

**ARSHA (HEMORRHOIDS): AN INTEGRATIVE REVIEW OF HISTORICAL
PERSPECTIVES, AYURVEDIC CONCEPTS, PATHOGENESIS, CLASSIFICATION,
AND MANAGEMENT****Dr. Yadav Vijay Ganesh*¹, Dr. Anita Patel²***¹Ph. D Scholar, Department of Shalya Tantra, Swaminarayan University, Kalol, Gandhinagar, Gujarat.²Professor, HOD, Department of Shalya Tantra, Swaminarayan University, Kalol, Gandhinagar, Gujarat.***Corresponding Author: Dr. Yadav Vijay Ganesh**

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ABSTRACT

Background: Arsha, commonly correlated with hemorrhoids in contemporary medicine, is among the most frequently encountered anorectal disorders. Ayurveda considers Arsha one of the Ashta Mahagada owing to its chronicity, recurrence, and impact on quality of life. Classical Ayurvedic texts provide comprehensive descriptions regarding its etiology, classification, pathogenesis, clinical manifestations, prognosis, and management. The disease has been recognized since the Vedic period and continues to be an important clinical entity in both Ayurvedic and modern practice. **Objective:** To critically review the historical evolution, Ayurvedic concepts, classification, pathogenesis, clinical features, and management strategies of Arsha and to correlate these concepts with contemporary understanding of hemorrhoidal disease. **Methods:** Classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, Bhavaprakasha, Yogaratnakara, and Bhaishajya Ratnavali were reviewed. Contemporary scientific literature on hemorrhoids was also analyzed to establish conceptual correlations. **Results:** The review demonstrates that Ayurveda provides a comprehensive understanding of hemorrhoidal disease through detailed descriptions of Nidana, Dosha involvement, Samprapti, Purvarupa, Rupa, and Chikitsa. Modern concepts of vascular congestion, connective tissue degeneration, and chronic constipation show significant parallels with Ayurvedic descriptions of Vibandha, Apana Vata Dushti, and Gudavali pathology. **Conclusion:** Ayurvedic literature offers a holistic framework for understanding and managing Arsha. Integration of classical principles with contemporary evidence may improve therapeutic outcomes and provide cost-effective management strategies.

KEYWORDS: Arsha, Hemorrhoids, Ayurveda, Gudaroga, Samprapti, Kshara Karma, Hemorrhoidal Disease.**INTRODUCTION**

Hemorrhoids are among the most prevalent anorectal disorders affecting millions of individuals worldwide and constitute a significant cause of morbidity in surgical and gastroenterological practice. Epidemiological studies indicate that nearly 50% of adults experience hemorrhoidal symptoms at least once during their lifetime.^[1] The disease commonly presents with bleeding per rectum, prolapse of hemorrhoidal masses, pain during defecation, itching, mucus discharge, and discomfort during bowel evacuation.^[2,3]

Modern medicine defines hemorrhoids as symptomatic enlargement and distal displacement of normal anal

cushions resulting from degeneration of connective tissue support, venous congestion, vascular hyperplasia, and chronic inflammation.^[4,5] Major risk factors include constipation, prolonged straining, obesity, pregnancy, sedentary lifestyle, and low-fiber dietary habits.^[6]

In Ayurveda, hemorrhoids are described under the term Arsha, one of the most extensively discussed diseases in classical literature. Acharya Sushruta included Arsha among the Ashta Mahagada, indicating its severe nature, chronicity, and therapeutic difficulty.^[7] The disease is considered to result from the vitiation of Tridosha, particularly Apana Vata, affecting the Gudavali and

producing fleshy growths that obstruct the normal anal passage.^[8]

Ayurvedic scholars have provided detailed descriptions regarding the etiology (Nidana), pathogenesis (Samprapti), prodromal features (Purvarupa), symptomatology (Rupa), classification, prognosis, and management of Arsha.^[9,12] These descriptions demonstrate a remarkable understanding of anorectal pathology and form the foundation of Ayurvedic management strategies.

The present review aims to critically analyze the historical evolution, classical concepts, pathogenesis, classification, clinical features, and management of Arsha while correlating them with contemporary understanding of hemorrhoidal disease.

