

## CORRELATION OF ARSHA WITH PILES

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## ABSTRACT

Arsha is a kind of disease which is most unkind towards mankind. *Arsha* incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms. While *Arsha* is correlating with Piles maximum concepts are similar to each other. Anatomy and physiology of Valitrayee may be co-related with anal sphincters. Piles hampers the normal physiological functions of body as said in *Ayurveda*. It gives trouble like enemy. The vascular & mucosal classification of modern system can be correlated as Mucous – *Suska Arsha*, Vascular – *Rakthaja & Pithaja*. In causative factors like Hereditary – *Sahaaja*, Anatomical – It is difficult to correlate in *Ayurveda*. Exciting - *Kunthanavatmala pravrutti* on urge of motion, Physiological – *Vegavarodha*, Diet - *Aharaja nidanas*. As in symptoms Produced mass - *mamsankura*, Bleeding piles - *raktaja arshas*, Constipation - *malabadhata*, *Doshaja samprapti* to anal infection chronic constipation exciting causes and *agantuja samprapti* to rectal congestion, laxity of external sphincter occupation pregnancy parturition. Surgical pathology. *Ayurveda* maintains a unique order in the management of *arsas* with the employment of 1) *Aushadha chikitsa* (Medical management) 2) *Kshara chikitsa* (Alkaline management) 3) *Agni chikitsa* (Thermal cauterization) and 4) *Shahstra chikitsa* (Surgical management).

**Keywords:** *Ayurveda*, Modern, Piles, *Arsha*.

## INTRODUCTION

By looking into the history one can understand that great saints like *Adishankara* who revived the *vedic* literature and famous rulers like Napoleon suffered from this disease. *Arsha* incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of haemorrhoidal symptoms. 5% of general population suffers from haemorrhoidal symptoms (Fromm D). In 2000, incidence of internal haemorrhoids was 72% (Davis, Foster, Gamelli). Recent statistics reveals that irrespective of age, sex, socio – economic status, people suffer from piles. Now days eve-

ry person suffered from any one of the complaint of piles (Davis, Foster, Gamelli) during their life time. Haemorrhoids or piles are dealt rationally under the concept of *arshas* find in almost all *ayurvedic* literature which deals with diseases and its treatment. Since the time immoral efforts have been made all over the world to combat the condition through different modalities of treatment, but not all of them have been uniformly successful. The prime etiopathogenic factor of *arshas* is *mandagni* i.e. hypofunction of digestive enzymes, which in turn leads to constipation, prolonged contact of accumulated

*mala* or excretory material to *gudavalis* cause development of *arshas*. The food habits and life styles of modern man also added to the increase in rate of incidence of *arshas*. Physician takes wholestic look its causes and worried about, whether there is any hepatic obstruction causing plethoric pressure in the portal system, or whether the supporting muscularies mucous in anorectal region, is having any protein deficiency as to sage and thus cease to provide support to the haemorrhoidal blood vessels or whether there are any congenital exuberant fibrous bands occurring near mucocutaneous. which causing compression over the haemorrhoidal blood vessels to formation of pile or whether there is any prostatic enlargement in elderly males, causing pressure over the anorectal region or pregnancies in women contribute to pressure phenomena leading to pile formation or habitual constipation, long standing postures or insufficient dietetic fiber contain may also acts as a contribute factor for pile formation. As per *Sushruta* the doshas by their aggravating causes dislodges from their normal seats alone or combined with other including the *rakta*, reaches the *maladwara (marga)* and causes the vitiation of *gudavalis* resulting the production of *mamsankuras* specially in *mandagni* persons. In *chikitsa* for *arshas*, it is treating with medicinal, para surgical and surgical. The management of *arshas* are done under four headings, those are *oushadha chikitsa*, *kshara chikitsa*, *agni karma* and *shastra karma*. These treatments are prevailing even today.

