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A Classical View on Arsha

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ABSTRACT

Arsha is the occurrence of *Mamsankuras* in *Gudamarga* which creates obstruction in anal passage and may harm as an enemy. *Arshas* can be compared with Hemorrhoids which is the dilatation of the haemorrhoidal plexus of veins, situated in the lower portion of the rectum and in the sub epithelial region of anal canal which presents symptoms as hemorrhoidal mass, bleeding, and constipation.

In India approximately 10 million people suffer from the piles (hemorrhoids).¹ Various studies suggest that every second individual in the world suffers from piles at some point of age between 45 to 65 years and a large number of women experience pain, bleeding and anaemia. Early stages of Internal Hemorrhoids are mentioned as 1st and 2nd Degree.

Acharya Sushruta described four principle therapeutic measures in the management of *Arshas* i.e. *Bheshaja*, *Kshara*, *Agni*, and *Sashtrakarma*, according to presentation and severity.

KEYWORDS: *Arsha*, Hemorrhoids, *Bheshaja Chikitsa*, *Ksharakarma*, *Agnikarma*, *Shastrakarma*.

INTRODUCTION

The Anorectal diseases have been known from thousands of years. In Ayurveda classics we get the explanation of them as a separated disease entity or as complication of procedures like *Vamana*, *Virechana* or as *Kshudra roga* or as a type of a disease. They present as bleeding per rectum, mass per anum, pus discharge, itching, pain etc and sometimes symptoms present like Dyspepsia (*Amlapitta*), Flatulence, Anemia (*Pandu*), Fever (*Jwara*) and wasting of body (*Karshya*) etc. Acharya Sushruta, highlighted anorectal diseases in the naming as *Arshas*, *Bhagandara*, *Nadivrana*, *Gudavidradhi*, *Sannirudhhaguda*, *Gudapaka*, *Baddhaguda* and *Gudbhramsha*.²

ARSHA

ETYMOLOGY³: *Arsha* is a disease occurring in *guda* which tortures to the patients like an enemy. It may create obstruction in the anal passage.

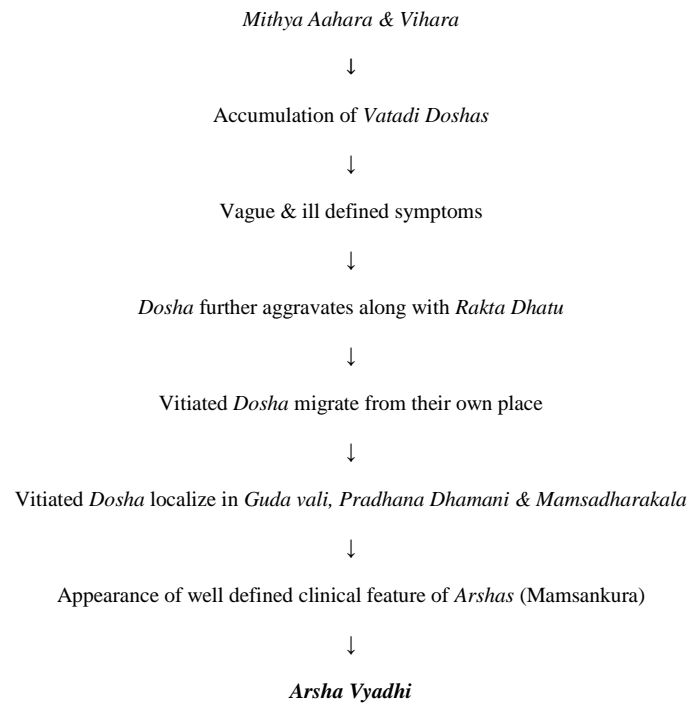
PILES⁴: This word is derived from the latin word 'pila' which means a 'ball'. Thus a growth in the anus which similar to ball like shape is designated as piles.

HEMORRHOIDS⁵: It is dilatation of hemorrhoidal plexus with an enlarged displaced anal cushions abnormally due to straining or other causes.

NIDANA

Ahara⁶: *Guru*, *Madhura*, *tikta*, *Abhisyandi*, *Vidahi*, *Viruddha aharas*, *Ajirna*, *Pramitasana (alpa matra)*, *Asatmya bhojana*; *Gavya*, *Matsya*, *Varaha*, *Mahisa*, *Aja*, *Avika*, *Pishita Bhakshan*; *Krusa*, *Shuska*, *Puti Mamsa*; *Masa*, *Yusa*, *Iksurasa*, *Suska shaka*, *Sukta*, *Lasuma*, *Pindaka*, *Bisa*, *Saka*, *Raga*, *Mardaka*, *Vasa*, *Paryushita-Puti-Sankeerna anna Abhyavaharanat*, *Mandaka*, *Atikranta Madyapana* etc, all these will interfere with digestive power leading to poor digestion and constipation.

