AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Review Article

ARSHA AND *DEHA PRAKRITI*: A CONCEPTUAL STUDY ON CONSTITUTIONAL SUSCEPTIBILITY TO ANORECTAL DISEASE

Sushmita Saket[1]*, Alok Kumar Asthana[2], Mahesh Kumar[3]

*[1]PG Scholar, [2]Associate Professor, PG Department of Kriya Sharira, [3]Associate Professor, PG Department of Shalya Tantra, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, India.

Article info

Article History:
Received: 26-08-2026
Accepted: 29-09-2026
Published: 02-11-2026

KEYWORDS:
Arsha, Deha Prakriti, Tridosha, CCRAS Proforma, Haemorrhoids.

ABSTRACT

Ayurveda regards *Deha Prakriti*, the psychosomatic constitution fixed at conception by the relative predominance of *Vata*, *Pitta* and *Kapha*, as the foundation of individualised diagnosis, prognosis and treatment. This conceptual study explores the relationship between *Deha Prakriti* and *Arsha* (haemorrhoids), one of the *Ashta Mahagada* described by *Acharya Sushruta*, by integrating classical Ayurvedic insight with contemporary clinical understanding. Classical texts explain that *Arsha* arises through *Mithya Ahara* and *Mithya Vihara*, leading to *Agnimandya*, vitiation of *Apana Vata* and consequent *Mamsankura* formation in the *Guda Pradesh*, and hold that constitutional predominance conditions an individual's susceptibility to such *Tridoshaja* disorders. Contemporary literature corroborates the multifactorial, lifestyle-driven pathogenesis of haemorrhoids and increasingly recognises host-level (constitutional) variation in disease expression. Preliminary clinical observations from a hospital-based cross-sectional assessment of 100 patients of *Arsha*, undertaken using the validated CCRAS *Deha Prakriti* Assessment Proforma, are discussed alongside this literature review: *Pittaja-Kaphaja* and *Vataja-Kaphaja* constitutions were numerically predominant among patients, though modifiable dietary, digestive (*Agni*) and bowel (*Koshtha*) factors appeared more consistently linked to disease expression than *Prakriti* alone. The study offers an integrative framework for understanding constitutional susceptibility in *Arsha* and supports combining *Prakriti*-based assessment with lifestyle correction in preventive Ayurvedic practice.

INTRODUCTION

Ayurveda is a comprehensive science of life that emphasises the preservation of health and the alleviation of disease through individualised diet, lifestyle and therapeutic measures. Acharya Charaka defines its objective as "*Swasthasya Swasthya Rakshanam, Aturasya Vikara Prashamanam Cha*"- preserving health in the healthy and curing disease in the diseased [1]. Central to this individualised approach is *Prakriti*, the constitutional make-up fixed at conception by the relative predominance of *Vata*, *Pitta* and *Kapha*, which subsequently governs anatomical, physiological and psychological characteristics as well as disease susceptibility, prognosis and treatment response [2,3].

Anorectal disorders refer to a group of diseases that affect the terminal part of the digestive tract, specifically the anus and the rectum. In modern times, these conditions have become highly prevalent due to unhealthy dietary habits, sedentary lifestyles, and chronic constipation for example- *Arsha* (piles), *Parikartika (*anal fissure), *Bhagandara* (anal fistula), *Vidradhi* (anorectal abscess), *Gudabhramsha* (rectal prolapse), *Guda Kandu* (anal pruritus).[20]

Among diseases in which such constitutional variation is thought to matter, *Arsha* (haemorrhoids) is of particular importance: *Acharya Sushruta* placed

Access this article online
Quick Response Code
https://doi.org/10.47070/ayushdhara.v13i5.3038

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

it among the *Ashta Mahagada*, the eight major diseases, on account of its chronicity, recurrence and considerable impact on quality of life [4].

Ayurveda holds that health is a state of equilibrium among *Dosha, Dhatu, Mala, Agni* and mental faculties, and that disease follows their disturbance[5]. Since *Prakriti* determines the baseline tendency of *Dosha* expression in an individual, classical scholars considered constitutional assessment indispensable to understanding who is more likely to develop a particular disorder, its probable severity, and its expected course[2,6]. *Arsha*, being described as a *Tridoshaja Vyadhi* with predominant involvement of *Apana Vata*, is a natural candidate for such constitutional analysis[7], yet very few studies have attempted to correlate *Deha Prakriti* with the occurrence or clinical behaviour of the disease.