Historical Evolution of Arsha

Vedic Period

References suggestive of anorectal disorders are available in the Vedic literature. Rigveda contains descriptions related to Gudagata Roga, while Yajurveda mentions medicinal measures useful in conditions resembling Arsha. Atharvaveda contains references to Durnama, which some scholars interpret as piles or anorectal disorders. These observations indicate that awareness regarding hemorrhoidal disease existed during the Vedic era.^[13]

Samhita Period

Sushruta Samhita

Sushruta provided the most comprehensive account of Arsha among classical texts. He described the disease as a chronic disorder causing continuous suffering to the patient. Detailed descriptions regarding etiology, classification, prognosis, and management are available in Sushruta Samhita. Surgical and para-surgical approaches including excision, Agnikarma, and Kshara Karma were elaborately discussed.^[7,14]

Charaka Samhita

Charaka devoted a separate chapter in Chikitsa Sthana to Gudarsha. The text describes congenital and acquired varieties, doshic involvement, symptomatology, and principles of management. Special emphasis was placed on Agnimandya, Vibandha, and Tridosha Dushti in disease pathogenesis.^[8,15]

Ashtanga Hridaya and Ashtanga Sangraha

Vagbhata further elaborated the etiological factors, pathogenesis, classification, and treatment of Arsha. The concept of Apana Vata dysfunction and prolonged contact of Mala with Gudavali was emphasized as a major pathogenic mechanism.^[9,16]

Medieval Period

Subsequent Ayurvedic scholars expanded upon earlier concepts.

Madhavakara described Arsha in detail in the fifth chapter of Madhava Nidana and emphasized diagnostic aspects.^[10] Sharangadhara described Arsha as fleshy sprouts developing in the Guda Pradesh.^[17] Bhavamishra, Yogaratnakara, and Vangasena further elaborated disease classification, symptomatology, prognosis, and treatment modalities.^[11,12,18]

Bhaishajya Ratnavali systematically described four principal treatment modalities:

- Bhesaja Chikitsa
- Kshara Karma
- Agni Karma
- Shastra Karma

These principles continue to guide Ayurvedic management of hemorrhoidal disease today.^[19]

Etymology and Definition

The term Arsha has been explained by several Acharyas. According to classical interpretation:

"Arivat pranani srnoti hinasti iti arshas."

The disease causes suffering comparable to that inflicted by an enemy and therefore is called **Arsha**.

Another definition states.

"Arivat pranino mamsa kilaka visasnati yat, Arshamsi tasmaduchyante guda marga nirodhatah."

This definition describes Arsha as fleshy projections that obstruct the anal canal and produce significant discomfort.

Charaka described Arsha as abnormal masses developing in the Gudavali, whereas similar masses occurring elsewhere in the body were termed Adhimamsa.

Synonyms of Arsha

Classical Ayurvedic texts mention several synonyms.

- Payu Roga
- Durnama
- Gudakeela
- Gudankura
- Anaamaka
- Gudaja
- Gudaamaya
- Gudaparroha
- Gudavali Praroha

These synonyms reflect different anatomical and pathological aspects of the disease.

Classification of Arsha

Ayurvedic scholars have classified Arsha on various bases including Dosha predominance, bleeding characteristics, anatomical location, origin, prognosis, and therapeutic approach. Such extensive classification reflects the complexity of the disease and facilitates individualized treatment planning.^[20-22]

Classification According to Dosha

Vataja Arsha

Vataja Arsha is characterized by rough, dry, painful, and hard hemorrhoidal masses. Patients commonly complain of severe pain during defecation, constipation, abdominal distension, and passage of hard stools. The pile masses are typically dark-colored and associated with marked discomfort.^[21]

Pittaja Arsha

Pittaja Arsha presents with bleeding, burning sensation, inflammation, redness, and yellowish discoloration of the hemorrhoidal masses. Patients may experience excessive thirst, irritability, and increased body heat.^[22]

Kaphaja Arsha

Kaphaja Arsha is characterized by large, soft, pale, slimy, and mildly painful hemorrhoidal masses. It is commonly associated with heaviness, lethargy, excessive mucus discharge, and sluggish bowel habits.^[23]

Raktaja Arsha

Raktaja Arsha closely resembles bleeding internal hemorrhoids. The dominant feature is recurrent rectal bleeding accompanied by weakness, pallor, dizziness, and fatigue.^[24]

Sannipataja Arsha

Involvement of all three Doshas results in Sannipataja Arsha. Clinical manifestations are mixed and prognosis is generally poor.^[22]

Sahaja Arsha

Congenital hemorrhoids arising from defects in Shukra and Shonita are termed Sahaja Arsha. Classical texts consider these difficult to cure due to hereditary predisposition.^[21]

Classification According to Bleeding

Ardra Arsha

Bleeding hemorrhoids characterized by frequent rectal bleeding and symptoms of Rakta Dushti.^[20]

Shushka Arsha

Non-bleeding hemorrhoids predominantly associated with Vata and Kapha Dosha involvement.^[22]

Classification According to Location

Bahya Arsha

Located external to the anal verge and generally visible on inspection.