#### AIM AND OBJECTIVIES

This study was conducted to compare *Arsha* with Piles.

#### OBJECTIVIES

Study of the *Arsha* and Piles on Basic disease, Disease and it's Derivation, Definition, Classification, Causes, Premonitory signs and symptoms, Clinical features, Pathology, Prognosis, Differential diagnosis, Diagnosis and Treatment.

#### BASIC DISEASE

Over whelming description of Anatomy and physiology of Ayurveda may be co-related with anal sphincters. According to anatomical aspect *Pravahini* as to internal sphincters and *visarjini* and *Samvarani* as to external sphincters.

Naming them different entities will evoke two possibilities.

**Anatomical aspect 1\*&2\*** – Internal sphincter surrounds only up to the white line and present medial to the anal canal, so it resembles to the *pravahini*. External sphincter surrounds whole length of the anal canal and has three parts subcutaneous part of external sphincter resembles to *samvarani*, because location of three parts are from above downwards deep part, superficial part and subcutaneous part.

**Physiological aspect 3\*&4\***– At the time of defaecation *pravahini* and *visarjini* expands *guda* and helps in expulsion of *mala*, where internal sphincter does same thing by parasympathetic nerves. *Samvarani* helps for constriction of *guda* after defaecation, where external sphincter does the same that by inferior rectal nerve and by the perennial branch of fourth sacral nerve.

**Valitrayee and Muladhara chakra** – One of the old sciences prevailing from *veda kala*, the *yogashastra* believes the site of *muladhara chakra* in between *guda* and *medra*. Its *sidhi* will enable *nityajeevana* a positive health. This can be attributed to control over the autonomous nervous system by which many of its natural powers can be

attained and plays a main role in controlling many ano-rectal disorders.

### **MARMA (VITAL POINTS)**

*Guda* consists of *sadhyapranahara marma*, *Mamsa* variety, 4 angular, *Agneya* type, on *aghata* a person will be prone to die within 7 days, where as in olden days the lack of proper anticoagulants and cautery would have been a death by anemia. A similar correlation in modern texts, if haemorrhoidal veins are cut during surgery than there will be profuse bleeding enhances, due that patient may collapse by anemia.

### **DISEASE**

**SHABDHA ARTHA (DEFINITION):** Word *Arsha* is union of two words. *Ru* and *Asun*, means which damages and occurs in the anal region (*shabdhakalpadhru-ma*). 5\*Hemorrhoids are dilated veins occurring in relation to the anus and originating in the sub epithelial plexus formed by radicals of the superior, middle and inferior rectal veins. Both are having same meaning that place is anal and damages of hemorrhoidal veins.

**NIRUKTI (DERIVATION):** 6\**Arsha* is derived from “*Ris*” *Dhatu* that which damages the normal proceeding or the activities of body like enemy. Word piles are derived from Latin word *Pila* means ball like mass present in anal region (stedmen’s Dict). This ball likes mass damages normal activities of body like enemy.

### **PRAKARA (CLASSIFICATION)**

Classification of *arsha* in *ayurveda* revolves mainly around congenital and acquired as evident *Charaka* and *Vagbhata* giving the name *sahaja* as congenital *arsha* and for acquired as *agantuja*. The vascular & mucosal classification of modern system can be correlated as Mucous – *Suska Arsha*, Vascular – *Rakthaja & Pithaja* where in

profuse bleeding is evident. Internal and External Piles as correlated with *Abhyantara* and *Bahya Arsha* according *Bhavaprakash*. It is hard to establish any congruency with regard to position of internal piles also with degree of piles in *Ayurveda*.

### **NIDANA PANCHAKA**

#### **Nidana (Causative factors)**

*Aharaja Nidana* – Compiling all the classics it can be generalized that the *dravya* like *guru*, *madhura*, *sheeta*, *abhishyandi* and *vidahi*, *ahara* like *masha*, *rukshamamsa*, *ikshu rasa*, oil cakes, germinated corns & pulses, freshly harvested corns & cereals (*Navannaha*) makes *shithilata* in *mamsa dhatu*. All these are non-fibre diet which causes constipation which makes protrusion of pile mass.

