

Piles (Arsha) Management through Ayurveda

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ABSTRACT

Piles or Hemorrhoids are defined as the symptomatic enlargement and distal displacement of the normal anal cushions. Piles are inflamed and swollen collections of tissue in the anal area. The abnormal dilatation and distortion of the vascular channel of the anal cushion, it is the main finding of piles. The most common symptom of piles is rectal bleeding associated with bowel movement. It appears that the deregulation of the vascular tone and vascular hyperplasia might play an important role in hemorrhoids (piles) development. Irregular lifestyle and erratic eating are the main cause of piles development. It is the main lifestyle disorders. Piles are treated conservatively, using many methods such as lifestyle modification, fibre supplement, suppository-delivered anti-inflammatory drugs, and by using of ayurvedic medicine and ksharasutra therapy.

Keywords- Ayurveda, Hemorrhoids, Piles, Ksharasutra.

INTRODUCTION

Piles are derived from the *Latin* word 'pila' which means a 'ball'. Thus, a growth in the anus which similar in ball like shape is designated as piles.

Piles or hemorrhoid are very common disorder of anal canal and its progressively increasing in the society. It is manifested due to many factors *viz.* disturbed life style or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation, heavy lifting, fast food and irregular life style *etc.* which results in derangement of Jatharagni or Pachakagni leading to vitiation of Tridosha, mainly Vata Dosha. These vitiated Doshas get localized in Guda Vali and Pradhana Dhamani which further vitiates Twak, Mansa, and Meda Dhatus due to Annavaha shrotodushti leads to development of Arsha. This disorder is utterly embarrassing to the patient 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 term Piles is popularly used to refer for pathological varicosity of the hemorrhoidal veins due to increased pressure is usually resulted by straining during defecation, chronic constipation or diarrhoea, pregnancy *etc.* Arsha (Piles) 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 Ayurveda fourfold management of Arsha has been indicated *viz.* Bsheshaj, Kshar Karma, Agnikarma and Shastra Karma according to chronicity and presentation of the disease. Among these, Bsheshaj Chikitsa and Kshar Karmas show wonderful results in management of Arsha. Arsha is being described by all the classics of Ayurveda [1]. 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 [2].

Arsha (piles) Etymology

Arsha pertains to a disease occurring in Guda and it is torturing to the patients. It may create obstruction of the anorectal passage.

Concept of Guda (Anal Canal)

The total length of Guda is 4 ½ Angula and there are three Valis from proximal to distal named as Pravahini, Visarjani, and Samvarani. These are situated above the other inside Guda at a distance of 1½ Angula from each other and all of them obliquely project in one Angula spiral like conch (Shankhavartanibha) and resembling colour of palate of Elephant (Gajatalu) as reddish black. The first Vali is at a distance of one Angula from anal verge [3].

ANATOMY OF ANAL CANAL

The anal canal is the terminal part of the large intestine. It is 3.8 cm. long. It extends from the anorectal junction to the anal verge. Anal canal can be divided in three parts.

- 1) **Upper part (Mucous):** It is about 15mm long and extends from anorectal ring to pectinate line.
- 2) **Middle part (Transitional zone or Pecten):** It is situated between pectinate line above and white line of Hilton below having length of 15 mm.
- 3) Lower part or cutaneous part

Blood Supply

- 1) **Superior Rectal Artery:** It supplies blood above pectinate line which is the chief artery of the anal canal.
- 2) **Middle Rectal Artery**

- 3) **Inferior Rectal Artery** -It supplies blood below the pectinate line.

Venous Drainage: Internal rectal venous plexus (Haemorrhoidal plexus). It lies in the sub mucosa of the anal canal. The internal plexus is a series of dilated pouches connected by transverse branches around the canal. Veins in the three anal columns, situated at 3, 7, and 11 o'clock site as seen in lithotomy position are large and constitute the potential sites for primary internal piles.

