

CONCEPT OF ARSHA (HAEMORRHOID) - A REVIEW**Dr..Durbadal Majumdar¹ Dr. Subhalakshmi Maity²**

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ABSTRACT

Ayurveda is the science of life from ancient period and has been revealing the ideal way of living which assures a disease free, healthy and long life.

Acharya Sushruta, the father of surgery elaborately described about the Arsha vyadhi in his treatise. He considered arsha as one among the mahagadas and indefinitely curable.

Arsha is defined as the fleshy projection which creates blockage in anal passage, kills the life like enemy. The cardinal etiopathogenic factors of Arshas are binge and sedentary lifestyle that leads to mandagni i.e. hypo function of digestive enzymes, which in turn leads to constipation, itching, burning sensation and pain in the region of guda and finally bleeds and thus Arsha originates.

Arsha is correlated to haemorrhoids which are dilated veins within the anal canal in sub epithelial region formed by radicals of superior, middle and inferior rectal veins.

The various surgeries are in practice, but all these techniques have got their own limitations and post operative complications.

In this present review article describes pathophysiology,investigate modalities and treatment option for arshain ayurveda and western medical science.

Key words : Arsha, Haemorrhoid, Mahagadas

Introduction:

Arsha, the disease characterized by the presentation of mamsankura at the guda bhaga is the area of concern since the time immemorial. Because of its severity it is considered as one among the Ashta Mahagada. Since it is difficult to treat completely because of its swabhava, may cause problem to the patient as an enemy. Hence the name Arsha.

Haemorrhoids remain one of the commonest ailments, although their etiology remains uncertain. Over 50% of patients attending a rectal clinic have haemorrhoids. The word haemorrhoids is derived as-(Greek word)-haem-blood, rhoos-flowing. Synonyms: Piles-Latin-Pila-a ball.

Ayurvedic View:

The word Arsha is derived from the Ru dhatu with asun shrut pratyaya which occurs at paay It is popular with different names like durnamak (having bad name as enemy), durnama (bad name), gudakeela (A pin or peg like tumour at anus), gudankura (sprouts at anus), gudodbhava (origins at anus) and anamakam (infamous name).

Arsha has got its roots deep into the gambhira dhatu. It originates from both the rakta dhatu² as well as mamsa dhatu³.when they are vitiated and get associated with all the tridosha with all their varieties. This indicates the bala of the vyadhi which has got 4 fold treatments as per the need i.e., Bhesaja, Shastra, Kshara and Agni.

❖ **EMBRYOLOGY** The Guda is considered to be originated from Matrija bhava of garbha. Guda is formed from Rakta & Kapha and made up of mamsa dhatu.

DEFINITION The Arsha is defined as: The disease which tortures like enemy producing mamsa kilaka in guda pradesha ultimately obstructing the guda marga. The word arsha derived from 'sru-himsayam'. According to Vagbhata, arsha is originating from the gudavali and formed due to vitiated vatadi tridoshas along with the vitiation of twak, mamsa and medas.

NIDANA OF ARSHAS

The main etiological factor of the arshas is mandagni." *vishestho mandagnae*"

Mandagni is caused mainly due to

mithya ahara and vihara. Charak description than either Susruta samhitha gives the vivid nidana samhitha or Madhava nidana

Nidana of doshaj arsha:

Sl.no.	Type of Arsha	Aaharaj Hetu	Viharaj Hetu
1	Vataja Arsha	Kashaya/katu/tikta rasa sevana Rooksha/sheeta/laghu/ tikshana anna sevana Alpa/pramita/tikshana madya sevana	Ati-Maithuna/ vyayama/atapa/vata sevan Sheeta desha and sheeta kaala sevana
2	Pittaja Arsha	Katu, amla, lavana rasa sevana Ushna ahara- jala, kshara sevana, madyapana, vidahi, tikshna aushadha anna sevana	AtiVyayam Asuyanam Agni Sevan Atapa Seven Ushna Desh-kaal Krodha Sevana
3	Kaphaja Arsha	Madhura amla lavana rasa, snigdha sheeta guru ahara sevana	Asana sookata divaswapna achinta pragvata sevana.

