

**A REVIEW ARTICLE ON HEMORRHOIDS (ARSHA) & ITS MANAGEMENT****Dr. Satish Chaurasiya\*<sup>1</sup>, Dr. Deepak Kulshrestha<sup>2</sup>, Dr. Nagendra Thakre<sup>3</sup>, Dr. Pinky Chaurasiya<sup>4</sup>**<sup>1</sup>M.S., PhD Scholar, Dept. of Shalya Tantra, Govt. Ayurvedic College, Rewa<sup>2</sup>Professor, Dept. of Shalya Tantra, & Principal, Govt. Ayurvedic College, Rewa<sup>3</sup>P.G. Scholar, Dept. of Kaumarbhritya, Rani Dullaiya Smriti Ayurveda P.G. Mahavidyalaya Evum Chikitsalaya, Bhopal.<sup>4</sup>Senior Lecturer, Dept. of Pedodontics, Maitry Dental College, Durg.**\*Corresponding Author: Dr. Satish Chaurasiya**

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**ABSTRACT**

Arsha (piles) is one of the commonest diseases of ano-rectal region which is included under the Asthamahagada (eight great diseases). Arsha (Piles) is an extremely common problem and it has been reported since thousands of years and its prevalence rate is highest among all anorectal disorders. The faulty dietary pattern and lifestyle, anatomical deformities and hereditary factors are the important etiological factors of this disease. Nearly half of the population generally experience one hemorrhoidal episode at some point during their lives. Arsha (Hemorrhoids) is clinically an engorged condition of hemorrhoidal venous plexus along with abnormally displaced enlarged anal cushion, characterized by inflamed or prolapsed pile mass, bleeding per rectum and some discharge from anus. In modern medical science, many procedures are described for management of hemorrhoids, of which hemorrhoidectomy is commonly preferred by surgeons, but after sometime of excision there is great possibility of reappearance of the disease. But in Ayurveda management of Arsha has been indicated viz. Bheshaj, Kshar Karma, Agnikarma, Shastra Karma (Chedana) & Kshar sutra according to chronicity and presentation of the disease.

**KEYWORDS:** Arsha, Hemorrhoids, Asthamahagada, Bheshaj Chikitsa, Kshar Sutra, Kshar Karma etc.**INTRODUCTION**

Hemorrhoids, emerods, or piles are swelling and inflammation of veins in the rectum and anus. The anatomical term "hemorrhoids" technically refers to "Cushions of tissue filled with blood vessels at the junction of the rectum and the anus."

Hemorrhoids often described as "varicose veins of the anus and rectum", hemorrhoids are enlarged, bulging blood vessels in and about the anus and lower rectum. Hemorrhoids are usually found in three main locations: left lateral, right anterior and right posterior portions. They lie beneath the epithelial lining of the anal canal and consist of direct arteriovenous communications, mainly between the terminal branches of the superior rectal and superior hemorrhoidal arteries and to a lesser extent, between branches originating from the inferior and middle hemorrhoidal arteries and the surrounding connective tissue.

Arsha is being described by all the classics of Ayurveda. Acharya Sushruta even placed this disorder in the "Ashta Mahagada" (Eight grave diseases). Arsha occurs in Guda region, which is undoubtedly a Marma, and it is well

known for its chronicity and difficult management. This shows the gravity of the disease.

**Causes**

The exact causes of symptomatic hemorrhoids are unknown. A number of factors are believed to play important role including

1. Irregular bowel habits (constipation or diarrhea)
2. Lack of exercise
3. Nutritional factor (a low-fiber diet)
4. Increased intra-abdominal pressure (prolonged straining, an intra-abdominal mass, or pregnancy),
5. genetics, absence of valves within the hemorrhoidal veins,
6. Aging.
7. Prolonged sitting
8. Other factors that are believed to increase the risk include

**Classification of Arsha (Piles)**

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

**a) On the basis of the origin**

1. Sahaja
2. Janmottarakalaja

**b) On the basis of the character of bleeding**

**Ardra (Sravi)**- Bleeding piles due to vitiation of Rakta and Pitta Dosha.

**Shushka**- Non bleeding piles due to vitiation of Vata and Kapha Dosha.

**c) On the basis of the predominance of Dosha:**

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

**d) On the basis of prognosis**

1. Sadhya (Curable)
2. Yapya (Palliative)
3. Asadhya (Incurable)

**Sadhya variety:** If Arsha is located in the Samvarani vali and is of single Doshika involvement and not very chronic.

**Yapya variety:** Arsha caused by the simultaneous vitiation of any two Doshas and the location of Arsha in the second Vali, the chronicity of the disease is not more than one year.

**Asadhya variety:** Sahaja Arsha and if caused by the vitiation of three Doshas and if the Arsha is situated in the Pravahini Vali, than it is incurable. In addition to this if the patient develops oedema in hands, legs, face, umbilical region, anal region, testicles or if he suffers from pain in the cardiac region, it is also considered as incurable.

