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. While Arsha is correlating with Piles maximum concepts are similar to each other. Anatomy and physiology of Vaiitrayee 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 – Sahaja, Anatomical – It is difficult to correlate in Ayurveda. Exciting - Kunthanavatmala pravrutti on urge of motion, Physiological – Vegavarodha, Diet - Aharaja nidana. 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.
mala or excretory material to gudaivalis 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 haemorrhiodal blood vessels or whether there are any congenital exuberant fibrous bands occurring near mucocutaneous. which causing compression over the haemorrhiodal 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 maladvara (marga) and causes the vitiation of gudaivalis 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 ousshadha 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

Overwhelming 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 medical 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 vedakala, 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 varity, 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 (shabdhakalpadhruma). 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 Bhahya 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 (Navannya) 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 Bhavprakash mentioned Abhyantara and Bhahya Arsha i.e. Internal and External Piles.
Charaka, Machala and Bhavaprapaksh as listed purvarupas that can be grouped as follows in framing samprapti through dosha dushya samurchana. Apnavata vikruti that is; its vilomagati causes vistamba, atopa, mandagni, udgarabahulya, alpamala pravrutti mutralpta maruta and 7* 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 defeacation (a splash in the pan) and it may continue thus for months or years. associated with constipation, distension of abdomen, reduced appetite, flutelance.

RUPA (SYMPTOMS)
8*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 polyg 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 slesna, 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, swetavarana 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 Ird & IIrd 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 IIIrd & IVth degree of internal piles but jwara, unmada, murcha etc are the complicated stage of IVth degree of internal piles.

SAMPRAPTI (PATHOLOGY)
9* & 10* 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 vriddi 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) – Vitiat-ed doshas localized in gudavali, pradhana dhamani and mamsadhara kala, twak, mamsa, meda and rakta dusti, annasraddha, paridaha, annadvesha, anakricchat, patkitramlika, atopa, anthrakunjana etc, puravarupa laxanas.

5. *Vyakthi* (Stage of Manifestation) – Appearance off well defined clinical features of arshas, vataja - severe pain, pitaja – burning sensation, bleeding, kaphaja – severe itching.

6. *Bheda* (Stage of Complication) – Arsha may become chronic or incurable due to complications like excessive bleeding, gadapaka, gula, sopha, 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 malabadhata effects less comparing to pravahini sthita arsha.

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

**GUDA PARIKSHA (ANAL EXAMINATION)**

1*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, Osth 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, Ostha, 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.

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Kshara karma

- Kshara sutra
- Agni karma
- Raktamokshana
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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