayurveda developed a spectrum of conservative, para-surgical, and surgical approaches. Modern medicine similarly employs a stepwise therapeutic strategy ranging from lifestyle modification to minimally invasive procedures and surgery.

A critical review of these approaches is important for determining their efficacy, safety, reproducibility, and applicability in contemporary clinical practice. Well-designed clinical trials and standardized outcome measures are particularly necessary for establishing evidence regarding Ayurvedic interventions in haemorrhoidal disease.

18. RESEARCH PERSPECTIVES

Future research on Arsha should focus on:

- Standardization of Ayurvedic diagnostic criteria.
- Objective assessment of disease severity.
- Comparative evaluation of Ayurvedic and conventional interventions.
- Long-term assessment of recurrence.
- Patient-reported quality-of-life outcomes.
- Safety evaluation of para-surgical procedures.
- Evidence-based evaluation of classical formulations.
- Development of standardized treatment protocols.

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- Integration of Ayurvedic and modern parameters for clinical assessment.

19. CONCLUSION

Arsha is an important anorectal disorder described comprehensively in Ayurvedic classical literature and clinically comparable in several respects to haemorrhoidal disease. Ayurveda provides a multidimensional understanding involving *Dosha, Agni, Apana Vayu,* dietary factors, bowel habits, and local pathology. Contemporary medicine explains haemorrhoidal disease through anatomical and vascular changes involving the anal cushions.

Both systems emphasize the importance of bowel regulation, prevention of constipation, appropriate dietary practices, and individualized treatment. Ayurvedic modalities such as *Aushadha Chikitsa, Kshara Karma, Agnikarma,* and *Shastra Karma* provide different therapeutic options according to disease stage and severity.

Further rigorous clinical research is required to validate classical therapeutic approaches using modern scientific methodology. An evidence-based integrative approach may help improve the management and prevention of recurrent haemorrhoidal disease.

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