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Review Article

# DECODING *ARSHA* THROUGH *AYURVEDIC* CONCEPTS: CLINICAL INTERPRETATION AND TREATMENT MODALITIES

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## ABSTRACT

*Arsha*, described extensively in *Ayurvedic* classics, is a common anorectal disorder broadly comparable to haemorrhoids in contemporary medicine and is considered a *Mahagada* owing to its chronic, recurrent nature. This review decodes the concept of *Arsha* through classical *Ayurvedic* principles, correlating its etiology, pathogenesis, and clinical presentation with modern understanding. According to *Ayurveda*, *Arsha* originates from derangement of *Tridosha*, predominantly *Vata*, along with impairment of *Agni* and vitiation of *Rakta* and *Mamsa dhatu*, leading to fleshy growths in the *Guda pradesha* (anal region). Clinical classification is based on *Dosha predominance*, bleeding type (*Raktaja Arsha*), and non-bleeding type, with symptoms such as pain, bleeding, prolapse, and itching. Diagnosis integrates *Dashavidha Pariksha* with local examination. Management is comprehensive, combining curative and preventive care through *Bheshaja Chikitsa* (internal medications), *Kshara Karma* (chemical cauterization), *Agni Karma* (thermal cauterization), and *Shastra Karma* (surgical intervention), selected according to disease stage. Dietary and lifestyle modification (*Pathya-Apathya*) plays a key role in preventing recurrence. This review highlights the relevance of *Ayurvedic* principles in understanding *Arsha* and supports an individualized, minimally invasive, holistic approach that offers effective alternatives and adjuncts to modern therapeutic strategies.

## INTRODUCTION

*Arsha* is defined as a disease which produces pain like an enemy.[1] This disease has a multifactorial origin and various forms of clinical manifestation. *Arsha* is described as a disorder of the anal region in which small fleshy growths develop inside or around the *Guda* (anal canal). It mainly occurs due to the imbalance of *Tridosha* along with weak digestive fire (*Agnimandya*), which leads to improper digestion and accumulation of waste in the body. Factors such as unhealthy dietary habits, chronic constipation, prolonged sitting, and lack of physical activity contribute to its development.[2] Because of its persistent nature and its effect on normal bowel movements and daily comfort it was also included in *Ashtamahagada* (eight difficult diseases) by *Acharya Sushruta* and *Vagbhata*.[3] This defines the severity of the disease.

In today's life sedentary lifestyle, eating fast food, stress etc. have increased the prevalence of disease in younger individuals. This disease affects the person of all the age groups. So early diagnosis, and treatment helps to treat the disease at early stage and also helps to prevent it.

In modern science it can be correlated with haemorrhoids. Haemorrhoids are defined as downward sliding of anal cushion abnormally due to straining and other causes. The factors that lead to haemorrhoids are low fiber diet, straining, constipation, diarrhoea, high progesterone level during pregnancy reduces the tone of venous wall etc.[4] In modern science haemorrhoidectomy is the best treatment modality for haemorrhoids. In *Ayurveda Acharya Charaka* describes various type of *Arsha* according to involvement of *Dosha*. So, among all this

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type *Raktaja arsha* can be correlated with haemorrhoids.

In modern science they are generally classified as internal or external haemorrhoids and may be graded based on the severity of prolapse. The clinical features described in *Ayurveda* for *Arsha*, such as bleeding, pain, swelling, itching, and difficulty during defecation, closely resemble the symptoms of haemorrhoids or piles. Therefore, many scholars consider *Arsha* to be the *Ayurvedic* counterpart of haemorrhoids in modern medical science.

*Acharya Sushruta* explains 4 types of treatment modalities like *Bheshaja, Kshara Karma, Agni Karma* and *Shastra Karma* for the treatment of disease.[5] Surgery is the last option, so by early diagnosis we can prevent this disease from reaching the stage of surgery.

Although haemorrhoids are well described in contemporary medicine, the *Ayurvedic* concept of *Shatkriyakala* provides a unique perspective on their gradual development. Understanding *Arsha* through the stages of disease progression may facilitate early diagnosis, timely intervention, and prevention of complications. Therefore, the present review attempts to analyze *Arsha* through the framework of *Shatkriyakala* and correlate its stages with contemporary pathological changes.

**AIM**

To analyze *Arsha* through the *Ayurvedic* concept of *Shatkriyakala* and correlate its stages with contemporary understanding of haemorrhoidal disease.

**OBJECTIVES**

1) To review the classical *Ayurvedic* description of *Arsha*.
2) To interpret the pathogenesis of *Arsha* through *Shatkriyakala*.
3) To correlate the stages of *Shatkriyakala* with modern haemorrhoidal pathology.
4) To evaluate the clinical significance of early diagnosis and stage-wise management of *Arsha*.