**e) On the basis of position**

1. Internal
2. External

**External Hemorrhoid**

External hemorrhoids are those that occur outside the anal verge (the distal end of the anal canal). Specifically they are varicosities of the veins draining the territory of the inferior rectal arteries, which are branches of the pudendal artery. They are sometimes painful, and can be accompanied by swelling and irritation.

External hemorrhoids are prone to thrombosis, if the vein ruptures and/or a blood clot develops, the hemorrhoid becomes a **thrombosed hemorrhoid**.

**Internal Hemorrhoids**

Internal hemorrhoids are those that occur inside the rectum. Specifically they are varicosities of veins draining the territory of branches of the superior rectal arteries. As this area lacks pain receptors, **internal hemorrhoids are usually not painful** and most people are not aware that they have them. Internal hemorrhoids, however, may bleed when irritated, usually due to constipation.

**f) On the basis of symptoms**

1. Grade I: No Prolapses. Just prominent blood vessels.
2. Grade II: Prolapses upon bearing down but spontaneously reduce.

3. Grade III: Prolapses upon bearing down and require manual reduction.
4. Grade IV: Prolapsed and cannot be manually reduced.

**Pathophysiology of Hemorrhoidal Disease**

- The exact pathophysiology of hemorrhoidal development is poorly understood. For years the theory of varicose veins, which postulated that hemorrhoids were caused by varicose veins in the anal canal, had been popular but now it is obsolete because hemorrhoids and anorectal varices are proven to be distinct entities. Today, the theory of sliding anal canal lining is widely accepted. This proposes that hemorrhoids develop when the supporting tissues of the anal cushions disintegrate or deteriorate. Hemorrhoids are therefore the pathological term to describe the abnormal downward displacement of the anal cushions causing venous dilatation.
- There are typically three major anal cushions, located in the right anterior, right posterior and left lateral aspect of the anal canal, and various numbers of minor cushions lying between them. The anal cushions of patients with hemorrhoids show significant pathological changes. These changes include abnormal venous dilatation, vascular thrombosis, degenerative process in the collagen fibers and fibroelastic tissues, distortion and rupture of the anal subepithelial muscle. In addition to the above findings, a severe inflammatory reaction involving the vascular wall and surrounding connective tissue has been demonstrated in hemorrhoidal specimens, with associated mucosal ulceration, ischemia and thrombosis.

**Sign & Symptoms**

- The symptoms of pathological hemorrhoids depend on the type present. Internal hemorrhoids usually present with painless rectal bleeding while external hemorrhoids may produce few symptoms or if thrombosed significant pain and swelling in the area of the anus.

**Prevention**

- Prevention of hemorrhoids includes drinking more fluids, eating more dietary fiber (such as fruits, vegetables and cereals high in fiber), exercising, practicing better posture, and reducing bowel movement strain and time. Wearing tight clothing and underwear may also contribute to irritation and poor muscle tone in the region and promote hemorrhoid development.
- Women who notice they have painful stools around the time of menstruation would be well-advised to begin taking extra dietary fiber and fluids a couple days prior to that time.
- Fluids emitted by the intestinal tract may contain irritants that may increase the fissures associated with hemorrhoids. Washing the anus with cool water and soap may reduce the swelling and increase

blood supply for quicker healing and may remove irritating fluid.

- Many people do not get a sufficient supply of dietary fiber (20 to 25 grams daily), and small changes in a person's daily diet can help tremendously in both prevention and treatment of hemorrhoids.

### Management of Hemorrhoidal Disease

Therapeutic treatment of hemorrhoids ranges from dietary and lifestyle modification to radical surgery, depending on degree and severity of symptoms.

#### Dietary and lifestyle modification

Since shearing action of passing hard stool on the anal mucosa may cause damage to the anal cushions and lead to symptomatic hemorrhoids, increasing intake of fiber or providing added bulk in the diet might help eliminate straining during defecation. In clinical studies of hemorrhoids, fiber supplement reduced the risk of persisting symptoms and bleeding by approximately 50%, but did not improve the symptoms of prolapse, pain, and itching. Fiber supplement is therefore regarded as an effective treatment in non-prolapsing hemorrhoids; it could take up to 6 wk for a significant improvement to be manifest. As fiber supplements are safe and cheap, they remain an integral part of both initial treatment and of a regimen following other therapeutic modalities of hemorrhoids. Lifestyle modification should also be advised to any patients with any degree of hemorrhoids as a part of treatment and as a preventive measure. These changes include increasing the intake of dietary fiber and oral fluids, reducing consumption of fat, having regular exercise, improving anal hygiene, abstaining from both straining and reading on the toilet, and avoiding medication that causes constipation or diarrhea.

#### Non-operative treatment

##### 1. Sclerotherapy

This is currently recommended as a treatment option for first- and second-degree hemorrhoids. The rationale of injecting chemical agents is to create a fixation of mucosa to the underlying muscle by fibrosis. The solutions used are 5% phenol in oil, vegetable oil, quinine, and urea hydrochloride or hypertonic salt solution.