Abhyantara Arsha

Located within the anal canal and commonly detected during proctoscopic examination. These correspond closely with internal hemorrhoids described in modern medicine.^[25]

Classification According to Prognosis

Sukhasadhya

Easily curable hemorrhoids involving a single Dosha and recent onset.^[21]

Krichrasadhya

Difficult-to-cure hemorrhoids with chronicity and multiple Dosha involvement.^[20]

Yapya

Manageable but not completely curable conditions requiring continuous treatment.^[22]

Asadhya

Incurable forms, particularly congenital or extensively complicated hemorrhoids.

Nidana (Etiological Factors)

The etiological factors of Arsha are comprehensively described in Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, and Madhava Nidana. These causative factors may be broadly categorized into dietary, lifestyle, psychological, and disease-related factors.^[20-24]

Dietary Factors (Aharaja Nidana)

Improper dietary habits are regarded as major contributors to the development of Arsha.

Guru Ahara

Excessive consumption of heavy-to-digest foods impairs digestive fire and promotes Ama formation.

Vidahi Ahara

Spicy, acid ic, and irritant foods contribute to Pitta aggravation and bleeding tendencies.

Viruddha Ahara

Consumption of incompatible food combinations results in metabolic disturbances and Dosha imbalance.

Excessive Meat Consumption

Frequent intake of heavy meat preparations contributes to constipation and impaired digestion.

Alcohol Consumption

Alcohol aggravates Pitta and Rakta, increasing susceptibility to bleeding hemorrhoids.

Lifestyle Factors (Viharaja Nidana)

Sedentary Lifestyle

Prolonged sitting increases venous pressure within the anorectal region and promotes hemorrhoidal congestion.^[26]

Suppression of Natural Urges

Suppression of defecation, urination, and flatus disturbs Apana Vata and predisposes individuals to Vibandha and Arsha.

Day Sleep (Divaswapa)

Excessive daytime sleeping aggravates Kapha and contributes to impaired digestion.

Excessive Riding and Travel
Repeated mechanical trauma and prolonged sitting contribute to anorectal pathology.

Excessive Physical Exertion
Heavy lifting and strenuous activities increase intra-abdominal pressure and venous congestion.

Psychological Factors

Mental stress, anxiety, fear, and emotional disturbances adversely affect digestive function and bowel habits. Contemporary studies have similarly demonstrated the influence of psychological stress on gastrointestinal disorders.^[27]

Disease-Related Factors

Several diseases are recognized as predisposing conditions.

Grahani

Atisara

Pandu

Gulma

Udara Roga

Jwara

These conditions contribute to Agnimandya and Dosha imbalance, facilitating the development of Arsha.

Purvarupa (Prodromal Features)

The prodromal symptoms of Arsha indicate early pathological changes before full disease manifestation. Early recognition of these signs is important for preventive intervention.

Common Purvarupa described in classical texts include.

- Vibandha (Constipation)
- Atopa (Abdominal Distension)
- Daurbalya (Weakness)
- Karshya (Weight Loss)
- Panduta (Pallor)
- Frequent bowel discomfort
- Incomplete evacuation
- Reduced digestive power

These symptoms suggest progressive impairment of Agni and disturbance of Apana Vata.

Rupa (Clinical Features)

Clinical manifestations vary according to Dosha predominance and disease severity.

General Features

- Bleeding per rectum
- Pain during defecation
- Prolapse of hemorrhoidal masses
- Constipation
- Itching around anus
- Mucus discharge
- Burning sensation
- Weakness and fatigue
- Severe pain
- Hard stools

- Constipation
- Dark-colored pile masses
- Pittaja Arsha
- Bright red bleeding
- Burning sensation
- Inflammation
- Excessive thirst
- Kaphaja Arsha
- Large pale masses
- Heaviness
- Slimy discharge
- Mild pain
- Profuse bleeding
- Pallor
- Dizziness
- Weakness

The symptomatology described by Ayurvedic scholars closely parallels contemporary descriptions of hemorrhoidal disease.

Samprapti (Pathogenesis)

Samprapti explains the sequential development of disease from causative factors to clinical manifestation.

According to Sushruta, the etiological factors provoke Doshas which subsequently contaminate Rakta and localize within the Gudavali through Dhamanis. This leads to pathological tissue proliferation and formation of Arsha Charaka emphasized the role of Agnimandya and Vibandha in initiating the disease process. Impaired digestion leads to accumulation of Ama and obstruction of normal physiological pathways.