**METHODOLOGY**

The present study is a narrative review aimed at understanding the concept of *Arsha* through the framework of *Shatkriyakala* and correlating it with contemporary knowledge of haemorrhoidal disease. Relevant references were collected from classical *Ayurvedic* texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Bhavaprakasha*, and *Sharangadhara* Samhita. Information regarding the *Nidana, Samprapti*, classification, clinical features, and management of *Arsha* was critically reviewed.

Relevant modern literature related to haemorrhoids was collected from standard surgical textbooks and published scientific articles. The stages of *Shatkriyakala* described in *Ayurvedic* classics were analyzed and correlated with contemporary concepts of haemorrhoidal pathogenesis and progression. The collected information was systematically reviewed and interpreted to understand the clinical applicability of *Shatkriyakala* in the early diagnosis, prevention, and stage-wise management of *Arsha*.

**Review of literature**

*Arsha* disease is described by all the 3 *Acharyas Charaka, Sushruta* and *Vagbhata*.

- *Acharya Charaka* described it in *Charaka Samhita Chikitsa Sthana,* chapter no 14.[6]
- *Acharya Sushruta* described it in *Sushruta Samhita Nidana Sthana,* chapter no 2,[7] and *Chikitsa Sthana* chapter no. 6.
- *Acharya Vagbhata* described it in *Ashtanga Hridaya Nidana Sthana* chapter no 7.[8]

It is also described by *Acharya Sharangadhara* in *Sharangadhara Samhita Purvakhanda* chapter 7 /12.[9]

*Acharya Bhavamishra* in *Bhavaprakasha Madhyama Khanda* 5.[10]

1) *Acharya Charaka* classifies *Arsha* into: *Sahaja* (Hereditary) and *Uttarakalaja* (Acquired). He further explained causes of hereditary *Arsha* are due to wrong diet and regimen of father and mother, and sinful act of the past life leads to vitiation of sperm and ovum and give rise to *Sahaja Arsha*.

*Uttarakalaja Arsha* affects individuals whose power of digestion is afflicted, which leads to accumulation of *Mala* in excess and leads to *Arsha*.

a) Based on vitiation of *Dosha*: *Vataja, Pittaja, Kaphaja, Dwidoshaja, Tridoshaja*.
b) Based on the bleeding characteristics: *Shushka* and *Ardra Arsha*.
   - *Shushka Arsha*: Caused by predominance of *Vata* and *Kapha dosha*.
   - *Ardra Arsha*: Caused by predominance of *Rakta* and *Pitta*.

*Acharya Sushruta* describes mainly 6 types of *Arshas*.

*Vataja, Pittaja, Kaphaja, Raktaja, Tridoshaja*, and *Sahaja*.

He further explains four-fold treatment modality: *Bheshaja, Kshara Karma, Agni Karma* and *Shastra Karma* for management of *Arsha*.

*Acharya Vagbhata* mainly classifies in 2 types:

1) *Sahaja* and *Uttarakalaja (Vataja, Pittaja, Kaphaja, Samsargaja, Tridoshaja, Raktaja)*
2) *Shushka* and *Ardra*

In modern science it is classified as,

**Based on the location**

Internal haemorrhoids: Above the dentate line

External haemorrhoids: Below the dentate line

Interno-externo: Both occur together.

Based on the site of occurrence

Primary haemorrhoids: Located at 3,7,11 o' clock position.

Secondary haemorrhoids: Which occur between primary sites.

Based on degree

1st Degree: Piles within that may bleed but does not come out.

2nd Degree: Prolapse during defecation but returns back spontaneously.

3rd Degree: Piles prolapsed during defecation can be replaced back only by manual help.

4th Degree: Piles that are permanently prolapsed.




***Shatkriyakala***

*Acharya Sushruta* explained the six stages of disease development where disease gradually progresses from mild *Dosha* disturbance to full complications. Understanding these stages helps in early diagnosis, prevention, and timely treatment.

In the case of *Arsha*, *Dosha* vitiation (mainly *Vata* and *Pitta* along with *Kapha*) affects the *Guda* region and haemorrhoidal veins, leading to pile mass formation. By identifying symptoms at each stage of *Shatkriyakala*, physicians can intervene early and prevent complications such as bleeding, prolapse, and thrombosis.