Classification of Arsha (Piles) [4]

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

On the basis of the Origin: 1. Sahaja Arsha 2. Janmottarakalaja Arsha

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 Vitiating of Vata and Kapha Dosha.

On the basis of the Predominance of Dosha

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

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.

Classification According to Anatomical Position

- 1) Internal Piles -It originates above pectinate line and covered with mucous membrane.
- 2) External Piles- It originates below pectinate line and covered with skin.
- 3) Interno-external Piles:- The above two variety may coexist simultaneously.

1) **Primary Piles:** The three classical position of the Piles are 3, 7, 11 O'clock. They are called as left lateral, right anterior and right posterior respectively. They are due to the main branches of superior rectal arteries i.e. left and right branches. Left branch containing as a single vessel, while the right branch splits into anterior and posterior Piles.

2) **Secondary Piles:** Additional Piles may be present between these main Piles at the position of 2, 5, 9 and 12'o clock position.

Classification According to the Prolapse

- 1) 1st degree Piles are those which bleed but do not prolapse outside the anal canal.
- 2) 2nd degree Piles are those which prolapse outside the anal canal during defecation and reduce itself after defecation.
- 3) 3rd degree Piles are those which prolapse outside the anal canal during defecation and goes back by using of hand or finger.

- 4) 4th degree Piles are those which permanently prolapse outside the anal canal.

NIDANA OF ARSHA (AETIOLOGY) [3]

Habits: Procedures that would vitiate Vata Dosha e.g. excessive sexual indulgence, suppression of natural urges etc. Pressure or irritation of anal canal. Prolong sitting or standing, improper sitting, horse riding, local touching with hard and rough objects etc., may aggravate the existing pathology.

Dietic factors: Dietic indulgence like incompatible diet, excessive or less intake, irregular intake and lacks of fibre, fast food etc., which will interfere with digestive power leading to poor digestion and constipation.

Anatomical factors: Absence of valves in superior haemorrhoidal veins. The radicals of superior rectal vein lies unsupported in loose submucous connective tissue of the rectum. These are subjected to constriction by the muscular tissue while defecation and it may lead to Piles. Chronic constipation: The common reason for Piles to develop is because of chronic constipation, passing hard stools, and straining at the toilet due to repeated pressure in the rectal or anal veins. It aggravates and precipitates piles.

Exciting factors: Enteritis, straining due to heavy work, chronic cough over purgation, diarrhoea, colitis, dysentery, IBS, etc.

Hereditary: It is often seen in members of the same family, mostly due to congenital weakness of the veins wall, etc.

Secondary Causes- Straining during micturition, Portal hypertension, pregnancy, abdominal tumours, Carcinoma of rectum,

Lakshana (Symptoms)-According to Doshas

Vataj: Dry, hard, painful, usually of external origin, various shapes, with irregular surface of various colours of fleshy masses, frequently associated with constipation, and painful defecation which is radiating in nature.

Pittaj: Usually small in size, bluish red in colour, moist fleshy masses of various types, which enlarges during straining with passage of blood mixed with stool, may cause severe burning sensation during defecation which may lead to thirst, faintness and shock.

Kaphaj: Wide based (mool), smooth, oval, fixed, fleshy masses which generally do not bleed or suppurate and accompanied by severe pruritus and mucous discharge.

Raktaja: Fleshy masses which give immense blood loss during defecation, leading to secondary anaemic condition.

Sannipataj: Mixed Lakshana of all Doshas.

Sahaj: Genetically determined unpleasant appearance.