*Viharaja Nidana* – *Ashya sukha*, *Diwa swapna*, *Avyayama*, *Avyavayi* is reputed *kaphakara bhavas*. But *vegavarodha* here should be taken *mala vegadharana* which is the *mulakarana* of *vata pratilomana*, *utkata asana* is the one which create extra, intra abnormal pressure, *Ativirechana* leads to hypovalmic state in which loss of ions having an ability to create flaccidity in the muscles so evident in *gudavalayas* too.

Literature also provides a *vishesha nidana* where in *sahaja arsha* is one such disorder hereditary transmitted to offspring. In *ayurveda* considered as *beeja doshaja* of *matruja & pitruja bhavas*. *Sushruta* in particular as given a separate *nidana* which is the sinful act called *papa karma* lead in the past life; for this we do not have any reference in modern science. As *Acharya Bhavaprakash* mentioned *Abhyantara* and *Bahya Arsha* i.e. Internal and External Piles.

## **PURVARUPA (PREMONITARY SYMPTOMS)**

*Charaka, Machala and Bhavaprakash* as listed purvarupas that can be grouped as follows in framing *samprapti* through *dosha dushya samurchana*. *Apanavata vikruti* that is; its *vilomagati* causes *vistamba, atopa, mandagni, udgarabahulya, alpamala pravrutti mutralpata maruta* and <sup>7\*</sup>Bleeding as the name hemorrhoid implies is the principal and earliest symptom. At first the bleeding is slight. It is bright red and occurs during defaecation (a splash in the pan) and it may continue thus for months or years. associated with constipation, distension of abdomen, reduced appetite, flutellance.

## **RUPA (SYMPTOMS)**

<sup>8\*</sup>Analysing the *laxanas* of *sahaja arsha* is the hereditary transmitted and the *laxanas* like *antermukhani, gatra alpata, alpabhuk* appears to be internal piles and *manasika udvega* like *krodham daruna* indicates more of *pitta* predominance and exhibits characteristic changes of inflammatory, *vataja arsha laxanas* like *ruksha, kathina, suska* etc are polyp growth of this external haemorrhoids but considering the *rogi laxanas pravahika, admana, shirobhitapa, pratishyaya* etc indicates on giving inflammatory changes counted under pelvic inflammatory disorder hence *vataja arsha* appears to be description of inflamed external pile mass.

*Kaphaja arshas* having the symptoms like *slesma, gosthanakara, snigdha mahamulani* appears to be a typical external pile having its root in the mucosal folds of external sphincters but *shareerika laxanas* like *kasa, chardi, jwara, pandu, swetavarna twak* etc indicates chronic inflammatory

changes particularly with trichonomas like infection.

The first 4 symptoms of *pittaja arsha* that is *mrudu, shithila, sukamaranya sparsha, raktapeeta varna*, can be taken for both I<sup>st</sup> and II<sup>nd</sup> degree of internal piles along with *shareerika laxanas* of *rudhira atisara, guda vedana & gudadaha* on the rest of the symptoms like *neela varna, kustha varna, kleda srava, vishra gandhi, rudhira vahini* and the appearance of mouth of *jalauka* and also peace of live at the clear cut signs of III<sup>rd</sup> & IV<sup>th</sup> degree of internal piles but *jwara, unmada, murcha* etc are the complicated stage of IV<sup>th</sup> degree of internal piles.

## **SAMPRAPTI (PATHOLOGY)**

<sup>9\*&10\*</sup>Regarding *samprapti* of all kinds of *arsha* the main & important factor is *apana vata*, due to different *nidana kara* factors, because it is the place of intestines which is aggravated in *grahani*.