**DISCUSSION**

**Table 1: *Shatkriyakala* Stages of *Arsha* with Classical References and Modern Pathological Correlation**

| ***Shat Kriyakala* Stage** | **Clinical Features** | **Classical Reference And *Ayurvedic* Interpretation** | **Modern Pathological Correlation** | **Proposed Treatment** |
|---|---|---|---|---|
| **1. *Sanchaya*** | Occasional Constipation, bloating, Dryness of stool, irregular bowel habit | "एतानि खलु दोषस्थानानि; एषु सञ्चीयन्ते दोषाः- *Su.Su* 21/18[11] तत्रानात्मवतां यथोक्तैः प्रकोपणैर्विरुद्धा ध्यशनस्त्रीप्रसङ्गोत्कटुकासनपृष्ठयानवेग विधारणादिभिर्विशेषैः *Su. Ni.*2/4 [12] | Functional bowel disturbance | Regular diet pattern and balanced food intake |
| **2. *Prakopa*** | Hard stool, painful defecation, anal discomfort | प्रकुपिता दोषा एकशो द्विशः समस्ताः शोणितसहिता वा *Su. Ni.*2/4 [12] | Increased venous pressure in haemorrhoidal plexus | Promotion of digestion fire |
| **3. *Prasara*** | Burning, itching, heaviness, intermittent discomfort | यथोक्तं प्रसृताः प्रधानधमनीरनुप्रपद्याधो गत्वा गुदमागम्य *Su. Ni.*2/4 [12] | Early venous congestion and inflammation | Laxatives |
| **4. *Sthana samshraya*** | Small pile mass, mild bleeding, irritation | गुदवलीर्मांसप्ररोहाञ्जनयन्ति विशेषतो मन्दाग्नेः *Su. Ni.*2/4 [12] *Purvarupa*: अन्नेऽश्रद्धा कृच्छ्रात् पक्तिरम्लीका परिदाहो विष्टम्भः पिपासा सक्थिसदनमाटोपः कार्श्यमुद्वारबाहुल्यमक्ष्णोः श्वयथुरन्त्रकूजनं गुदपरिकर्तनमाशङ्का पा | Mucosal prolapse | All above<br><br>अचिरकालजातान्यल्पदोषलिङ्गोपद्रवाणि भेषजसाध्यानि |

| | | | | |
|---|---|---|---|---|
| | | एडुरोगग्रहणीदोषशोषाणां कासश्वासौ बलहानिर्भ्रम स्तन्द्रा निद्रेन्द्रियदौर्बल्यं च | *Su.Ni.* 2/ 9 [13] | | |
| **5. *Vyakti*** | Bleeding, prolapse, pain, itching, mucous discharge | जातेष्वेतान्येव लक्षणानि प्रव्यक्ततराणि भवन्ति | *Su. Ni* 2/9 [13] Detailed classification of *Vataja*, *Pittaja*, *Kaphaja Arsha - Sushruta Samhita, Chikitsa Sthana* | Established Grade I–III haemorrhoids | Para-Surgical intervention 1. मृदुप्रसृतावगाढान्युच्छ्रितानि क्षारेण 2. कर्कशस्थिरपृथुकठिनान्यग्निना |
| **6. *Bheda*** | Thrombosis, profuse bleeding, severe prolapse, anemia | सर्वाः स्युर्वलयो येषां दुर्नामभिरुपद्रुताः \| तैस्तु प्रतिहतो वायुरपानः सन्निवर्तते \| | *Su.Ni* 2/ 26 [14] | Advanced Grade III–IV complicated haemorrhoids | Surgical intervention by resolving complications. 1. तनुमूलान्युच्छ्रितानि क्लेदवन्ति च शस्त्रेण |

*(Abbreviations*: *Su. Su.: Sushruta Samhita, Sutra Sthana; Su. Ni.: Sushruta Samhita, Nidana Sthana.)*

**Pathophysiology and Clinical Interpretation of *Arsha* through *Shatkriyakala***

The concept of *Shatkriyakala* provides a systematic understanding of the gradual development of *Arsha*. The disease begins with the accumulation of *Doshas* due to improper dietary habits, sedentary lifestyle, suppression of natural urges, and impairment of *Agni*. During the *Sanchaya* and *Prakopa* stages, patients commonly experience constipation, bloating, hard stools, and difficulty in defecation. These changes indicate derangement of *Apana Vata* and represent functional disturbances that are largely reversible.

As the disease progresses to the *Prasara* stage, aggravated *Doshas* spread towards the *Guda* region, producing symptoms such as burning sensation, itching, heaviness, and anorectal discomfort. In *Sthanasamshraya*, *Doshas* localize in the anorectal tissues and interact with *Rakta* and *Mamsa Dhatu*, resulting in the formation of early pile masses associated with mild bleeding and irritation. The *Vyakti* stage represents complete clinical manifestation characterized by bleeding per rectum, prolapse, pain, itching, and mucous discharge. In the final stage, *Bheda*, complications such as thrombosis, persistent prolapse, severe bleeding, and anemia may develop, indicating advanced disease.