This article aims to conceptualise the association between *Deha Prakriti* and *Arsha* by integrating classical Ayurvedic descriptions with modern clinical literature on haemorrhoids, and by drawing on preliminary clinical observations from a hospital-based cross-sectional assessment, in order to build a comprehensive understanding of constitutional susceptibility relevant to preventive and personalised Ayurvedic practice.

Literature Review

Ayurvedic perspective on *Deha Prakriti* and *Arsha*

Classical texts describe *Deha Prakriti* as arising from the relative predominance of *Dosha* at the union of *Shukra* (sperm) and *Shonita* (ovum), a pattern that remains essentially fixed for life and shapes body build, digestive capacity (*Agni*), bowel pattern (*Koshtha*), mental temperament and disease proneness[3,8]. *Arsha*, in turn, is explained as the outcome of prolonged *Mithya Ahara* (improper diet) and *Mithya Vihara* (improper regimen) causing *Agnimandya*, accumulation of *Ama*, vitiation of *Tridosha* with predominant *Apana Vata* derangement, and subsequent involvement of *Rakta, Mamsa* and *Meda Dhatu*, culminating in fleshy *Mamsankura* (pile masses) at the anal verge[9,10]. Since susceptibility to *Dosha*-specific pathology is itself conditioned by *Prakriti*, classical reasoning implies that individuals of a given constitutional type may show a differential tendency to develop *Arsha* and a characteristic pattern of its clinical presentation.

Modern research findings on haemorrhoidal disease

In contemporary medicine, *Arsha* is correlated with haemorrhoids- symptomatic enlargement and distal displacement of the vascular anal cushions [11,12]. Epidemiological literature consistently implicates low-fibre diet, chronic constipation, prolonged sitting, sedentary occupation, obesity and repeated straining during defecation as major risk factors, with prevalence rising alongside urbanisation and changing lifestyle patterns[13]. While modern surgical texts do not use a constitutional framework, they do recognise considerable inter-individual variation in disease severity and recurrence that is not fully explained by exposure to risk factors alone, which is consistent with some host-level (constitutional) modulation of disease expression. Separately, work correlating Ayurvedic *Prakriti* with immunogenetic markers such as HLA polymorphism lends indirect biological plausibility to the idea that *Prakriti*-type variation could influence disease susceptibility more broadly [14].

Integration of perspectives

Read together, the Ayurvedic and modern literatures converge on a broadly similar aetiological picture for *Arsha*- one dominated by dietary and lifestyle causation- while diverging on whether host constitution meaningfully modifies that picture. Table 1 summarises this comparison, which forms the conceptual basis for the present review.

Table 1: Comparative view of Ayurvedic and modern perspectives on *Arsha*

Aspect	*Ayurvedic* interpretation	Modern scientific interpretation
Primary cause	*Mithya Ahara* and *Mithya Vihara* leading to *Agnimandya* and *Apana Vata* vitiation	Low-fibre diet, chronic constipation, straining at stool.
Contributing factor	Sedentary *Vihara*, *Vega Dharana* (suppression of urges)	Sedentary occupation, prolonged sitting, obesity.
Host variation	*Deha Prakriti* (*Vata/Pitta/Kapha* predominance)	Individual variation in vascular/connective-tissue integrity.

Pathological process	*Rakta-Mamsa-Meda Dushti* forming *Mamsankura*	Weakening of supporting connective tissue with vascular engorgement of anal cushions.
Disease course	*Tridoshaja*, chronic, prone to recurrence (*Ashta Mahagada*)	Chronic, recurrent unless risk factors are corrected.

Conceptual Framework

Deha Prakriti

Acharya Charaka explains the distinction between health and disease in terms of *Dosha-Dhatu* equilibrium:

Vikāraḥ dhātu-vaiṣamyam sāmyam prakṛtiḥ uchyate |

(Charaka Samhita, Sutra Sthana 9/4)

"Vikara (disease) is the imbalance of the *Dhatus,* whereas the state of their equilibrium is called *Prakriti."*

The origin of individual constitution is described in relation to conception itself:

Śukra śoṇita saṃyoge yaḥ bhavet doṣaḥ utkaṭaḥ |

Prakṛtiḥ jāyate tena tasyāḥ sā na vyativartate ||

(Sushruta Samhita, Sharira Sthana 4/63)

"Whichever *Dosha* is predominant at the union of *Shukra* (sperm) and *Shonita* (ovum), the *Prakriti* of the individual is formed accordingly, and it does not change thereafter."

