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A Literary Review on Different Treatment Modalities in *Arsha* (Hemorrhoids)

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ABSTRACT:

Arsha is a very common ano-rectal disease, which destroys the patient's life as an enemy does. In modern science, it may be co-related with haemorrhoids. Haemorrhoid is a type of ano-rectal ailment that becomes more common as people get older. According to John Goligher (1984), 50 percent of people over the age of 50 years may have haemorrhoids after a thorough examination. It doesn't have a single cause, and it usually manifests as a group effort. In order to cure the patient, these conditions should be addressed with caution. *Ayurveda* and modern science have both outlined many therapies, surgical procedures, medicines etc. When treating this disease, a specific modality should be considered in each circumstance. Patients, however, receive incorrect therapies or medicines due to a lack of information, resulting in several consequences. So, using a comparison of basic concepts, the right treatment of *arsha* described in *ayurveda* and western science is elaborated here.

Keywords- *Arsha*, Ano-rectal disease, Haemorrhoids etc.

INTRODUCTION

Arsha is explained in *ayurveda* as *mahagada*. The disease is mostly seen in the *guda*, or ano-rectum. Though this disease is not life threatening but it causes discomfort due to the nature of pain and its clinical features. Explanation of the disease in terms of its primary cause, *ayurvedic* literature includes *Dosha*, *Nidan*, *Samprapti*, *Purvaroop*, *Rupa*, *Upadrava*, *Upashaya*, *Anupashay* and *Chikitsa*¹.

Four curative measures for the management of *arsha* are explained by *acharya Sushruta-*

*Chaturvidha Sadhanopaya*²-

1. *Bhaishajya* - Medical Management
2. *Kshara* - Caustic therapy

3. *Agni* - Thermal cautery

4. *Shashtra* - Surgical treatment

The comparable viewpoint is also explained by *acharya Charaka*. *Vaidya*, who is well versed in the relevant scripture on the issue (*Shalyatantra*), who is wise, and who has past experience doing such surgical operations, is given credit for *kshara*, *agni*, and *shastra chikitsa*³.

In *Arsha Chikitsa Adhyaya*, *Ashtanga Samgraha* and *Ashtanga Hridaya* explained all the four curative measures. In *Ashtavidha Shastrakarmiya adhyaya*, *acharya Sushruta* has suggested to perform *chedana karma* or excision in *arsha* and *charmakeela* or *mamsankura*. According to *acharya Dalhana*, *chedana karma* is best for *vata* and *kapha dosha*-dominant *arshas*⁴.



According to modern science, the first step is to rule out other causes of rectal bleeding, including colorectal cancer. Small piles detected during a routine examination for another ailment and with no symptoms are usually better left untreated. In recent era, surgical procedures like haemorrhoidectomy is done for the permanent relief.

AIMS AND OBJECTIVES

1. To describe, assess, and discuss the numerous *ayurvedic* surgical and para-surgical procedures mentioned in our *samhitas* for the treatment of *arsha*.
2. To relate the hidden surgical procedures of *sushruta samhita* to modern surgery techniques.

MATERIALS AND METHODS

All sorts of references have been collected from our ancient ayurvedic texts viz., Sushruta Samhita, Charaka Samhita, Dalhana teeka, Ashtanga Hridaya, Ashtanga Samgraha. Modern books like Baily 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.

Management of Arsha according to Ayurvedic Literature

The choice of treatment is made strictly on the basis of the signs and symptoms of the disease, how the disease presents on clinical examinations, the prevailing dosha, and the patient's overall health. *Acharya 'Sushruta'* - the father of Surgery, had given multiple options of surgical treatment which are specific to person.

1.Bhesaja-

- ❖ *Bhaishajya yogya atura:-*
- 1. *Arsha lakshana - Achirakari* (Acute), *Alpa – Dosha, Linga, Upadrava* (minimal signs, symptoms and complication).
- 2. *Aatura lakshana - Bala, Bheeru, Vridhha.*
- 3. *Pradhana dosha - Vata, Pitta, Kapha, Pitta-Rakta*⁵

2.Kshara-

- ❖ *Kshara yogya atura:-*
- 1. *Arsha lakshana - Mridu, Prasruta, vistrutani, Avagadha, Gambhira, Uchritani, Nirgataani* (Soft, broad, deep, bulged up and prolapsed out).
- 2. *Aatura lakshana - Balabanta* (good strength).
- 3. *Pradhana dosha - Vata, Kapha*

3.Agni-

- ❖ *Agni yogya atura:-*
- 1. *Arsha lakshana - Karkasha, Sthira, Prithu, kathina, Nirgataani* (rough, immovable, big, hard and prolapsed).