**Correlation with modern haemorrhoidal pathology**

The sequential stages of *Shatkriyakala* closely resemble the progression of haemorrhoidal disease described in modern medicine. *Sanchaya* and *Prakopa* correspond to functional constipation and repeated straining during defecation. *Prasara* can be correlated with early venous congestion and inflammation of haemorrhoidal cushions. *Sthanasamshraya* represents the stage of localized pathological changes, including enlargement of anal cushions and weakening of connective tissue support. *Vyakti* corresponds to established Grade I–III haemorrhoids, while *Bheda* resembles advanced Grade III–IV haemorrhoids complicated by thrombosis, persistent prolapse, and chronic bleeding. This correlation highlights the scientific relevance of the *Ayurvedic* concept in understanding disease progression.

**Need for early intervention**

One of the most significant aspects of *Shatkriyakala* is its emphasis on early diagnosis and prevention. The stages of *Sanchaya, Prakopa*, and *Prasara* mainly involve functional abnormalities and remain potentially reversible. Timely correction of *Agni*, dietary habits, bowel function, and lifestyle factors during these stages can prevent localization of pathology and subsequent pile formation. Early intervention not only reduces disease progression and recurrence but also minimizes the need for para-surgical and surgical procedures.

**Stage-wise management of *Arsha***

The management of *Arsha* should be tailored according to the stage of disease progression. During *Sanchaya* and *Prakopa* stages, *Ayurvedic* management focuses on *Nidana Parivarjana, Deepana, Pachana*, and *Vatanulomana* therapies, whereas modern management emphasizes a high-fiber diet, adequate hydration, stool softeners, and bowel habit correction. In the *Prasara* and *Sthanasamshraya* stages, mild laxatives, dietary regulation, and lifestyle modification help arrest disease progression, comparable to conservative management and sitz bath therapy in modern practice.

When the disease reaches the *Vyakti* stage, para-surgical procedures such as *Kshara Karma* and *Agni Karma* become important for reducing pile mass and controlling symptoms. These interventions may be correlated with modern procedures such as rubber band ligation, sclerotherapy, and infrared coagulation. In *Bheda Avastha*, where advanced pathology and complications are present, *Shastra Karma* and *Kshara Sutra* are indicated, which correspond to haemorrhoidectomy and other definitive surgical procedures. Thus, both *Ayurvedic* and modern systems advocate a stage-specific approach to achieve effective disease management and prevent complications.

**Table 2: Stage-Wise Management of *Arsha*: *Ayurvedic* and Modern Approaches**

| **Stages** | ***Ayurvedic* Management** | **Modern Management** |
|---|---|---|
| *Sanchaya* | *Nidana Parivarjana*<br>*Deepana Pachana*<br>Correction of *Agni*<br>*Pathya Ahara*, adequate hydration | Lifestyle modification<br>High fiber diet<br>Increase fluid intake<br>Stool softener |
| *Prakopa* | *Deepana Pachana*<br>*Vatanulomaka*<br>Dietary regulation | Laxatives<br>Bulk forming agents<br>Bowel habit training<br>Prevention of prolonged sitting |
| *Prasara* | Mild laxatives | Conservative Management<br>Dietary Modifications |
| *Sthanasamshraya* | *Deepana Pachana*<br>Lifestyle modification<br>Mild laxatives | Conservative management<br>Topical ointments<br>Warm sitz bath<br>Treatment of constipation |
| *Vyakti* | Para-surgical procedures like *Agnikarma*, *Kshara Karma* | Rubber band ligation, sclerotherapy, infrared coagulation |
| *Bheda* | *Shastra Karma* and *Kshara Sutra* | Haemorrhoidectomy, stapled haemorrhoidopexy, Doppler-guided haemorrhoidal artery ligation |

The management of *Arsha* is stage-dependent. Early stages respond well to dietary regulation, lifestyle modification, and medical therapy, while advanced stages often require para-surgical or surgical intervention.

## CONCLUSION

*Shatkriyakala* offers a comprehensive and clinically relevant framework for understanding the development and progression of *Arsha*. The sequential stages explain how disturbances in *Agni*, *Dosha* balance, and bowel function gradually evolve into clinically evident haemorrhoidal disease. Correlation of these stages with modern pathological changes demonstrates considerable similarity in the understanding of disease progression.

The concept highlights the importance of early diagnosis and timely intervention, particularly during the reversible stages of disease. Stage-specific management through dietary regulation, lifestyle modification, medical therapy, para-surgical procedures, and surgical interventions provides a rational and effective approach for preventing complications and recurrence. Therefore, *Shatkriyakala* serves not only as a theoretical model of pathogenesis but also as a practical clinical guide for prevention, diagnosis, and management of *Arsha* in contemporary practice.

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