On the basis of relative *Dosha* predominance, seven constitutional types are recognised- *Vataja, Pittaja, Kaphaja, Vata-Pittaja, Pitta-Kaphaja, Vata-Kaphaja* and *Sama (Tridoshaja) Prakriti* [8,15]- each associated with characteristic body build, *Agni, Koshtha*, skin type, mental temperament and disease tendency, as summarised in Table 2.

Table 2: *Deha Prakriti* types and their general clinical tendencies

***Prakriti* type**	**General characteristics**	**Disease tendency**
Vataja	Lean build, dry skin, *Vishama Agni, Krura/Vishama Koshtha*	*Vata*-predominant disorders; constipation-related conditions
Pittaja	Moderate build, warm/soft skin, *Tikshna Agni, Mridu Koshtha*	*Pitta*-predominant, inflammatory and bleeding disorders
Kaphaja	Well-built, unctuous skin, *Manda Agni, Madhyama Koshtha*	*Kapha*-predominant, sluggish/mucoid disorders
Dual-*doshaja* (e.g. *Pitta-Kapha, Vata-Kapha*)	Mixed characteristics of the two contributing *Doshas*	Combined tendencies; commonly seen in clinical practice

Arsha

The term *Arsha* is derived from the root *'ऋ' (ऋ गतौ Ru Gatau)* with the suffix *'असुन्' (Asun)*, denoting an entity that torments the individual like an enemy[16]. *Acharya Vagbhata* explains this *Nirukti* explicitly:

Arīn iva prāṇinaḥ māṃsa-kīlakāḥ viśasanti yat |

Arśāṃsi tasmāt ucyante guda-mārga nirodhataḥ ||

(Ashtanga Hridaya, Nidana Sthana)

"Because these fleshy nodules torment living beings like enemies by obstructing the passage of the anus, they are called *Arsha."*

Acharya Charaka defines *Arsha* as an abnormal *Mamsankura* (fleshy outgrowth) occurring specifically in the *Guda* (anal region); similar growths elsewhere in the body are termed *Adhimamsa* rather than *Arsha* [17]. Based on *Dosha* predominance, *Arsha* is classified as *Vataja, Pittaja, Kaphaja, Raktaja* (*Sannipataja*/mixed) and *Sahaja* (congenital), each with characteristic colour, consistency, shape and associated symptoms described in classics such as *Sushruta Samhita, Madhava Nidana* and *Bhavaprakasha* [18], as summarised in Table 3.

Table 3: *Dosha*-wise classification of *Arsha* in Ayurvedic classics

Type of *Arsha*	Predominant *Dosha/Dhatu*	Characteristic features
Vataja Arsha	*Vata*	Rough, blackish/dusky, painful, dry pile mass
Pittaja Arsha	*Pitta*	Soft, reddish/yellowish, warm, bleeding, foul-smelling
Kaphaja Arsha	*Kapha*	Large, smooth, whitish, unctuous, mildly itchy
Raktaja Arsha	Rakta with mixed *Dosha*	Profuse bleeding as the predominant feature
Sahaja Arsha	Congenital/hereditary	Present from birth or early life, familial tendency

Prakriti and *Arsha*

Conceptually, *Deha Prakriti* may influence *Arsha* through several routes- *Agni* strength affects the likelihood of *Agnimandya* and *Ama* formation on exposure to *Mithya Ahara*; *Koshtha* (bowel pattern) affects propensity for *Vibandha* (constipation) and straining; and constitutional *Dosha* predominance sets the threshold at which *Apana Vata, Rakta* and *Mamsa Dhatu* become vitiated under provocation [9,15]. On this reasoning, individuals of *Vata-Kapha* or *Pitta-Kapha Prakriti*- combining a tendency to irregular *Agni/ Koshtha* with *Kapha's* stabilising, growth-promoting quality- might be expected to show a numerically greater representation among *Arsha* patients, even where robust statistical association with specific clinical features is not established.

METHODOLOGY

This article adopts a conceptual, narrative-review approach, drawing on classical Ayurvedic texts (*Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, Madhava Nidana, Bhavaprakasha*) and contemporary surgical and epidemiological literature on haemorrhoids to build an integrated understanding of *Prakriti*-based susceptibility to *Arsha*.

The review also draws on preliminary observations from a hospital-based cross-sectional assessment of 100 clinically diagnosed patients of Arsha conducted by the authors, in which *Deha Prakriti* was assessed using the validated CCRAS *Deha Prakriti* Assessment Proforma[19] and clinical features of *Arsha* were recorded on a structured case record form; a Fisher–Freeman–Halton exact test ($p<0.05$ significant) was used to explore association between *Prakriti* and clinical parameters. These observations are discussed narratively alongside the literature rather than presented as a full original research report, consistent with the conceptual aim of this article.

