



REVIEW ARTICLE

ARSHA W.S.R. TO PILES? WHERE IS RELIEF: A CRITICAL REVIEW

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ABSTRACT

Arsha (Piles) is an extremely common problem in all anorectal disorders. Arsha is clinically an engorged condition of haemorrhoidal venous plexus 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. Main aetiological factor Mithyaahar-vihar and sedentary life style. In modern medical science many techniques like sclerotherapy, cryosurgery, Rubber band ligation, Infrared photo coagulation, Laser therapy, stapled haemorrhoidectomy, Open haemorrhoidectomy etc. are in practice where in the result was found to be in less satisfactory. But in Ayurveda fourfold management of Arsha has been indicated viz. Bheshajkarma, Kshar Karma, Agnikarma and Shastra Karma according to chronicity and presentation of the disease. Among these, Bheshaj Chikitsa and Kshar Karmas show wonderful results in management of Arsha. Here an attempt has been made to review the disease along with its management

INTRODUCTION

Ayurveda has immense potential to solve many diseases of the medical world. Among them Piles (Arsha) are enlarged, bulging blood vessels in and about the anus and lower rectum. It is manifested due to multifold factors viz. disturbed life style or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation etc. Hemorrhoids are usually found in three main locations: left lateral, right anterior and right posterior portions. They are mainly classified as either internal or external pile masses. Arsha is being described by all the classics of Ayurveda. Acharya Sushruta even placed this disorder in the "Ashta Mahagada." Arsha occurs in Guda region, which is undoubtedly Marma. Mithyaahar-vihar and sedentary life style results in dearrangement of Jatharagni leading to vitiation of Tridosha, mainly Vata Dosh. 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. The fast food and cola culture have again worsened condition.

Classification of Arsha (Piles)

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

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According to origin two type of arsha³

- Sahaja
- Janmottarakalaja

On the basis of the predominance of Dosha

- Vataj
- Pittaj
- Kaphaj
- Raktaj
- Sannipataj
- Sahaj

Classification according to anatomical position

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

Classification according to position of pile mass⁴

- 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 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 haemorrhoids.

- Secondary haemorrhoids Additional haemorrhoids may be present between these main haemorrhoids at the position of 2, 5, 9 and 12'o clock position.

The classification according to the Prolapse

- 1st degree haemorrhoids are those which bleed but do not prolapse outside the anal canal.
- 2nd degree haemorrhoids are those which prolapse outside the anal canal during defecation and reduce spontaneously itself.
- 3rd degree haemorrhoids are those which prolapse outside the anal canal during defecation and goes back manually.
- 4th degree haemorrhoids are those which permanently prolapse outside the anal canal.

General Features of Arsha(Piles)5

Bleeding per anum: 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.

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.

Pain in anal region: It is not characteristic of haemorrhoids 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.

Mucus discharge per anum: It may be seen in permanently prolapsed haemorrhoids, which softens and excoriates the skin at the anus. This mucous discharge is due to engorged mucous membrane.

Pruritus ani: It is caused by mucous discharge in prolapsed haemorrhoids.

Anaemia: It is seen in long standing cases o haemorrhoids due to persistent and profuse bleeding. If anaemia is severe, patient may develop exertion, dizziness, pallor, lethargy etc.

Per rectal examination for Arsha (Piles)

Inspection- The second degree haemorrhoids 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.

Palpation: Per rectal examination the early stages of piles, they are soft and collapsible on quite incompressible 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.

Proctoscopy: An important investigation done by proctoscope. One can see pile masses under direct vision at different position.

Colonoscopy: Another investigation of great importance for anorectal as well as colon examination. This is investigation of choice in selected cases where bleeding is uncertain. Colon can be visualised for associated pathology like Crohn's disease.

Complications of Arsha (Piles): There are many complications like Profuse haemorrhage, Strangulation, Thrombosis, Ulceration Perianal haematoma etc.

Treatment of Piles at Modern Parlance: The treatment of haemorrhoids can be divided into 3 parts according to their degree and local condition.

Medical Treatment

In short we can say that, no specific treatment is available, rather symptomatic treatment is adopted which contains wide range of antibiotics, NSAIDs, laxatives, haemostatic agents, antihistaminic drugs, steroid treatment, local anaesthetic applications and local antiseptic lotions and ointments.

Para surgical Methods

- Injection Treatment (Sclerotherapy)
- Barron Band Ligation
- Infra-Red Coagulation
- Anal Dilatation
- Cryo Surgery

Surgical Treatment

- Open haemorrhoidectomy
- Closed haemorrhoidectomy
- Stapled haemorrhoidectomy

Treatment of Arsha at Ayurveda6

Bheshaj Chikitsa

Prevention of constipation- Laxative- Triphalachurna, Panchsakarchurna, Haritakichurna

etc. depending upon the Koshtha of the patient.

Deepan Pachan- Chitrakadivati, Lavanbhaskar churna, Agni tundivati, etc.

Arshoghna- Arshoghnavati, Soornapak, Arshkutharras, Shigru guggulu, etc.

Hot sitz bath- Tankan bhasma, Sphaticbhasma, Triphalakwath, Panchawalkalkwath, etc.

Rakta Stambhak- Bolbaddhras, Bolparpati, Kukkutandtwak bhasma, Pravalpisthi etc.

Vednahara- Madhuyastyadi tail, Triphala guggulu, etc.

Kshar karma

Kshar is a caustic chemical, alkaline in nature obtained from the ashes of medicinal plants. It is a milder 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 Tridoshara 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 and externally. 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 advocate Kshar Sutra in the management of Nadvirana 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.

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 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.

Shastra Karma

Shastrakarma is 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, Nakhashstra, Mudrika, Utpalapatra and Ardhadhara in shape of semilunar incision. After Chedana Karma, if needed, Agnikarma should be immediately applied 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.

Apathya in Arsha

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

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

Pathya in Arsha

Diet: Milk, Takra (Mattha), wheat, Cow ghee, Green vegetable etc.

Habits: Regular diet, exercise, proper sleep, etc.

Conclusion

Arsha is a common problem related to 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 pain full of blood. In ayurvedic texts there are different type of treatment for different grades/types of pile masses. Thus, Ayurveda definitely has immense potential to manage all stages of Arsha successfully without any complications.

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