



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY HEALTH SCIENCES

ISSN: 2394 9406

“LITERATURE REVIEW ON ARSHA”

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Abstract: Background: Arśa is a commonly described anorectal disorder in Ayurveda, closely comparable to hemorrhoids in modern medicine. Classical texts classify it under Mahāgada due to its chronicity, recurrence, and potential complications.

Objective: To review the Ayurvedic concept of Arśa with respect to its etiopathogenesis, classification, clinical features, and management, and to correlate these concepts with contemporary medical understanding.

Materials and Methods: Classical Ayurvedic texts including Suśruta Saṁhitā, Charaka Saṁhitā, and Aṣṭāṅga Hṛdaya were reviewed along with published biomedical literature from indexed journals.

Results: Ayurveda provides a comprehensive and staged management approach including lifestyle modification, pharmacotherapy, para-surgical, and surgical procedures. Among these, Kṣāra karma and Agni karma offer effective minimally invasive alternatives.

Conclusion: Ayurvedic principles provide a holistic and rational framework for managing Arśa. Integration of classical Ayurvedic treatment modalities with modern diagnostic understanding can improve outcomes and reduce recurrence.

Keywords: Arśa, Hemorrhoids, Kṣāra karma, Ayurveda, Integrative medicine.

Introduction

Arśa is an important anorectal disorder described extensively in Ayurvedic literature. Acharya Suśruta characterizes Arśa as a disease that afflicts the vital region (Marma sthāna) and troubles the patient persistently, thereby categorizing it under Mahāgada. The disease presents as abnormal fleshy projections in the anal canal associated with pain, bleeding, itching, and prolapse.

In contemporary medicine, hemorrhoids are defined as symptomatic enlargement and distal displacement of normal anal cushions. With increasing prevalence due to sedentary lifestyle, dietary indiscretion, and chronic constipation, Arśa has become a significant public health concern. Ayurveda emphasizes etiological factor avoidance and individualized treatment, which aligns well with preventive and integrative healthcare models.

It has also been mentioned in Sushruta Samhita that once Lord Shiva became angry with Kamdeva who disturbed him during meditation. Angry lord Shiva threw his Trisula towards Kamdeva. Kamdeva became afraid and escaped into the body of God Vishnu. God Vishnu diverted the Trisula to the earth

From that Trisula on earth Sula arose in human being. As it originated from Trisula it was called as ‘Sula’.

Vagbhata tells that arsha, the fleshy projections that create obstruction in Gudamarga, kills the afflicted like an enemy does.¹

The fleshy growths that occur in different parts of the body are named after the parts where these growths originate eg. Nasaarsha (in the nose), Linga arsha (on male genatalia), Yoni arsha (female genatalia) etc. But for all practical purposes arshas means growth in anorectal region as it occurs there very frequently and is more troublesome than any other type of arsha. It signifies that all the haemorrhoids are arsha, while all arshaare not haemorrhoids.²

Incidence:

Arsha roga being durnama doesn't spare any age group it seems. Because, it can occur along with the birth also.³ It may trouble the human beings during the age to enter into grahasthashrama, hence it is advised as not to get marry unless the person suffering from the arsha is cured off that disease.⁴ Moreover the person of any age group, if doesn't follow the rutu charya and dinacharya and indulges in the

nidana sevana may acquire the arsha as the janmottar kalaja vyadhi.

Sex incidence shows that the males are much affected than the females. Because the nidana that are responsible for the formation of arsha, match with the life style of the males. Moreover the girls are cautioned as not to marry the man who is suffering with the arsha.⁵ But the females do suffer with the arsha because of the either ama garbha patha or peedana of the guda bhaga by the garbha or because of vishama prasuti. Avoiding the causative factors itself can prevent the person from the disease. So the knowledge of hetu is quite essential to advise the favourable regimen as the first line of treatment.

Structure and Dimension:

Sushruta said it is made up of three Peshi.⁶ Total length of Guda is 4½ Anguli. It is mainly divided into Uttaraguda and Adharaguda. Shape of Guda internally resembles interior of conch and elephant's