DISCUSSION

Deha Prakriti to *Arsha*

Classical reasoning and the clinical observations reviewed here are broadly consistent: in the authors' own cross-sectional assessment, *Pittaja-Kaphaja Prakriti* (37%) and *Vataja-Kaphaja Prakriti* (32%) were the most frequently observed constitutional types among patients of *Arsha*, followed by *Vataja-Pittaja* (27%), a pattern compatible with the classical view of *Arsha* as a *Tridoshaja* disease with dual-*Doshic* vulnerability. *Vishama* and *Tikshna Agni* (34% and 33% respectively) and *Krura Koshtha* (34%) were also common, aligning with the classical emphasis on *Agni Dushti* and bowel irregularity in *Samprapti*.

Clinical observations and their interpretation

Despite this numerical predominance of certain *Prakriti* types, statistical testing (Fisher–Freeman–Halton exact test) in the same study did not show a significant association between *Deha Prakriti* and type, severity, site, shape, surface, colour or consistency of the pile mass, or bleeding per rectum (all $p>0.05$). Read conceptually, this suggests that *Prakriti* may set a background tendency towards *Arsha* without deterministically shaping its specific clinical phenotype- a distinction between susceptibility and expression that is consistent with Ayurveda's own emphasis on *Nidana* (causative factors) as proximate triggers acting upon a constitutional background. In this study, sedentary occupation (41%), mixed diet (64%) and disturbed *Agni/Koshtha* appeared more closely tied to disease occurrence than *Prakriti* type alone.

Health and practical implications

For clinicians, these findings suggest that *Prakriti* assessment is best used as one element of a broader evaluation that also captures *Agni, Koshtha* and *Ahara-Vihara* pattern, rather than as a stand-alone predictor of *Arsha*. For public health, the consistent implication of sedentary lifestyle and low-fibre, irregular dietary habits across constitutional

types supports lifestyle-focused preventive messaging as the primary lever for reducing the burden of anorectal disease, with constitutional counselling offered as a complementary, individualising layer.

Challenges and Limitations

Empirical validation of classical constitutional concepts remains methodologically challenging: *Prakriti* assessment tools, though validated, rely partly on subjective self-report, and cross-sectional designs cannot establish causal direction between constitutional type and disease occurrence. The clinical observations discussed here are further limited by single-centre recruitment and a modest sample size, and should be regarded as hypothesis-generating rather than confirmatory.

Relevance to Holistic Health

Notwithstanding these limitations, integrating *Prakriti*-based constitutional reasoning with modern epidemiological understanding of haemorrhoidal disease offers a more holistic model of susceptibility- one that respects individual variation while still prioritising the modifiable dietary and behavioural factors that both systems agree are central to disease prevention.

CONCLUSION

This conceptual study demonstrates that *Arsha* and *Deha Prakriti* are linked in classical Ayurvedic reasoning through shared involvement of *Apana Vata, Agni* and *Koshtha*, and that *Pittaja-Kaphaja* and *Vataja-Kaphaja* constitutions are numerically over-represented among patients of *Arsha* in preliminary clinical observation, even though a statistically significant association with specific clinical features could not be demonstrated in this study. the classical descriptions of *Prakriti* and *Arsha* and the modern epidemiological understanding of haemorrhoidal disease point to a common conclusion: constitutional type may condition an individual's background susceptibility to *Arsha*, but it is the modifiable factors of diet, bowel habit and daily regimen that most consistently determine whether, and how severely, the disease actually manifests. The findings therefore support a model in which constitutional assessment complements, rather than replaces, evaluation and correction of *Ahara-Vihara* in the prevention and management of *Arsha.* From a practical standpoint, this integrative understanding has direct relevance for Ayurvedic clinical practice: identifying a patient's *Deha Prakriti* at the outset can help the physician anticipate likely *Dosha* involvement and tailor *Pathya-Apathya* (dietary and lifestyle advice) accordingly, while routine correction of *Agni* and *Koshtha* disturbance should remain the primary focus of preventive counselling regardless of constitutional type.

Further study needed to validate this constitutional framework, quantify its predictive value, and strengthen its application in personalised, preventive Ayurvedic healthcare.

Acknowledgement

The authors gratefully acknowledge the Post Graduate Department in this study. The authors take the support of software and AI for editing purpose.