Other Symptoms

- 1) **Bleeding:** It is the first and earliest symptom. Bright red blood may appear as streaks on toilet paper adhering to faecal residue, or it may be a slow trickle for a short while following bowel movements. It almost always colours the toilet water. The bleeding is painless and occurs with defecation in early stage. In the later stage, a steady dip of blood after defecation. In still later stage, bleeding occurs even without defecation.
- 2) **Prolapse:** It is a later symptom. Patients may complain of protruding mass on straining during defecation in anal region. The mass disappears spontaneously, the act is over. In the later stage, prolapsed pile mass have to

be replaced digitally into the anal canal. In an advanced condition, the patient may complain of protruding mass in the anal region even without straining. During sneezing, coughing, walking, lifting the weights, passing of flatus, the patient feels discomfort. Ultimately, the patient gets permanently prolapsed pile.

- 3) **Pain:** It is not characteristic of Piles unless there is associated thrombosis or other complications. Pain occurs due to involvement of external haemorrhoidal plexus, over- stretching of skin, congestion or associated acute anal lesion such as fissure in ano or an anal abscess.
- 4) **Mucus Discharge:** It may be seen in permanently prolapsed Piles, which softens and excoriates the skin at the anus. This mucous discharge is due to engorged mucous membrane.
- 5) **Pruritus Ani:** It is caused by mucous discharge in prolapsed Piles.
- 6) **Anaemia:** It is seen in long standing cases of Piles due to persistent and profuse bleeding. If anaemia is severe, patient may develop exertion, dizziness, pallor, lethargy etc.

EXAMINATION OF ARSHA (PILES) [3,4]

- 1) **Inspection-** The second degree Piles are only visible at the anal verge when the patient strains. While the third degree piles are readily recognized as a prolapsing mass in the outer part covered with skin, the inner portion with red or purple colored anal mucosa, and the junction being marked a linear furrow.
- 2) **Palpation:** Per rectal examination on the early stages of piles, they are soft and collapsible on quite impressible examination. But with chronicity and repeated attacks of the thrombosis the subcutaneous connective tissue undergoes fibrosis and then the piles

are palpable as a soft longitudinal fold to the palpating finger on per rectal examination.

- 3) **Proctoscopy**
- 4) **Sigmoidoscopy**
- 5) **Colonoscopy**
- 6) **Barium Enema:** Complications 1. Profuse haemorrhage 2. Strangulation 3. Thrombosis 4. Ulceration 5. Gangrene 6. Suppuration or abscess formation.

Treatment of Piles

The treatment of Piles can be divided into 3 parts according to their degree and local condition. (A) Medical Treatment (B) Para Surgical Treatment (C) Surgical Treatment

(A) Medical Treatment

- 1) Here is the list of some prescriptions for symptomatic relief with topical preparations.
- 2) Anaesthetic preparations like ointment lidocaine *etc.*
- 3) Anti-inflammatory agents like Diclofenac sodium in combination with steroids like hydrocortisone.
- 4) Hot sitz bath.
- 5) Various laxatives like liquid paraffin, milk of magnesia, sodium picosuphate, and lactulose solution along with bulk forming agents like isabagul are widely used to treat constipation.

(B) Para surgical Methods

- 1) Injection Treatment (Sclerotherapy)
- 2) Barron Band Ligation
- 3) Infra-Red Coagulation
- 4) Anal Dilatation
- 5) Cryo Surgery
- 6) Laser therapy
- 7) Radio frequency coagulation
- 8) Ultraoid
- 9) Bipolar dithermy
- 10) Doppler guided haemorrhoidal artery ligation

(C) Surgical Treatment

- 1) Open haemorrhoidectomy
- 2) Closed haemorrhoidectomy
- 3) Stapled haemorrhoidectomy

TREATMENT OF ARSHA THROUGH AYURVEDIC PARLANCE [5]