Here we may correlate with modern that *sahaja samprapti* to anatomical heredity.

*Doshaja samprapti* to anal infection, chronic constipation, exciting causes and *agantuja samprapti* to rectal congestion, laxity of external sphincter, occupation, pregnancy, parturition. and surgical pathology.

In the aspect of *kriyakala*

1. **Sanchaya (stage of accumulation)** – *Mityahara vihar, nidana sevana*, accumulation of *doshas* in normal sites, vague and will defined symptoms, reversible if initiating causes avoided.
2. **Prakopa (stage of provocation)** – *Dosha* further aggravates *vata* active and *pitta*, & *kapha* passive *vilayana rupa vridhi unmarga gamita* irreversible even after avoiding stimulating causes.
3. **Prasara (stage of provocation)** – Vitiated *dosha* migrate their own places, cir-

culate throughout the body, appearance of incomplete generalized symptoms.

4. **Sthana samshraya (Stage of localization or Prodromal symptoms)** – Vitiated *doshas* localized in *gudavali, pradhana dhamani* and *mamsadhara kala, twak, mamsa, meda* and *rakta dusti, annasraddha, paridaha, annadvesha, annakricchat, paktiramlika, atopa, an-thrakunjana* etc, *puravarupa laxanas*.
5. **Vyakthi (Stage of Manifestation)** – Appearance off well defined clinical features of *arshas, vataja* - severe pain, *pit-taja* – burning sensation, bleeding, *kaphaja* – severe itching.
6. **Bheda (Stage of Complication)** – Arsha may become chronic or incurable due to complications like excessive bleeding, *gudapaka, gulma, sophia, atisara, pandu*, obstruction of flatus, faces and urine.

#### UPADRAVA (COMPLICATION)

*Acharyas* had given more generalized complications like *jwara, daha, pipasa* etc and according to classification where as in modern they concentrated on local complications like bleeding, thrombosis, strangulation. Here we may take *upadravas* are the further steps of complications like excess bleeding causes *bhrama*.

#### SADHYA ASADHYATA (PROGNOSIS)

*Sushruta* described it is one of the *mahagada* and difficult to cure. The prognosis of *arshas* depends on the site of origin and *doshic* involvement where as in modern it depends on symptoms whether it may be minor or major *samvarani sthita arsha* is *sadhya* it may be due to easy for doing *kshara, agni* and *shastra karma* or *mala-badhata* effects less comparing to *pravahini sthita arsha*.

#### ARSHA ROGI PARIKSHA (PILES PATIENT EXAMINATION)

#### GUDA PARIKSHA (ANAL EXAMINATION)

11\*In this regard, *Sushruta* advised three way clinical examination method.

1. **Darshanam (Inspection):** On inspection, advanced cases of II and III degree. Internal haemorrhoids, thrombotic pile masses, anal condylomas, epitheliomas, rectal prolapse, anal warts, pruritic conditions, external haemorrhoids external openings of fistulas, abscess of perianal and ischio rectal origin may be provisionally diagnosed.
2. **Sparshanam (Palpation):** This method may be to confirm the inspectory findings for final diagnosis.
3. **Prashna (Interrogation):** This method may very important for the elicitation of the following criteria in the proctological examination. In the interrogation of pain – throbbing nature indicates abscess formation, severe intermittent pain indicates fissure and rapid onset of pain confirms thrombotic piles.

#### SAPEKSHA NIDANA (DIFFERENTIAL DIAGNOSIS)

*Sushruta* explained *linga Arsha* further he mentioned *karna Arsha, Netra Arsha, Nasa Arsha, kantha Arsha, Ostha Arsha, Talu Arsha, Charmakila*.

**Linga Arsha:** Itching, by itching forms ulcers finally it forms *ankuras* on *medra*.

**Karna Arsha:** Having symptoms deafness pain excess wax deposition.

**Netra Arsha:** Having symptoms dropsy of eye lash, pain, discharge and weakness of vision.

**Nasa Arsha:** Having symptoms rhinitis, sneezing, difficulty in respiration, foul smell from nose pronouncing with the help of nose and headache.