Vihara⁷: Procedures that would vitiate *Vata Dosha* e.g., *Ati-Vyayama / Vyavaya*, *Gud Gharshana*, *Utkatasana*, *Vega Vidharana*, *Ati Pravahana*, *Guda Karshana*, *Kathinasana*, *Visamasana / Prasuta*, etc.

SAMPRAPTI⁸**LAKSHANAS⁹**

Vataja Arsha: Dry, hard, painful, usually of external origin, various shapes, with irregular surface of various colours of fleshy masses, frequently associated with constipation, and painful defecation which is radiating in nature towards low back, groin.

Pittaja Arsha: Usually small in size, bluish red in colour, moist fleshy masses of various types, which enlarges during straining with passage of blood mixed with stool, may cause severe burning sensation during defecation which may lead to thirst, faintness and shock.

Kaphaja Arsha: Wide based, smooth, oval, fixed, fleshy masses which generally do not bleed or suppurate and accompanied by severe pruritus and mucous discharge.

Raktaja Arsha: Fleshy masses which give immense blood loss during defecation, leading to secondary anaemic condition.

Sannipataja Arsha: Mixed Lakshana of all *Doshas*.

Sahaja Arsha: Genetically determined, ugly appearance, *Daruna* (Chronic), pale, facing inwards.

CLASSIFICATION

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

On the basis of the origin¹⁰

1. *Sahaja*
2. *Janmottarakalaja*

On the basis of the character of bleeding¹¹

1. *Ardra (Sravi):* Bleeding piles due to vitiation of *Rakta* and *Pitta Dosh*.
2. *Shushka:* Non bleeding piles due to vitiation of *Vata* and *Kapha Dosh*.

On the basis of the predominance of *Dosha*¹²

1. *Vataja*
2. *Pittaja*
3. *Kaphaja*

4. *Raktaja*
5. *Sannipataja*
6. *Sahaja*

On the basis of prognosis¹³

1. *Sadhya* (Curable)
2. *Yapya* (Palliative)
3. *Asadhya* (Incurable)

Sadhya variety: If *Arsha* is located in the *Samvarani vali* and is of single *Dosha* involvement and not very chronic.

Yapya variety: *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 variety: *Sahaja Arsha* and if caused by the vitiation of three *Doshas* and if the *Arsha* is situated in the *Pravahini Vali*, than 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.

EXAMINATION OF ARSHA / HAEMORRHOIDS¹⁴

1. Inspection: The second degree haemorrhoids are only visible at the anal verge when the patient strains. While the third degree piles are readily recognized as a prolapsing mass in the outer part covered with skin, the inner portion with red or purple coloured anal mucosa, and the junction being marked a linear furrow.

2. Digital Examination: Per rectal examination on the early stages of piles, they are soft and collapsible on quite incompressible examination. But with chronicity and repeated attacks of the thrombosis the subcutaneous connective tissue undergoes fibrosis and then the piles are palpable as a soft longitudinal fold to the palpating finger on per rectal examination.

3. Proctoscopy: On proctoscopic examination findings can be seen like congestion, mass, bleeding..

INVESTIGATIONS

1. Sigmoidoscopy
2. Colonoscopy

COMPLICATIONS

1. Profuse hemorrhage
2. Strangulation
3. Thrombosis
4. Ulceration
5. Gangrene
6. Suppuration
7. Abscess formation
8. Fibrosis
9. Perianal hematoma

ARSHA CHIKITSA¹⁵

चतुर्विधोऽर्शसां साधनोपायः |

तद्यथा- भेषजं क्षारोऽग्निः शस्त्रमिति |

तत्र, अचिरकालजातान्यल्पदोषलिङ्गोपद्रवाणि भेषजसाध्यानि, मृदुप्रसृतावगाढान्युच्छितानि क्षारेण, कर्कशस्थिरपृथुकठिनान्यग्निना, तनुमूलान्युच्छितानि क्लेद वन्ति च शस्त्रेण |

तत्र भेषजसाध्यानामर्शसामदृश्यानां च भेषजं भवति, क्षाराग्निशस्त्रसाध्यानां तु विधानमुच्यमानमुपधारय ||

I. BHESHHAJA CHIKITSA

Those *Arshas* are curable with *Bheshhaja* which are *Achirakalajata* (newly formed), associated with *Alpa Dosha*, *Linga* (Less in Symptoms) and *Upadrava* (Uncomplicated).