1) Bsheshaj Chikitsa

- *Deepan Pachan:* Hingwastak Churna, Lavanbhaskar Churna Chitrakadivati, Agni Tundivati, *etc.* Arshoghna- Arshoghnavati, Soornapak, Arshkutharras, Shigru Guggulu, *etc.*
- *Prevention of Constipation:* (Vatanulomak) Triphalachurna, Panchsakarchurna, Haritakichurna *etc.* depending upon the Koshtha of the patient.
- *Hot Sitz Bath:* Haridra Churna, Tankan Bhasma, Sphaticbhasma, Triphalakwath, Panchawalkalkwath, *etc.*
- *Rakta Stambhak:* Bolbaddhras, Bolparpati, Kukkutandtwak bhasma *etc.*
- *Vranropak:* Jatyadi tail, Kasishadi tail, *etc.*
- *Vednahara:* Madhuyastyadi tail, Triphala guggulu, *etc.*

2) Kshar Karma and Kshar Sutra Ligation

Kshar is a caustic chemical, alkaline in nature obtained from the ashes of medicinal plants like Apamarg, snuhi, chinchu guggul *etc.* It is a gentle procedure compared to Shastrakarma and Agnikarma. It is described as one among the Aanu Shastras or Upayantras. It is the superior most among the sharp and subsidiary instruments because of performing Chedana, Bhedana and Lekhana Karma along with Tridosh shamaka property. It is versatile, because even such places which are difficult in approach by ordinary measures can be treated by Kshar Karma. Ksharkarma

is more effective than the other modalities of treatment, because they can be administered both internally (Paniya kshar) and externally (Pratisarniya Kshar). Kshar karma is useful as the substitutes of surgical instruments, because they can be used safely on the patients who are afraid of surgery. The Arsha which are soft, extensive, deeply situated, projectile are treated by Kshar. Pittaja and Raktaja varieties should be treated by Mrudu Kshar. Kshar Sutra Ligation It is a Parasurgical measure which excises the pile mass gradually by the virtue of mechanical action and chemical cauterization. Acharya Sushrutahas advocated Kshar Sutra in the management of Nadvrana and Bhagandara. But regarding the method of preparation of Kshar Sutra, Acharya Chakrapani in his treatise Chakradutta, gave a brief description for management of Arsha, using the latex of Snuhi and Haridra powder. Ksharsutra binds to the piles mass so piles mass become necros and cut.

3) **Agni Karma**

It is an important Para surgical method and is still used extensively in surgical practice in modified form by way of electric heat cautery and freezing. Direct treatment of any lesion by Agnikarma is regarded superior than other surgical and parasurgical measure because of its capacity to destroy the diseased tissues completely and its wide applicability even of lesions incurable by other measure. Agnikarma is indicated in rough, fixed, broad and hard types of piles masses and mainly in Vataj and Kaphaj Arsha. Those patients suffering from prolapsed and third degree piles can be treated with Agni. Agni karma is contraindicated in Raktaj and Pittaj type of Arsha.

4) **Shastra Karma** - Shastrakarma in indicated in pedunculated, big, and discharging Arshas. The preoperative measures should be well taken. The Chedana Karma of Arsha should be done with the help of sharp instruments like Mandalagra, Karapatra, Nakhashastra, 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. After procedure Pichu is placed 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.

Apathya in Arsha

Diet: Heavy food, Vishtambhi, Vidahidravaya like Chilies, Spices, food stuffs made of rice, fried food, Maida product, excessive intake of oils, Non vegetarian foods *etc.*

Habits: Lack of exercise, sleep in day time, Constant sitting on hard objects, Excessive riding, straining during defecation, lifting *etc.*

Pathya in Arsha

1) *Diet:* Milk, Takra (Mattha), wheat, Cow ghee, Green vegetable fibers diet *etc.*

2) *Habits:* Regular diet, exercise, proper sleep, yoga, Aasana *etc.*

CONCLUSION

Arsha is a problem related to Dietary factors, life style disorders, age and occupation. It is a very terrible condition, patient is afraid of defecation because of pain with bleeding per rectum. Moreover, patient becomes very anxious after observing pan full of blood. Thus,

Ayurveda definitely has immense potential to manage all stages of Arsha successfully without any complications so we say that Ayurveda treatment is the best treatment of piles.

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