SAMPRAPTI

Acharya Susruta described samprapti of arshas as follow:

Dosha by their vitiating factors dislodges from their original site, alone or together, including rakta, which reaches the guda marga through pradhana dhamanies and causes the vitiation of valis of guda, which results into production of mamsankuras specially in mandagni person. And these mamsankuras further aggravates with irritation of guda by

truna kasta upala lostha vatra sheethodaka sparsa leads to the formation of arhas."pradhana dhamani oureeha vahini"

Vataja Arshas:

The arshankuras are parisuska, arunavivarna, vishama, shape of ankuras like kadamba puspa, tundikeripuspa or nadi or mukla or suchimukhi, sasula, samhatha pureeshavarodha, pain over kati prushta parswa medra guda and nabhipradesa, gulma, pliharoga,

ashteela, udara roga etc. twak, netra, nakha, dasana, vadan, mootra, puresha will become black in colour.

Pittaja Arshas:

At the apex of arshankura the colour is neel, tanu, visarpani peethavabhasini suka jihwa, yuva madyani jalouka, vaktra sama and kledaukta. Systemically they represent as jwara daha moorcha and twak, nakha, mala, moothra, mukha, danta become yellow in colour.

Kaphaja Arshas:

The arshas produced by vitiated kapha are swetha maha moolani sthira, vritha, snigdha and pandu. The size and shape is like kareera phala or the panasasthi or like gosthana. They neither burst nor secrete any discharge, but cause athikandu.

Raktaja Arshas:

They are like the nyagrodha praroha or like vidrum or like kakananthikphala and resembles of paitika arshas. When they are pressed by the hard stools, secrete excessively vitiated rakta through the anal canal pertaining to excessive bleeding set in.

Sahaja Arshas:

Lakshana of sahaja arshas such as

durdarshani parusha, panduvarna daruna, antharmukhi. One suffering from this is krisha, alpabhuka sira santhatha, gathra alpa, praja ksheena, kshamaswara, krodha, alpagni, alasya and suffers from sira, netra, srotrarogas.

Samsargaja Arshas: combination of 2 dosas and their symptoms accordingly.

Sannipataja Arshas: Vitiating of all the dosas lead to exhibition of lakshanas.

SADHYASADHATYA

Sukhasadhya: Arshas arising in samvarani vali, which are ekadoshaja and the arshas with short duration are sukhasadhya¹³.

Kricchya sadhya: charaka and sushruta have the same opinion of kricchryasadhya lakshanas. Dwidoshaja arshas arising in madyama vali and with one year of duration are said to be kricchya sadhya or kashta sadhya¹⁴.

Yapya pratyakhyeya: According to susruta, the sannipataja arshas with few lakshanas is yapya and the arshas which developed over the antarvali is prathyakhyeya.

Asadhya: The arshorogi having the

lakshanas like sotha in hastha pada mukha nabhi guda vrishana and soola in hrithparshwa is considered as asadhya arshoroga.

MANAGEMENT OF ARSHAS

There are four methods of management of arshas described by susrutha. Charaka also advocated the arshochikitsa in four ways. As medical man, Charaka described oushadhachikitsa vividly. But Susrutha gave much importance to shalya karma.

- Bheshajam
- Ksharam
- Agni
- Shastra

1. **Bheshajam: arshas** which are of alpakala alpadosha with alpalingam and without upadravas are fit for bheshajakarma.
2. **Ksharakarma:** arshas which are mrudu prasruthavagada nuchrithani are to be treated with the help of kshara.
3. **Agni karma:** the arsholakshanas such as karkasa sthira ruthu, kadina are to be treated by agni karma.
4. **Shastra karma:** tanumoola unchrithani kleda arsha re to be managed with the help of shastra.

