

**LITERARY REVIEW OF ARSHA W. S. R. TO HAEMORRHOIDS**

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**ABSTRACT**

Arsha is an common problem in all anorectal disorders. arsha is clinically an dilated plexus of superior haemorrhoidal vein , in relation to anal canal characterized by inflamed or prolapsed pile mass, bleeding per rectum .the term haemorrhoids usually resulted by straining during defecation, chronic constipation or diarrhoea, pregnancy etc. Arsha is the gift of sedentary life style. One of its prime etiological factors is poor dietary habit which is unavoidable due to busy lifestyle.According to sushruta the management of arsha involves Aushadhi chikitsa, ksharkarma, Agnikarma and shastrakarma.

**KEYWORDS:** Arsha, bsheshaj karma, kshar karma, haemorrhoids.

**INTRODUCTION**

Haemorrhoids, also called piles, are vascular structures in the anal canal. In their normal state, they cushion that help with stool control.They become a disease when swollen or inflamed. The signs and symptoms of haemorrhoid depend on the type present.internal haemorrhoids are usually present with painless, bright red rectal bleeding when defecating. External haemorrhoids often result in pain and swelling in area of the anus.it is manifested due to disturbed life style or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation etc. haemorrhoids are usually found in 3 main locations. left lateral,Rt anterior and Rt. Posterior positions. Arsha is being described by all the classics of Ayurveda, Acharya sushruta even placed this disorder in the astha mahagad. Arsha occurs in guda region, which is undoubtedly marma. Mithaaharvihar and sedentary life style result in disturb of jatharagni leading to vitiation of tridosa, mainly vata dosha. These vitiated doshas get localized in guda vali and pradhan dhamani which further vitiates twak, mans, and meda dhatus due to Annavha shroto dusti lead to development of Arsha.

**Classification of Piles (Arsha)**

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

**On the basis of the predominance of dosha-**

1. Vataj
2. Pittaj
3. Kaphaj
4. Raktaj
5. Sannipataj
6. Sahaj

**According to origin 2 types of Arsha**

1. Sahaj
2. Kalaja

**Classification according to the prolapse**

- 1<sup>st</sup> Degree-no prolapse bleeding per rectum.
- 2<sup>nd</sup> Degree-prolapse on defecation spontaneous reduction, something coming down and going back.
- 3<sup>rd</sup> Degree-prolapse n defecation requires manual reduction, bleeding mucus discharge, pruritus.
- 4<sup>th</sup> Degree-permanent prolapse, acute pain, throbbing discomfort.

**Depending upon the Anatomical positions**

1. *Internal haemorrhoids*-above the dentate line, covered with mucous membrane.
2. *External haemorrhoids*- at anal verge, covered with skin.

3. *Interno-external*-both varieties together. respectively.

### Classification According To Position of Piles Mass

Primary haemorrhoids the three classical position of the haemorrhoids are 3, 7, 11 o clock. They are called as left lateral, right anterior and right posterior

### General Features of Arsha (Piles)

1. Pain less bleeding – fresh bleeding occurs after defecation splash in the pan .this causes chronic anaemia. Haemorrhoids which bleed are called grade 1 haemorrhoids.
2. Discharge of mucous and soiling of perianal skin-pruritus by prolapse of haemorrhoidal cushions and mucosa.
3. Most of the patients complain of constipation.
4. Permanently prolapsed piles outside the patient complain of pain or discomfort.

### Investigations

1. Per rectal examinations is done mainly to rule out carcinoma rectum or other causes of bleeding per rectum.
2. Proctoscopy-An important investigation done by proctoscope one can see pile masses under direct vision at different position.
3. Sigmoidoscopy and proctoscopy are done to rule out proximal cancer.

### Complications

1. Chronic anaemia
2. Ulceration and secondary infection
3. Thrombosis and fibrosis

### Treatment of Haemorrhoids

#### 1. *Para surgical methods*

- a. Sclerotherapy
- b. Infra-red coagulation
- c. Barrons band Application

#### 2. *Operative methods*

- a) Open haemorrhoidectomy
- b) Closed haemorrhoidectomy
- c) Stapler haemorrhoidopexy

### Ayurvedic treatment of arsha

#### *Bheshaj chikitsa*

1. Prevention of constipation-Triphla churna, panchsakar churna Haritki churna,
2. Deepan Pachan- Chitrakadi vati, Lavanbhasker churna, Agnitundi vati,
3. Rakt stambhak- Bolbadharas, Bolparpati.
4. Hot sitz bath-Panchwalkal kwath, triphla kwath.
5. Arshoghan- Arshkuthar ras, Arshoghani vati.

**Kshar Karma**- The kshar may be defined as a chemical substance obtained from filtrate of water soluble contents of plants ash, after evaporating it to dryness. In Ayurvedic classics the kshar has been defined on the

basis of its pharmacological action after its therapeutic uses. Ancient indian surgeon sushruta. Its action is like the surgical procedure such as excision, incision, drainage and scraping of unhealthy tissues of body. It is used in very special circumstance. Since the kshar is made of combination of various drugs, it normalizes the vitiate tridoshas, the vata, pitta and kapha, which are the basic humours of body and responsible for normal health. The abnormalities of tridoshas cause pathogenesis in the body. According to sushruta the kshar destroys the unhealthy tissue of wound and promotes the healing process.

It is a parasurgical measure which excised the piles mass gradually by the virtue of mechanical action an chemical cauterization. Acharya sushruta advised kshar sutra in the management of nadivrana. but regarding the method of preparation of kshar sutra, acharya chkrapani in his treatise chakradutta, gave a brief description for management of Arsha, using the latex of snuhi and haridra powder the kshar sutra ligation in arsha may be said a type haemorrhoidectomy by medicated thread without complication within short time with successful cure rate as compared to formal haemorrhoidectomy .No special preparation of patient or any major operative procedure and equipments are required. The treatment is ambulatory and patient may return to his work after 48 hours of ligation. Blood during ligation is nominal varying from 0.2 to 0.5 ml from one pile mass.

### *Agnikarma*

It is indicated in the chronic haemorrhoids, which protrudes at anal orifice. They are larger in size with rough and irregular surface and hard due to chronic inflammation and fibrosis. The prolapsing piles masses are surgically excised and residual stump is cauterized by red hot iron probe brush like instrument. In prolapsed piles mass proctoscope is not required for kshar karma, agnikarma, and shastra karma.

### *Shastra karma (Haemorrhoidectomy)*

The prolapsed piles masses with mucoid discharge are excised and cauterized by red hot instruments. The preoperative measure should be well taken. The chedan karma of Arsha should be done with the help of sharp instruments like Mandlagra, karapatra, Nakhashastra in shape of semilunar incision. After chedan karma, if needed, Agnikarma should be immediately applied case of any remnant or to arrest the active bleeding. The procedure of kavalika placement followed by the gophana bandha should be performed.

### CONCLUSION

Arsha is a common problem related to mithyaaharvihar, sedentary life style, age occupation and dietary factors. Bleeding per rectum is main symptom followed by swelling in anal region,pruritus ani etc. moreover, patient becomes very anxious after observing pan full of blood. In ayurvedic texts there are different type treatment for different types of plié masses. Thus Ayurveda definitely

has immense potential to manage all stage of arsha successfully without any complications.

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