Vagbhata highlighted the role of Apana Vata dysfunction and prolonged retention of fecal matter in the anorectal region.

Samprapti Ghataka

Dosha

Vata (Predominant)

Pitta

Kapha

Dushya

Rakta

Mamsa

Meda

Twak

Srotas

Raktavaha Srotas

Mamsavaha Srotas

Srotodushti

Sanga

Siragranthi

Agni

Jatharagni Mandya

Udbhava Sthana

Amashaya
Pakwashaya

Vyakta Sthana

Gudavali Traya

Modern Correlation of Samprapti

The Ayurvedic description of Arsha demonstrates remarkable similarity with contemporary pathophysiological concepts.

Modern medicine explains hemorrhoids as enlargement and distal displacement of anal cushions due to degeneration of connective tissue support, venous congestion, and vascular hyperplasia.^[25,28]

Constipation and prolonged straining increase intra-abdominal pressure and impair venous return, leading to congestion of hemorrhoidal plexuses. This mechanism closely resembles the Ayurvedic concept of Vibandha and Apana Vata Dushti.

Similarly, the involvement of Rakta and Mamsa Dhatu described in Ayurveda correlates with vascular and connective tissue changes observed in hemorrhoidal disease.^[29]

The concept of Siragranthi described by Sushruta can be interpreted as pathological venous dilatation and vascular congestion characteristic of hemorrhoids.

Thus, despite differences in terminology, Ayurvedic and modern explanations demonstrate significant conceptual overlap in understanding the development of hemorrhoidal disease.

Diagnosis of Arsha

Accurate diagnosis of Arsha is essential for determining prognosis and selecting appropriate therapeutic interventions. Classical Ayurvedic diagnosis is primarily based on Nidana Panchaka, including Nidana, Purvarupa, Rupa, Upashaya, and Samprapti.^[30-31]

Ayurvedic Diagnostic Approach

Nidana

Identification of dietary, lifestyle, and psychological factors contributing to disease development.

Purvarupa

Recognition of early symptoms such as Vibandha, Atopa, Panduta, and Daurbalya.

Rupa

Evaluation of characteristic clinical manifestations including.

Bleeding per rectum

Pain during defecation

Prolapse

Constipation

Itching

Burning sensation

Mucus discharge

Doshic Assessment

Determination of Vata, Pitta, Kapha, Raktaja, or Sannipataja predominance is essential for individualized treatment planning.^[31]

Modern Diagnostic Approach**Clinical History**

Important aspects include.

Nature and duration of bleeding

Presence of prolapse

Pain severity

Bowel habits

Family history

Associated anorectal disorders.

Physical Examination

Inspection

Assessment for external hemorrhoids, prolapse, fissure, fistula, or skin tags.

Digital Rectal Examination

Evaluation of anal sphincter tone and exclusion of rectal masses.

Proctoscopy

The gold standard for diagnosis of internal hemorrhoids. It enables visualization of.

- Number of hemorrhoidal masses
- Degree of prolapse
- Site of involvement
- Associated pathology

Additional Investigations

- Complete Blood Count
- Stool Examination
- Colonoscopy (selected patients)
- Sigmoidoscopy
- Coagulation Profile

These investigations are particularly important in elderly patients presenting with rectal bleeding to exclude malignancy and inflammatory bowel disease.^[34,35]

Modern Management of Hemorrhoids

The management strategy depends on disease severity, symptom burden, and associated complications.

Conservative Management

First-line treatment includes.

Dietary Modification

High-fiber diet

Increased fluid intake

Fruits and vegetables

Whole grains

Lifestyle Modification
 Regular exercise
 Avoidance of prolonged sitting
 Prevention of constipation
 Timely evacuation of bowel

Pharmacological Therapy

Commonly used medications include.
 Laxatives
 Stool softeners
 Flavonoids
 Topical corticosteroids
 Local anesthetics
 Conservative treatment is effective in approximately 80–90% of early-stage hemorrhoids.^[35]

Minimally Invasive Procedures

Rubber Band Ligation
 The most widely performed office procedure for internal hemorrhoids.

Sclerotherapy

Injection of sclerosant agents to induce fibrosis and shrinkage of hemorrhoidal tissue.
 Infrared Coagulation
 Application of infrared energy causing coagulation and fibrosis.

Surgical Management

Hemorrhoidectomy
 Considered the gold standard for advanced hemorrhoids.
 Stapled Hemorrhoidopexy
 Useful for circumferential prolapsing hemorrhoids.