1. Prevention of constipation: Laxative- *Triphala Churna*, *Panchsakara Churna*, *Haritaki Churna* etc. depending upon the *Koshtha* of the patient.
2. *Deepana Pachana*: *Chitrakadi Vati*, *Hingvadi Churna*, *Agnitundi Vati*.
3. *Arshoghna*: *Arshoghna Vati*, *Suranapaka*, *Arshkuthara Rasa*.
4. *Rakta Stambhaka*: *Nagakeshara Churna*, *Suranadi Churna*, *Pravala Pisthi*.
5. *Vedanahara*: *Triphala Guggulu*.
6. *Avagaha* : *Triphala Kwatha*, *Panchawalkala Kwatha*.
7. *Vranropaka*: *Jatyadi Taila*, *Yastimadhu Taila*

II. KSHARA KARMA

The patient of piles who is strong should be uncted (*Snahana*), sedated (*Swedana*) and then given unctuous, warm and predominantly liquid diet in small quantity to pacify aggravated affliction of *Vata*. Then patient should be made to lie down in a covered and clean place and moderate cloudless weather on even plank or cot having put his upper portion of the body in another person's lap in supine position and facing his anus towards the sun and waist should be raised slightly on support of some cloth or blanket; and his body should be made immobile held tightly by attendants. Patient's anus is smeared with ghee into which the instrument smeared with ghee is introduced straight parallel to opening while he strains slowly. Thus the hemorrhoids should be observed, pressed with a *Shalaka* (flat rod), cleaned with cotton swab or cloth and then caustic alkali should be applied; after applying the surgeon should close the opening of the instrument with hand and should wait for hundred *Vak Shatamatra Kala* (pronunciation of small letter for 100 times). Then after cleaning, considering the strength of the caustic alkali and the patient, it should be applied again. When the hemorrhoids becomes *Pakwa Jambu Phala* (ripped blackberry fruit) in colour, shrunken and slightly bend, the application should be stopped and the caustic alkali should be washed with sour gruel or curd water or vinegar or sour fruit juice. Then after applying ghee mixed with *Yastimadhu*, the instrument should be removed and the patient should get up and sit in hot water. Then he should be accommodated in windless chamber with instruction to follow the code of conduct. If there is still some remnant, it should be burnt again. In this way, each hemorrhoid should be treated after an interval of a week. In case of multiple piles, at first the pile at right one should be tackled, then the left one at the posterior position and lastly the anterior one.

III. AGNI KARMA

It is an important Para surgical method and is still used extensively in surgical practice in modified form by way of electric heat cautery and freezing. Direct treatment of any lesion by *Agnikarma* is regarded superior than other surgical and para surgical measure because of its capacity to destroy the diseased tissues completely and its wide applicability even of lesions incurable by other measure. *Agnikarma* is indicated in rough, fixed, broad and hard types of masses and mainly in *Vataja* and *Kaphaja Arsha*. Those patients suffering from prolapsed and third degree piles can be treated with *Agni*. *Agnikarma* is contraindicated in *Raktaja* and *Pittaja* type of *Arsha*.

IV. SHASTRA KARMA

Shastrakarma is indicated in pedunculated, big, and discharging *Arshas*. The preoperative measures should be well taken. The *Chedana Karma* of *Arsha* should be done with the help of sharp instruments like *Mandalagra*, *Karapatra*, *Nakhashstra*, *Mudrika*, *Utpalapatra* and *Ardhadhara* in shape of semilunar incision. After *Chedana Karma*, if needed, *Agnikarma* should be immediately applied in case of any remnant or to arrest the active bleeding or secondary oozing of the blood vessels. The procedure of *Kavalika* placement followed by the *Gophana Bandha* should be performed. This whole procedure seems like conventional open haemorrhoidectomy or to say the ligation and excision procedure performed in recent times.

PATHYA IN ARSHA¹⁶

Diet: Milk, Takra (Mattha), wheat flour with husk, Cow Ghee, Green vegetable, water, *Shastika shali* (Less polished rice), Brown rice, etc.

Habits: Regular diet, exercise, proper sleep, etc.

APATHYA IN ARSHA¹⁷

Diet: Heavy food, *Vishtambhi*, *Vidahidravaya* like Chilies, Spices, food stuffs made of rice, fried food, Maida product, excessive intake of oils, Non vegetarian foods, curd, etc.

Habits: Lack of exercise, sleep in day time, constant sitting on hard objects, excessive riding, straining during defecation etc.

CONCLUSION

Arsha is a problem related to life style, age, occupation and dietary factors. Patient is afraid of defecation because of with bleeding per rectum. Moreover, patient becomes very anxious after observing pan full of blood. Early approach benefits the patient in terms of diagnosis and management. Thus, Ayurveda definitely has immense potential to manage all stages of *Arsha* successfully.

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