2. *Aatura lakshana - Mahanti* (good strength).
3. *Pradhana dosha - Vata, Kapha*

4.Shastra-

- ❖ *Shashtra yogya atura:-*
- 1. *Arsha lakshana - Tanumula, kledavanti, Uchritani, Nirgataani* (thin root, exuding, bulged up and prolapsed out).
- 2. *Aatura lakshana - Mahanti* (good strength).
- 3. *Pradhana dosha - Vata, Pitta, Kapha*
- ❖ Oral medicines and therapies that are advised to the patients of *arsha* on the basis of involvement of *doshas* are as follows:-
- 1. *Vataja Arsha: Agni-deepaka (Pippalyadi gana), vatahara (Bhadradarvyadi gana) ghrita, Hingwadi churna and snehan, swedan, vamana, virechana, asthapan, anuvasana vasti* are recommended.
- 2. *Pittaja Arsha: Prithakparnyadi kwatha, Dipaniya (Pipallyadi gana) gana siddha ghrita and virechana kriya* should be done.
- 3. *Kaphaja Arsha: Surasadi gana kashaya siddha ghrita and use of shringbera and kulathha* are suggested.
- 4. *Raktaja Arsha: Manjishta murungyadi kashaya siddha ghrita and samshaman kriya* should be done⁶.

Management of Haemorrhoid according to Modern Science-

As per modern science, there are several methods or techniques for curing haemorrhoids beside oral medicines. Various surgical methods are also done in haemorrhoids. Current surgical treatment offers the best chance of permanent cure of haemorrhoids.

Treatment including the following methods- Conservative Method⁷-

- ❖ For 1st and 2nd degree haemorrhoids, conservative treatment is recommended. In the absence of a clear predisposing cause, key measures include the following attempts to normalize bowel and defecatory habits-
- 1. Eat a high-fibre diet to avoid constipation and assure voluminous stool. Patient only evacuates when there is a natural desire to do so.
- 2. Defecating in a defecatory position to reduce strain.
- 3. To make defecation easier, stool softeners and bulking agents are used.
- 4. Various proprietary creams, topical preparations can be put into the rectum at night and before faeces using a collapsible tube with a nozzle.
- 5. They're beneficial as a band-aid to assist a patient recover from an episode of haemorrhoidal symptoms, but they

don't address the underlying problem and can cause allergic reaction.

6. Suppositories are also given.

Interventional Treatment-

Injection therapy (Sclerotherapy injections)⁸-

- ❖ Injection sclerotherapy (Mitchell), a submucosal injection of 5% phenol in arachis oil or almond oil, may be recommended for patients with first- or second-degree piles whose symptoms are not relieved by conservative methods. The goal is to induce fibrosis, obliterate the vascular channels, and bind the anorectal mucosa together. About 5 ml of sclerosant is injected into the apex of the pile pedicle with a conscious patient in the left lateral position and under direct vision with a proctoscope. After 8 weeks, the patient is appraised and the procedure is repeated for each pile; if necessary, the injections are repeated. Injection pain indicates that the needle is in the improper position and should be removed.

Elastic banding (Rubber band ligations)⁹-

- ❖ For the treatment of uncomplicated internal haemorrhoids, banding is the "Gold Standard" (2nd or 3rd degree haemorrhoids). Banding has been demonstrated to be effective for more bulky piles, but it is associated with higher discomfort. The Barron's bander is a readily available instrument that is used to place tight elastic bands around the base of each haemorrhoid's pedicle. The bands promote ischemic necrosis of the piles, which slough off after 10 days; this can be accompanied by bleeding, which the patient should be informed about. Three piles can be treated in one session, and the procedure can be repeated if necessary after a few weeks.

Cryosurgery¹⁰-

- ❖ The treatment of haemorrhoids with cryotherapy (Lewis et al. 1969, Lloyd-Williams 1973, O'Connor 1976) is no longer widely employed. After being frozen solid, cryogenic techniques used to freeze restricted portions of living tissue incur a progressive thrombosis, mainly due to microcirculation thrombosis (Fraser and Gill 1967). The procedure is completely painless.

Infra-red coagulation (Photocoagulation with infrared light)¹¹-

- ❖ Nowadays, infrared photocoagulation (Leicester 1979) is rarely employed. The infrared coagulator device is used to irradiate a specific area with infrared photons. Irradiation causes a circular grey discoloration of the mucosa as a first reaction (exactly dimension of tip of probe). A week later, it developed into a little superficial ulcer, which was replaced by a scar a week or two later.

Manual Dilatation¹²-

- ❖ Internal haemorrhoids are thought to be caused by a circular constricting fibrous band in the wall of the lower rectum or the anal canal that interferes in some way with normal defecation, resulting in a subnormal rise in intrarectal pressure during the act and consequent venous congestion, according to Lord (1968,1969). According to Lord 4 fingers (both hands) manual dilatation in both directions as far as they can reach into the intestine. In the vast majority of cases, the haemorrhoidal condition can be resolved.