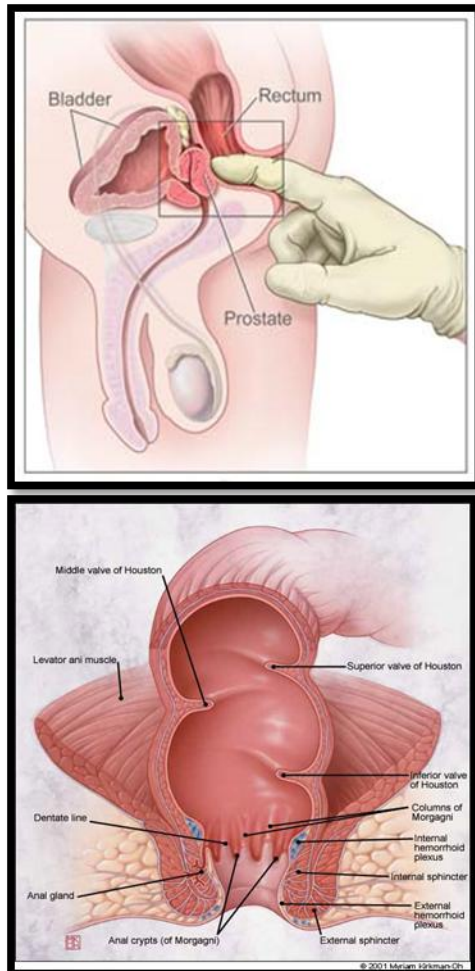
palate in colour. While Uttaraguda stores the faecal matter, the Adhara Guda does the function of pureesha nishkramana I.e expelling it out. The outer most part is called Guda Oshta which is situated at an Anguli from hairy margin [Romanta Pradesha].

There are three Vali situated in the side of Guda placed one above the other at a distance of ½ Anguli from each other. All of them are oblique projectile in one Anguli.⁷ (Fig.1)

Vagbhata describes the total length of Guda as 4½ Anguli. Dalhana regards one Anguli as maximum width of a thumb. According to a study conducted on 100 adult individuals (where the mean was taken as 2 cm) (Sharma 1968), the length of Guda is 9 cm. But in present day knowledge, the length of anal canal is 3 cm. The total length of ano-rectal canal (recto sigmoid junction to anal verge) is 16.5 cm. Hence Guda includes 3 cm of anal canal and distal 6 cm. of rectum i.e. up to middle Huston's valve.

Fig 1: Anatomical Relations of Guda

Fig 2: Valis of Guda



Guda as a Marma:-

Acharya Sushruta considers Guda as one of the Sadhyopranahara Marma which is situated in the terminal part of Sthulantra and is of “Mamsa Marma” type.⁸

Vagbhata considers this as “Dhamani Marma” and the seat of Agni, Soma, Vayu, Sattva, Rajas, Tamas, Panch Mahabhoota and Jivatma. He further added that Guda is attached to Sthulantra and functions as

evacuator of faeces and flatus. Injury to this would lead to immediate death.⁹

Blood supply:¹⁰

Sira (veins) represents carrier channels of Vata, Pitta, Kapha, blood, lymph, urine, faeces, semen and menstrual blood. Sushruta has stated that out of 34 Sira, which are found in the Koshta (abdominal cavity), 8 supplies to the Guda, Medhra (penis) and the Sroni (pelvis).

The Dhamanis (arteries) taking a downward course carry Apana Vata, Mutra (urine), Purisha (faeces), Shukra (semen) and Artava (menstrual blood) to the respective organs such as Pakwashaya (intestines) Kati (waist), Guda, Vasti and Medhra. All these organs situated below the level of Nabhi (umbilicus). The two Dhamanis attached to the Sthulantra perform excretion of the Purisha (faeces)

Physiological functions:¹¹

Guda is described as one of the Pancha Karmendriyas and its function is to excrete the Mala from the body. He also regards the Guda and Pakwashaya are the seats of Apana Vayu. The Apana Vayu helps in expulsion of Vata, Mutra, Purisha, Shukra and Garbha. In case, this Vayu is vitiated in the diseases of Vasti and Guda said to occur. Vitiating Apana Vata is

responsible for causation of diseases like Arshas etc.

According to Gananath Sen, the proximal Vali i.e., Pravahini helps in compression and pushing the stool downwards, Visarjini, the second Vali relaxes during this process and allows stool to pass further down. The distal most Vali, Samvarani, which expels the stool out and constricts immediately, so that the continuity of the stool cutout and falls down. This all these three Valis and Apana Vayu are solely responsible for the mechanism of defecation.

Goligher and Hughes (1951) conducted an experiment and concluded that section of sacral plexus result in complete loss of reflexes for defecation and micturation. In contrast, section of spinal cord at higher level failed to produce that effect; hence Apana Vayu can be taken as sacral plexus. As already discussed Guda does the function of both storing the excreta (Uttara Guda) disposing the excreta (Adhara Guda). Three Valis present in it are playing key role in this mechanism. Pravahani compresses and pushes down the stool as spiral movement of Houston valve, Visarjini initiates defecation. Samavarani does the function of closing the passage of faeces and flatus. In Ayurveda, Basti Karma is advocated as a chief treatment for pacification of Vata,

as lower segment of rectum is absorptive in nature.