Local management: Charaka mentioned local treatment for subsiding stabdhata, sotha, kandu soola etc, the local measures such as abhyanga, swedana, avagaha, parisheka dhupana, lepana and visravan are useful.

General treatment:

Mandagni has been considered as one of the important etiological factors in arshas, mentioned by Susrutha and charaka so at first in the management, the patient should put deepana pachana medicines, such as pippali, sunthi, chitrak, patha, chavya, jeerak, pushkarmool, bilwa etc for improving the jatharagni.

Pancha karma chikitsa of arshas

- Susruta described that snehan, swedan, vaman, virechan, asthapan and anuvasan should be done in vataja arshas.
- Virechan, samsaman and visravan-pittaja and raktaja arshas
- Pichavasti is indicated in vatapradhana arshas and raktaja arshas. Anuvasanvasti is indicated in those associated with udavarta, virukshata, vilomavata and soola.

DEFINITION

Haemorrhoids are defined as the dilated veins within the anal canal in the subepithelial region formed by radicals of the superior, middle and inferior rectal veins.

ETIOLOGY

Hereditary cause: Its often seen in members of the same family.

Anatomical cause: It has long been suggested that internal pile is a natural consequence of adaptation of the erect posture by mankind.

1. Absence of valves in superior haemorrhoidal veins
2. Occlusion of the veins and congestion during defecation.
3. Radicals of superior rectal veins lie unsupported

Physiological cause: Hyperplasia of the corpus cavernosum rectum may result from failure of mechanism controlling the arteriovenous shunts producing superior haemorrhoidal veins varicosity and haemorrhoids.

Dietary cause: Low roughage diet may excite haemorrhoid formation. Whereas adding bulk or bulk forming compounds can prevent haemorrhoid formation.

Aetiology for secondary haemorrhoids

1. Carcinoma of rectum
2. Pregnancy
3. Chronic constipation
4. Difficulty in micturation
5. Portal hypertensions

PATHOGENESIS

Straining during defecation and the passage of hard and small volume stools, however, results in tense engorgement of the anal cushions. This may cause injury to the mucous membrane resulting in bright red bleeding from the capillaries of the lamina propria with repeated straining, the anal cushions are damaged so that the normal supports are stretched and tendency to prolapsed outside the anal canal develops.

CLINICAL FEATURES

Bleeding: Is bright red, painless and occurs along with defecation. The patient complains that it splashes in the pan as the stool comes out. This may continue for months or even years. As vein become larger and heavier, partial prolapsed will occur with each bowel movement gradually

stretching the mucosal suspensory ligament at the dentate line until the 3rd degree haemorrhoid results.

Prolapse: is later symptom. In the beginning prolapse is minimal. According to prolapse of haemorrhoids, these can be divided into four degrees.

1. **First degree:** haemorrhoid does not come out of the anal verge.
2. **Second degree:** haemorrhoids come out only during defecation and reduced spontaneously after defecation.
3. **Third degree:** haemorrhoids come out only during defecation and are not reduced by themselves, but need to be replaced manually.
4. **Fourth degree:** the haemorrhoids are permanently prolapsed. At this stage great discomfort is complained of with a feeling of heaviness in the rectum.

Pain: is not characteristic of haemorrhoid unless there is associated thrombosis or there is associated fissure-in-ano.

Mucous discharge: is a particular symptom of prolapsed haemorrhoids, which often and excoriates the skin at

the anus. This mucous discharge is due to engorged mucous membrane. Pruritis-ani will be caused by such mucous discharge.

Anaemia : is often seen in long standing cases of haemorrhoids due to persistent and profuse bleeding.

RECTAL EXAMINATION

Position of the patient: Lithotomy position and left lateral/sims positions (semi prone-position) are advised.