##### 2. Rubber band ligation

Rubber band ligation (RBL) is a simple, quick, and effective means of treating first- and second-degree hemorrhoids and selected patients with third-degree hemorrhoids. Ligation of the hemorrhoidal tissue with a rubber band causes ischemic necrosis and scarring, leading to fixation of the connective tissue to the rectal wall.

##### 3. Infrared coagulation

The infrared coagulator produces infrared radiation which coagulates tissue and evaporizes water in the cell, causing shrinkage of the hemorrhoid mass.

#### 4. Cryotherapy

Cryotherapy ablates the hemorrhoidal tissue with a freezing cryoprobe. It has been claimed to cause less pain because sensory nerve endings are destroyed at very low temperature.

#### Operative treatment

An operation is indicated when non-operative approaches have failed or complications have occurred.

**Hemorrhoidectomy:** Excisional hemorrhoidectomy is the most effective treatment for hemorrhoids with the lowest rate of recurrence compared to other modalities. It can be performed using scissors, diathermy, or vascular-sealing device such as Ligasure and Harmonic scalpel. Excisional hemorrhoidectomy can be performed safely under perianal anesthetic infiltration as an ambulatory surgery. Indications for hemorrhoidectomy include failure of non-operative management, acute complicated hemorrhoids such as strangulation or thrombosis, patient preference, and concomitant anorectal conditions such as anal fissure or fistula-in-ano which require surgery. In clinical practice, the third-degree or fourth-degree internal hemorrhoids are the main indication for hemorrhoidectomy.

**A major drawback** of hemorrhoidectomy is postoperative pain. There has been evidence that Ligasure hemorrhoidectomy results in less postoperative pain, shorter hospitalization, faster wound healing and convalescence compared to scissors or diathermy hemorrhoidectomy.

#### Ayurvedic Management

##### Conservative

1. Prevention of constipation- Laxative- Triphala churna, Panchasakar churna, Haritaki churna, Abhayaarista.
2. Deepan pachan- Chitrakadi vati, Lavan baskar churna, Agnitundi vati.
3. Arshoghna-Sooranpak, Arshakuthar ras, Shigru guggulu.
4. Hot sitz bath- Tankan bhasma Sphatic bhasma, Triphala kwath Panchawalkal kwath.
5. Rakta stambhak-Bol baddha rasa, Bol parpati, Kukutandatwak bhasma Praval pisthi.
6. Vran ropak-Jatyadi tail, Nirgundi tail.
7. Vednahr-Madhuyastyadi tail, Triphala guggulu.

#### Procedures

##### 1. Kashar Sutra Ligation

These days Ayurvedic Kshar-sutra treatment is in trends. This is the method of treatment of hemorrhoids which is described in ancient Ayurvedic grantha. It is showing high successful rate and negligible reoccurrence. This is non surgical treatment and can be done by experienced physician. In this treatment Kshar-sutra is applied in the hemorrhoids under local anesthesia/general anesthesia and the pile mass sheds off within seven to ten days with stool.

## 2. Chedana Karma

The Chedana Karma of Arsha should be done with the help of sharp instruments like Mandalagra, Karapatra, Nakhashstra, Mudrika, Utpalapatra and Ardhadhara in shape of semilunar incision. After Chedana Karma, if needed, Agnikarma should be immediately applied in case of any remnant or to arrest the active bleeding or secondary oozing of the blood vessels. The procedure of Kavalika placement followed by the Gophana Bandha should be performed. This whole procedure seems like conventional open haemorrhoidectomy or to say the ligation and excision procedure performed in recent times.

## 3. Agni Karma

A number of cauterization methods have been shown to be effective for hemorrhoids, but are usually only used when other methods fail. This procedure can be done using electrocautery, infrared radiation, laser surgery, or cryosurgery.

## 4. Ksharkarma

Involves the applying of a sclerosing agent, such as Apamarg Kshar, Snuhi Kshar, into the hemorrhoid. This causes the vein walls to collapse and the hemorrhoids to shrivel up.

## Apathya in Arsha

Chilies, Fried Foods, Maida product, Non-Veg, Paneer, Constipating foods, Constant sitting, Excessive Pressure in defeacation etc.

## Pathya in Arsha

Cow milk, Butter, Buttermilk, Wheat, Ghee, Rice, Green vegetable, Regular sleep, Exercise, Regular diet, Non suppression of natural urges etc

## CONCLUSION

Arsha is a problem related to life style, age, occupation and dietary factors. The person who follows the ideal living pattern as described in Ayurveda classics can live disease free healthy life. Consuming food lacking fibre content, faulty food habits, abnormal body posture, complicated delivery, repeated abortion, psychological imbalances and physical injury to anal region are some important factors highlighted in Ayurveda classics for the manifestation of Arsha (piles). It is a very terrible condition, patient is afraid of defecation because of pain with bleeding per rectum. Therefore, Ayurveda definitely has immense potential to manage all stages of Arsha successfully without any complications.

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