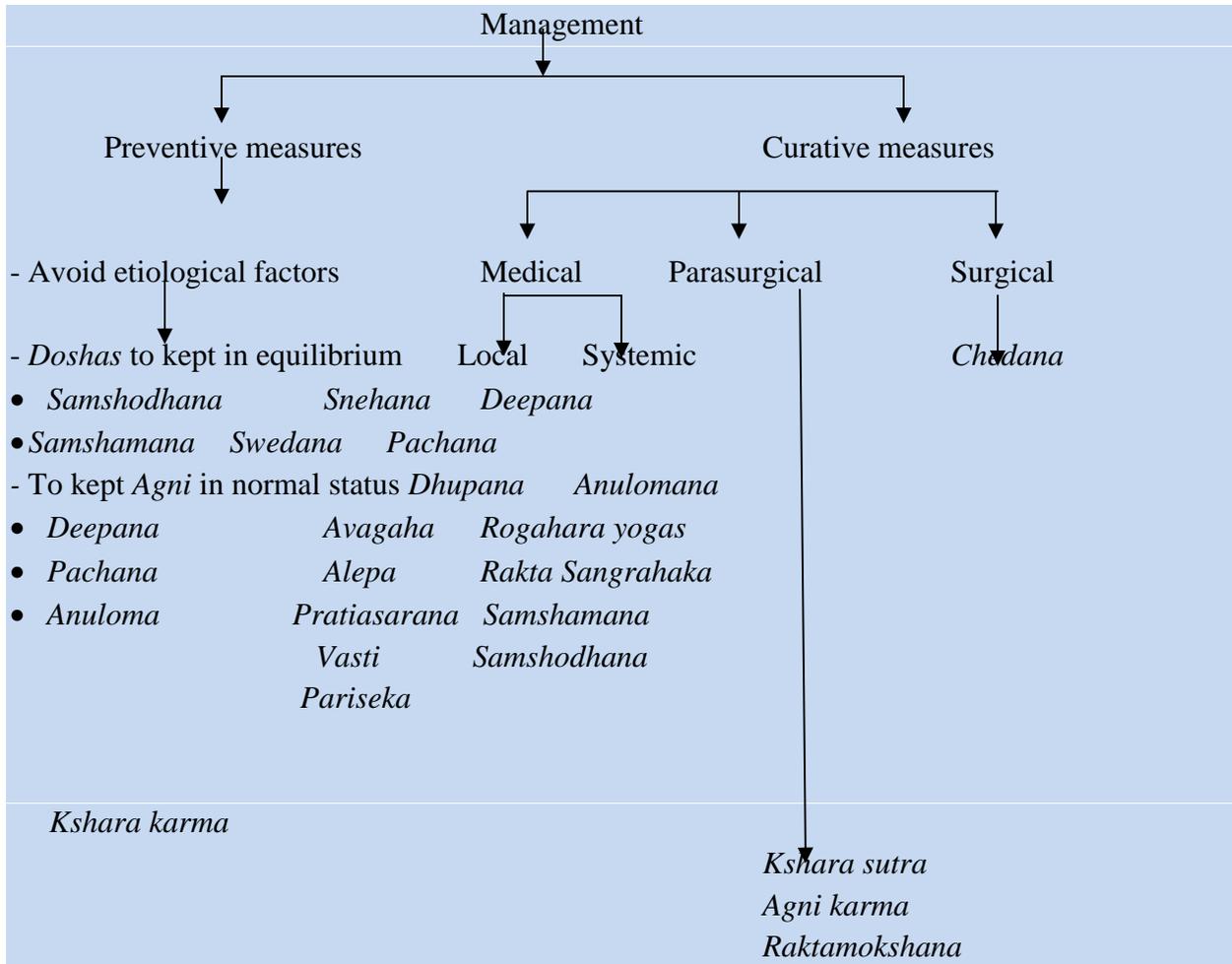
**Kantha, Otha, Talu Arsha:** Having symptoms difficulty in pronouncing, tastelessness.