Inspection:

Digital examination:

Proctoscopy:

Sigmoidoscopy

MANAGEMENT OF HAEMORRHOIDS

Treatment of Internal

Haemorrhoids :

A. **Non Surgical:**

Medical treatment

B. **Parasurgical / Office Treatment:**

Sclero therapy

Rubber band ligation

Manual anal dilatation

Infra red coagulation

Cryosurgery

DHAL/THD

C. **Surgical:**

Stapler Haemorrhoidectomy

Formal Haemorrhoidectomy

Discussion- This very fact mentioned above has made the disease synonymous with "Durnamakam", "Anamakam" etc. in Sanskrit vocabulary. The fast life of 21st century along with heavy mental stress, low fiber containing present diet, irregular bowel habits, increasing use of two wheelers, sitting on hard objects, straining etc are enumerated as contributory or precipitating factor in producing this dreadful disease with often fatal complication.

Ayurvedic dictum 'Roga Sarve Api Mandagnou' the disease 'Arsa' occurs when vitiated 'Doshas' affects digestive fire and causes 'Mandagni', which in turn leads to constipation and as a result of prolonged constipation, the accumulated 'Malas'(excretory products) taints 'Gudabalis', the site of affliction of 'Arsa'.

Western School of Physicians attribute hereditary lack of valves in ano-rectal veins as the major cause of 'Haemorrhoids', apart from this they also hold the view that 'Haemorrhoids' are secondarily caused by conditions like pregnancy, prolonged increased abdominal pressure like abdominal

tumors, constipation, and rarely as a sequel of cirrhosis of liver. Even though the wide range of treatment like ksharasutra, kshar karma, injection therapy, rubber band ligation, haemorrhoidectomy, sitz bath, dhupan karma, etc is at present existing.

Conclusion-The management of Arsa(haemorrhoid) needs complete knowledge of perianal anatomy and pathophysiology. Almost all the surgeons starting from acharya susruta to hippocrates and also modern reputed surgeons of present time have realized the difficult course of this disease and have mentioned different type of surgical, parasurgical, but haemorrhoid still remain challenge even for a meticulous and skillful surgeons. But Triphala sitz bath, Kshar karma, Agnik karma, ksharasutra ligation, etc standard technique for management of arsha employed by ayurvedic surgeons.

Bibliography

1. Sushruta; Sushruta Samhita; with Nibandha Sangraha commentary of Sri Dalhanacharya, edited by Yadavji

- Trikumji Acharya; Chaukhamba Surabharati Prakashana Varanasi; reprint 1994; Sutra sthana 24/9; pp 98
2. Sushruta; Sushruta Samhita; with Nibandha Sangraha commentary of Sri Dalhanacharya, edited by Yadavji Triikumji Acharya; Chaukhamba Surabharati Prakashana Varanasi; reprint 1994; Sutra sthana 24/9; pp 98
3. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapanidatta edited by Vaidya Yadavaji Trikamji Acharya; chaukhamba Surabharati Prakashana Varanasi; reprint 2000; Chikitsa Sthana 14/244; pp 511
4. Vagbhata; Ashtangahridaya; with commentaries of Sarvangasundara of Arunadatta & Ayurveda rasayana of Hemadri; annotated by Dr. Anna Moreshwar Kunte & Krishna Ramachandra Shastri Narve; edited by Pt. Hari Sadashiva Shastri Paradhakar; Chaukhamba Surabharati Prakashana; reprint 2002; Nidana Sthana 7/12-13; pp 491
5. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapanidatta edited by Vaidya Yadavaji Trikamji Acharya; chaukhamba Surabharati Prakashana Varanasi; reprint 2000; Chikitsa Sthana 14/5; pp 501
6. Sushruta; Sushruta Samhita; with Nibandha Sangraha commentary of Sri Dalhanacharya, edited by Yadavji Triikumji Acharya; Chaukhamba Surabharati Prakashana Varanasi; reprint 1994; Nidana sthana 2/4; pp 224
7. Agnivesha; Caraka samhita; with Ayurveda Dipika commentary by Chakrapanidatta edited by Vaidya Yadavaji Trikamji Acharya; chaukhamba Surabharati Prakashana Varanasi; reprint 2000; Chikitsa Sthana 14/60-61; pp 504

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