REFERENCES

1. Acharya YT, editor. Charaka Samhita of Agnivesha, Sutra Sthana, Ch.30, Verse 26. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p.187.
2. Acharya YT, editor. Charaka Samhita of Agnivesha, Vimana Sthana, Ch.8, Verse 95. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p.276.
3. Shastri KA, editor. Sushruta Samhita of Maharshi Sushruta, Sharira Sthana, Ch.4, Verse 63. Varanasi: Chaukhambha Sanskrit Sansthan; 2013. p.49.
4. Acharya YT, editor. Sushruta Samhita of Sushruta, Nidana Sthana, Ch.2, Verses 3–4. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. p.310
5. Acharya YT, editor. Charaka Samhita of Agnivesha, Sutra Sthana, Ch.9, Verses 3–4. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014. P. 192
6. Shastri SN. Sutra Sthana 9/4. In: Charak Samhita of Agnivesha. Varanasi: Chaukhambha Bharati Academy; 2011. p.133.
7. Acharya YT, editor. Charaka Samhita of Agnivesha, Chikitsa Sthana, Ch.14, Verses 7–15. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014.
8. Ranade S, Deshpande R. Concept of Prakriti and Life Style. Ch.4. 1st ed. Delhi: Chaukhambha Sanskrit Pratisthan; 2004. p.33–34.
9. Acharya YT, editor. Charaka Samhita of Agnivesha, Chikitsa Sthana, Ch.14, Verses 7–15. Reprint ed. Varanasi: Chaukhambha Surbharati Prakashan; 2014.
10. Shastri Ambika Dutta. Sushrut Samhita, Purvardha, Sutra Sthana 12/3–14. Reprint ed. Varanasi: Chaukhambha Publication; 2010. p.50–53.

11. Williams NS, O'Connell PR, McCaskie AW, editors. Bailey & Love's Short Practice of Surgery. 28th ed. Boca Raton: CRC Press; 2023.
12. Brunicardi FC, Andersen DK, Billiar TR, Dunn DL, Kao LS, Hunter JG, et al., editors. Schwartz's Principles of Surgery. 12th ed. New York: McGraw-Hill Education; 2022.
13. Riss S, Weiser FA, Schwameis K, Riss T, Mittlböck M, Stift A. The prevalence of hemorrhoids in adults and associated risk factors. Colorectal Dis. 2012; 14(4): e201–e206.
14. Bhushan P, Kalpana J, Arvind C. Classification of human population based on HLA gene polymorphism and the concept of Prakriti in Ayurveda. J Altern Complement Med. 2005; 11: 349–353.
15. Bhutada SS, Shilwant AA. Understanding *Deha* Prakriti Made Easy. Mumbai: Life Science Medical Publication; 2016. p.3.
16. Kaviraja Atrideva Gupta. Vidyotini Hindi Commentary of Ashtanga Hridayam of Vagbhata, Nidana Sthana 7/1. Reprint ed. Varanasi: Chaukhambha Publications; VS 2068 (2011). p.331.
17. Shastri Kashinath, Chaturvedi Gorakhanath, commentators. Charaka Samhita Uttarardha of Agnivesha, Chikitsa Sthana 14/6. Varanasi: Chaukhambha Bharati Academy; 2009. p.417.
18. Shastri Ambika Dutta. Sushrut Samhita, Purvardha, Nidana Sthana 2/9–26. Reprint ed. Varanasi: Chaukhambha Publication; 2010. p.307.
19. Central Council for Research in Ayurvedic Sciences (CCRAS). Deha Prakriti Assessment Proforma [Internet]. New Delhi: Ministry of AYUSH, Government of India; [cited 2026 Aug 29]. Available from: https://*Prakriti*.ayush.gov.in/
20. Kumar Mahesh. Practical approach for prevention of anorectal disorders through Ayurveda. J Biol Sci Opin 2015; 3(6): 280-283 http://dx.doi.org/10. 7897/2321-6328.03659

Cite this article as:
Sushmita Saket, Alok Kumar Asthana, Mahesh Kumar. Arsha and Deha Prakriti: A Conceptual Study on Constitutional Susceptibility to Anorectal Disease. AYUSHDHARA, 2026;13(5):292-297.
https://doi.org/10.47070/ayushdhara.v13i5.3038
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Sushmita Saket
PG Scholar,
PG Department of Kriya Sharira,
Ch. Brahm Prakash Ayurved Charak Sansthan, Najafgarh, New Delhi.
Email: deepshikhakaur1@gmail.com

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.