**12\***The differential diagnosis of external haemorrhoids may include anal epithelioma, condyloma acuminata, condylomalatam, sentinel tag and internal haemorrhoids may include pedunculated polyps, sessile and adenomatous polyps, hypertrophied anal papilla, Haemangioma and Lymphosarcoma, carcinoma of rectum.

**CHIKITSA VIVECHANA (TREATMENT)**

**13\*** whenever “Arsha” word is heard surgery is thought of. The ancient seers regarded this disease as a ‘surgical domain’ since the final resort of the treatment is surgery but even surgery sometimes does not

give gratifying results even at the hands of experienced surgeons and recurrences are very well established. This mutilating surgery not only makes the patients to undergo a painful pre and post-operative procedures but also results in a number of untoward complications after the operation, like anal stenosis, retention of urine, anal incontinence and profuse hemorrhage to name few current trend in the treatment of piles is more surgical which has its own limitations. The main aim of *Ayurveda* is to cure the disease of the diseased person and guard the health of healthy person. The latter may be regarded as preventive or prophylactic measures. In the treatment modalities may be classified into preventive and curative measures.



## CONCLUSION

- 1) The disease described as *Arshas* in *Ayurvedic* literature can be regarded as Piles described in modern medical science.
- 2) Piles can affect any one, any time, any place, anywhere. Haemorrhoids have plagued humankind since time immemorial, yet many misunderstanding regarding Haemorrhoidal complaints and disease still exist.
- 3) The systemic anatomical description of *guda* is not available in *ayurvedic* literature. But we can get an idea about anatomical concept of *guda* by taking into consideration of scattered references in different texts.
- 4) Anatomical aspect *pravahini* resembles to internal sphincters. *Visarjini* and *samvarani* resembles to external sphincters.
- 5) Physiological aspect *pravahini* and *visarjini* resembles to internal sphincter and *samvarani* resembles to external sphincter.
- 6) *Arshas* are classified on the basis of character, origin, location, shapes, *doshas*, whereas modern classification is on their anatomical point of origin for the convenience of treatment.
- 7) The causative factors explained in *Ayurveda* and Modern are almost the same. The causes like constipation and straining, occupation and heredity are the same to Modern and *Ayurvedic* science.
- 8) External factors cause obstruction in veins resulting in dilations of haemorrhoids is nothing but Congestion. This can be termed '*Sanga*' of *rakta* leads to *srotodusti*, causing *Arshas*.

- 9) A keen observation of *purvarupa* reveals that the most of the symptoms result from improper digestion and absorption defect in gastro intestinal tract.
- 10) The clinical features of *Arshas* for each variety can be identified as colour, shape of pile mass, nature of stools, bowel movements, generalized symptoms and complications.
- 11) *Trividha pariksha* i.e. *Darshana*, *Sparshana*, *Prashna* are helpful in diagnosing the *Arsha*.
- 12) The prognosis of *Arsha* depends on the site of origin, *doshic* involvement duration and *upadrava* involvement.
- 13) *Arshas chikitsa* may divided into preventive measures and curative measures. Again curative measures divided into medical, para surgical and surgical.
- 14) Even the treatments of palliative and surgical measures are the same. But *Ayurveda* has got better planning and avoids immediate surgery.
- 15) *Ayurveda* maintains a unique order in the management of *arsas* with the employment of 1) *Aushadha chikitsa* (Medical management) 2) *Kshara chikitsa* (Alkaline management) 3) *Agni chikitsa* (Thermal cauterization) and 4) *Shahstra chikitsa* (Surgical management).

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