Doppler-Guided Hemorrhoidal Artery Ligation

A newer minimally invasive surgical approach.
 Despite excellent outcomes, surgery may be associated with:

- Pain
- Bleeding
- Urinary retention
- Anal stenosis
- Recurrence

Ayurvedic Management of Arsha

Ayurveda provides a comprehensive therapeutic framework encompassing preventive, medicinal, para-surgical, and surgical interventions.

Nidana Parivarjana

The first principle of treatment is avoidance of causative factors.

Patients are advised to avoid.

- Heavy foods
- Incompatible diets
- Excessive spicy foods
- Alcohol
- Sedentary lifestyle
- Suppression of natural urges

This approach addresses the root cause of disease and prevents recurrence.

Bheshaja Chikitsa

Medicinal therapy is indicated in early-stage and uncomplicated hemorrhoids.

Deepana-Pachana

Improves digestive fire and reduces Ama.

Vatanulomana

Facilitates normal bowel evacuation.

Raktastambhana

Indicated in bleeding hemorrhoids.

Arshoghna Formulations

- Arshakuthara Rasa
- Kankayana Gutika
- Abhayarishta
- Triphala Guggulu
- Ghoshaphala Varti

These formulations have demonstrated beneficial effects in clinical practice.

Shodhana Chikitsa

Virechana

Useful in Pittaja and Raktaja Arsha.
 Benefits
 Eliminates vitiated Pitta
 Reduces inflammation
 Corrects bowel habits

Basti

Particularly beneficial in Vataja Arsha.
 Benefits include:
 Regulation of Apana Vata
 Relief from constipation
 Improved anorectal function

Vamana

Indicated selectively in Kaphaja conditions.

Kshara Karma

Kshara Karma is one of the most important para-surgical procedures described by Sushruta.

Advantages
 Minimally invasive
 Cost-effective
 Low recurrence rate
 Outpatient procedure

Mechanism of action includes

Chemical cauterization
 Tissue necrosis
 Fibrosis

Reduction of hemorrhoidal mass

Several studies have demonstrated outcomes comparable to modern surgical procedures.

Agni Karma

Agni Karma involves therapeutic cauterization using heated metallic instruments.

Benefits include.

- Reduction of bleeding
- Shrinkage of hemorrhoidal tissue
- Prevention of recurrence

Sushruta considered Agni Karma superior in preventing disease recurrence.

Shastra Karma

Surgical excision is indicated in.

Large hemorrhoids

Prolapsed hemorrhoids

Recurrent disease

Failure of conservative therapy

Classical surgical principles described by Sushruta continue to influence modern anorectal surgery.

Recent Research on Arsha

Recent clinical studies have demonstrated significant benefits of Ayurvedic interventions in hemorrhoidal disease.

- Kshara Karma Studies
- Clinical trials report:
- Reduction in bleeding
- Reduction in prolapse
- Lower recurrence rates

Compared with conventional approaches

DISCUSSION

The classical Ayurvedic description of Arsha demonstrates remarkable similarity with modern understanding of hemorrhoidal disease.

The concept of Vibandha and Apana Vata Dushti closely correlates with chronic constipation and increased intra-abdominal pressure.^[2,4]

Similarly, the involvement of Rakta and Mamsa Dhatu corresponds to vascular congestion and connective tissue degeneration observed in contemporary pathology.

The emphasis placed by Ayurvedic scholars on digestive health, bowel regulation, and lifestyle modification is strongly supported by modern clinical evidence.

The multidimensional treatment approach described in Ayurveda addresses.

Etiological factors

Pathogenesis

Clinical manifestations

Recurrence prevention

This holistic perspective represents one of the major strengths of Ayurvedic management.

Future Perspectives

Future research should focus on:

Multicentric randomized controlled trials.

Standardization of Ayurvedic formulations.

Pharmacological evaluation of Arshoghna drugs.

Molecular mechanisms of Kshara Karma.

Comparative studies with modern procedures.

Long-term recurrence analysis.

Integration of Ayurvedic and modern treatment protocols.

CONCLUSION

Arsha is a well-described disease entity in Ayurveda with detailed explanations regarding etiology, pathogenesis, classification, diagnosis, and management. The classical concepts demonstrate remarkable similarity with modern understanding of hemorrhoidal disease.

Ayurvedic interventions including Bheshaja Chikitsa, Shodhana Chikitsa, Kshara Karma, Agni Karma, and Shastra Karma provide comprehensive therapeutic options ranging from preventive care to advanced management.

The growing body of clinical evidence supports the effectiveness of Ayurvedic therapies in hemorrhoidal disease. Integration of classical wisdom with contemporary scientific research may contribute significantly to improving patient outcomes and expanding therapeutic options for hemorrhoidal disease.

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