CLASSIFICATION OF ARSHA:-

There are different opinions of Acharya regarding the classification of arsha.

They are classified on the basis of origin, character of bleeding, according to site, therapeutic groups, according to prognosis and predominance of doshas. This classification is as follows:-

According to Origin¹²

Sahaja (congenital) and Janmottara Kalaja (acquired)

According to Dosha Predominance.¹³

Vataja, Pittaja, Kaphaja, Dwandwaja, Sannipataja, Raktaja.

According to Character of Bleeding.¹⁴

Parisravi and Shushka.

According to the Site.¹⁵

Bahya (external) and Abhyantara (internal)

Therapeutic Basis.¹⁶

Aushadha Sadhya, Kshara Sadhya, Agni Sadhya and shastra Sadhya.

According to Prognosis.¹⁷

Sukha Sadhya, Kruchra Sadhya, Asadhya and Yapya

Sadhya-Asadhyata.¹⁸

Though it is described as one of the Mahagada, it is said prognosis of arsha depends on the site of origin and Dosha involvement. In addition to the general consideration of prognosis of a disease told by Charaka, the following points can be taken into account:

Table No. 1 - Sadhyasadyata of arsha

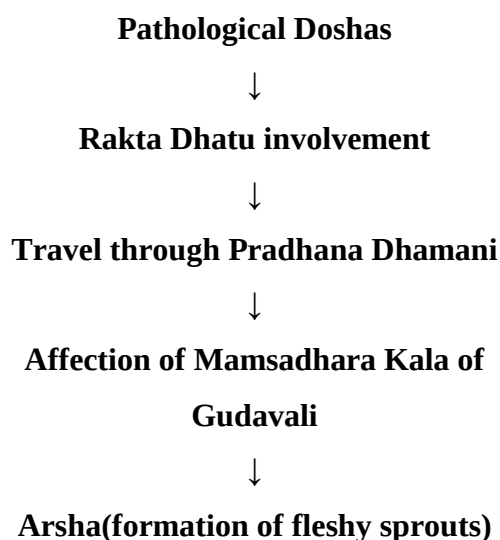
Sadhy a	Kashtasa dhy	Asadhy	Yapya
Single Dosha	Combinati on of two Doshas	Tridoshaja	Tridos haja with Alpa Laksha na
Bahya vali	Madhyam avali	Antarvali	
Less than 1 year	More than 1 year	Upadrava yukta	

SAMPRAPTI:¹⁹

The process by which the vitiated Doshas do travel all around the body, and in that tenure (vicious cycle) they do develop various kinds of pathology is termed as Samprapti. According to Acharya Charaka, the vitiated Doshas

follow the bahya and abhyantara roga margas to produce arsha.²⁰ He further describes that all the five sub types of Vata, Pitta and Kapha are vitiated, affecting Twacha, Mamsa and Meda Dhatus in the Gudavalis, producing the Gudarsha, whereas the same pathology in the other parts of the body are known as Adhimamsaj Vikara e.g.nose, vagina, ear etc.

Acharaya Sushruta considers arsha under Raktaj and Mamsaj disease. He elaborates the pathogenesis of arshaas under:-²¹



Acharya Vagbhata expressed that vitiation of Doshas leads of Mandagni and vitiation of Apana Vayu resulting stagnation of Mala in Gudavali and prolonged contact of Mala leads to development of arsha.²² Sushruta has specified further that Mamsadharakala of Guda is affected by Doshas leads to arsha. Mamsadharakala has been considered as

the innermost layer of skin having thickness of 2 Yava is the site of arshas, Bhagandara and Vidradhi.²³ In another context, Mamsadharakala is considered one of Kalas surrounded over Mamsa and where Sira, Dhamani and Strotas are embedded. Thus, through perusal of above mentioned classical books of Ayurved on the issue of arshait can be said that it is a disease of local manifestation of systemic derangement by disequilibrium of Doshas.

Samprapti Ghataka:²⁴

Dosha:Apana vata, Pachaka Pitta, Kledaka Kapha

Dushya:Tvak, Mamsa, Medas and Rakta

Srotas:Raktavaha, Mamsavaha

Srotodusti:Sanga, Siragranthi

Udbhava Sthana:Amapakwashayodbhava

Vyakta Sthana:Gudavalithraya

Rogamarga:Bahya and Abhyantara

Agni:Jataragni

Svabhava:Chirakaleena

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