Haemorrhoidectomy¹³-

- ❖ One of the early exercises in operative surgery was the surgical treatment of piles. Excision, ligation, and cautery are among the techniques employed in haemorrhoids. These are the same manoeuvres that have been passed down through the generations, and they represent the five basic types of operations accessible for the treatment of haemorrhoids today. It mainly follows three techniques i.e.,-

1. Open techniques.

2. Closed techniques

3. Stapled haemorrhoidectomy.

- ❖ Haemorrhoidectomy is indicated in the below mentioned conditions-

1. Haemorrhoids of the third degree.

2. Haemorrhoids of the second degree that do not respond to non-operative or conservative treatment.

3. Fibrosed haemorrhoids are the fourth type of haemorrhoids.

4. Combined symptomatic interior and external haemorrhoids (Intero-external) with a well-defined external aspect.

5. Haemorrhoids with various anal pathologies viz., fissures and fistulas in the ano.

DISCUSSION

According to *acharya Sushruta arsha* is a *tridoshaja vyadhi*. It involves *mamsha, meda, twak dhatus*. It is occurring mainly due to *mandagni*. So, at first we need to correct our digestive system or constipation. In general, *agni-deepaka* and *snigdha aushadhi* are to be given. *Acharya Sushruta* has also advised to take *guda-hareetaki* in 1 *sukti matra* during *pratah kala* and *abhyanga* on daily basis. He has also advised to apply *kshara* by using *darvi, salaka, kurcha yantra*. *Acharya Sushruta* mentioned that *Vrikshak* and *Arushkar* can destroy any types of *arsha*. But in western science, haemorrhoid is regarded as a localised

condition for which surgical intervention is the primary treatment. Modern science has described many treatment modalities for haemorrhoids including conservative treatment or oral medications. Sclerotherapy and banding techniques can be compared to *ksharsutra* liagation and transfixation. Cryosurgery resembles with that of *kshara* application mentioned in our ancient *ayurvedic* texts.

CONCLUSION

From the above discussion we can conclude that the proper diagnosis of the disease should be done appropriately. Then one should choose the right opinion for the treatment to get cured soon from the disease. When we consider the therapy alternatives outlined by ayurveda and current science, we can see that many of the fundamentals of arsha remedies are the same. However, in terms of removing the fundamental problem, ayurveda has provided more illustrated additional possibilities.

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REFERENCES

1. Acharya YT Sushruta, Sushruta samhita, Sri Dalhanacharya, Nibandhasangraha, Sri Gayadasacharya, Nyayachandrika Panjika, Chaukhamba Sanskrit Sansthan, Varanasi, 2010, pp:270 -276
2. Acharya YT Sushruta, Sushruta Samhitha, Dalhanacharya, Nibandhasangraha, Gayadasacharya, Nyaychandrika,, Chaukhamba Sanskrit Sansthan, Varanasi, 2013, pp:430
3. Sharma R.K Charaka, Charaka Samhitha,, Charaka Samhita, Vol. 3, Chowkhamba Sanskrit series office, Varanasi, 2010, pp:589
4. Acharya YT Sushruta, Sushruta Samhitha, Dalhanacharya, Nibandhasangraha, Gayadasacharya, Nyaychandrika, , Chaukhamba Sanskrit Sansthan, Varanasi, 2013, pp:117
5. Acharya YT Sushruta, Susrutasamhita, Kaviraj Haranachandra Cakravarti, Susrutartha Sandipana Bhasya, volume 2, Nidanasthanam, Chaukhamba Surabharti Prakashana, Varanasi, 2000, pp: 92
6. Acharya YT Sushrutha, Sushrutha Samhitha, Dalhanacharya, Nibandhasangraha, Gayadasacharya, Nyaychandrika, , Chaukhamba Sanskrit Sansthan, Varanasi, 2013, pp: 431, 432
7. H. George Burkitt, Clive R.G. Quick, Joanna B. Reed. Essential Surgery – Problems, Diagnosis and Management, Elsevier Churchill Livingstone, 2007, 793pp:445
8. Baily and Loves’s, Short Practice of Surgery, Norman S. Williams, Christopher J.K. Bulstrode, P. Ronan O’connell, 25th edition, Hodder Arnold, Hachette, UK, 2008, 1513pp:1256
9. David C, Atlas of General Surgery Jaypee Brothers medical publishers, New Delhi, 2011, 898pp:468
10. John G, Surgery of the Anus Rectum and Colon, 5th edition, published by Bailliere Tindall, London, 1186pp:119
11. John G, Surgery of the Anus Rectum and Colon, 5th edition, published by Bailliere Tindall, London, 1186pp:122
12. John G, Surgery of the Anus Rectum and Colon, 5th edition, published by Bailliere Tindall, London, 1186pp:117
13. David C, RCG Russell, Henry A Pitt, Atlas of General Surgery Jaypee Brothers medical publishers, New Delhi, 2011, 898pp:474

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