



A Literary review on *Arshas* wsr Haemorrhoids.

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ABSTRACT:

Arshas is an extremely common problem and it has been reported since thousands of years. *Arshas* is also called Haemorrhoids in contemporary science. commonly it is also called piles. Piles are engorged swollen veins in the anal canal. When speaking about their sickness people are reticent. Most frequently symptoms that appear gradually and go unrecognized before becoming very severe and completely disrupting daily life. Although in the early stages it can be control with the diets and use of pain killers and local applicants. In the advanced stage medical intervention is definitely needed. The extensive spectrum of treatments offered by *Ayurveda* range from the application of medicinal paste to cauterization and alkali application. Being fully recover and experiencing no recurrence is the primary benefit of ayurvedic treatment.

Here in this article an attempt has been made to compel the disease regarding *Arshas* and its management in detail

Key words :*Arshas*, Hemorrhoids,*kshara*, *Agnikarma*, *Jalloukavacharana*, *Shashtra karma*

INTRODUCTION:

- अरिवत् प्राणान् शृणाति हिनस्तीति अर्शः¹ ॥
- The diseases which tortures the person like an enemy is called *Arshas*
- *Arshas* is enumerated under *ASHTA MAHAGADA*² and clinically it can be correlated to Haemorrhoids.

- It's prevalence rate is 4.4% in the world, in about 10 million people mostly seen in the age between 30 to 65 years. In India 50 % of the population will have haemorrhoids at some point in their life, probably by the time they reach the age 50. Incidence is equal in both genders³.
- It's an enlarged condition of haemorrhoidal venous plexus along with abnormally displaced enlarged anal cushion, characterized by inflamed/prolapsed pile mass, bleeding per rectum and itching⁴.
- In *Ayurveda*, based on the stage; four different treatment modalities have been advocated for *Arshas* ie, *Bheshaja*, *Kshara Karma*, *Agnikarma*, *Shashtra Karma (Chedana)* has been indicated according to chronicity and presentation of the disease⁵.

ANATOMY ACCORDING TO AYURVEDA:

- Derived from *Matruja bhava* of *Garbha*. Formed by *Rakta*, *Kapha*,⁶
- It is *Mamsa marma*, *Sadyo pranahara marma*⁷, one among *Dashapranayatana*⁸ and one among 15 *Kostangas*⁹ by *Acharya Charaka*.

It is a terminal portion of *Stoolantra*.

- Structure and Dimention¹⁰: 4 ½ *Anguli* acc to *Acharya Sushruta* Divided in to 1, *uttara guda* 2. *Adhara guda*.
- Interior of *Guda* contains¹¹: 3 *valis*, they are
 - *Pravahini*(Proximal)Middle Houston valve.
 - *Visarjini*(middle)inferior Houston valve
 - *Samvarani* -(distal)Dentate line.
- They are situated one above the other at an interval of 1 and 1/2 *Anguli*.
- Arranged in Spiral form(*Shankavarta nibha*)resembles the colour of *Gaja talu*.¹²
- Outer most part called *Guda Osta* is situated in *Romanta pradesha*.

NIRUKTI :

स्वनाम-ख्यातपायुरोगः¹³ || (SHABDAKALPADRUMA)

It is one of the *Payu roga*.

❖ DEFINITION OF ARSHAS¹⁴:

अरिवत्प्राणिनो मांसकीलका विशसन्ति यत्।

अर्शासि तस्मादुच्यन्ते गुदमार्गनिरोधतः॥१॥

दोषास्त्वङ्मांसमेदांसि सन्दूष्य विविधाकृतीन्।

मांसाङ्कुरानपानादौ कुर्वन्त्यर्शासि तान् जगुः॥२॥

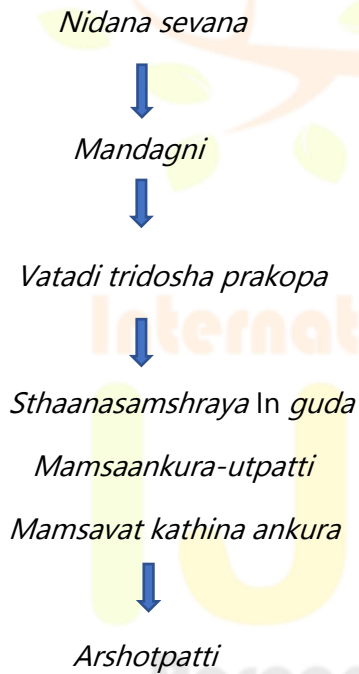
Just as enemies torment the person, similarly the sprouts of the muscles (give troubles) by obstructing the passage of the rectum, hence it is called as *Arshas*.

The *doshas*, vitiating the *twak*, *mamsa*, *meda* produce sprouts of muscles, of different shapes in the rectum which are called as *Arshas*.

NIDANA¹⁵:

तत्रानात्मवतां यथोक्तैः प्रकोपणैर्विरुद्धाध्यशनस्त्रीप्रसङ्गोत्कटकासन पृष्ठयानवेगविधारणादिभिर्विशेषैः प्रकुपिता दोषा एकशो द्विशः समस्ताः शोणितसहिता वा यथोक्तं प्रसृताः प्रधानधमनीरनुप्रपद्याधोगत्वा गुदमागम्य प्रदूष्य गुदवलीमांसप्ररोहाञ्जनयन्ति, विशेषतो मन्दाग्रेः, तथा तृणकाष्ठोपललोष्ठवस्तादिभिः शीतोदकस्पर्शनाद्वा कन्दाः परिवृद्धिमासादयन्ति, तान्यर्शासीत्याचक्षते।।

AHARA	VIHARA	MANASIKA
Viruddh aahara	Maithuna	Shoka
Adhyashana	Utkatukasana	Krodha
Pramitashana	Prusta Yana	
	Vega dharana	
	Sheetambu Sparsha	

SAMPRAPTI:**SAMPRAPTI GHATAK:**

- Dosha – Tridosha
- Dushya - Twak , Rakta, Mamsa, Meda
- Srotas - Raktavaha , Mamsavaha,, Purishavaha
- Adhishthana- Gudavali
- Srotodushti- Sanga
- Agni- jataragni

- *Udbhava- Amashaya, pakvashaya*
- *Swabhava- Daruna*
- *Sadhyasadhyata- Krichrasadhya*

POORVA ROOPA OF पित्तप्लीका¹⁶:

तेषां तु भविष्यतां पूर्वरूपाणि-अत्रेऽश्रद्धा कृच्छ्रात् पक्तिरम्लीका परिदाहो विष्टम्भः पिपासा सक्थिसदनमाटोपः काश्यमुद्गारबाहुल्यमक्षणेः श्वयथुरन्तकूजनं गुदपरिकर्तनमाशङ्का पाण्डुरोगग्रहणीदोषशोषाणां कासश्वासौ बलहानिर्भ्रमस्तन्द्रा निद्रेन्द्रियदौर्बल्यं च ॥८॥ जातेष्वेतान्येव लक्षणानि प्रव्यक्ततराणि भवन्ति

LAKSHANAS¹⁷:

बद्धपक्वपुरीषत्वं सरक्तं वा कृशात्मनः ।

गुदनिष्पीडनं कण्डूं तोदं चार्शसि लक्षयेत् ॥

CLASSIFICATION¹⁸:

ON THE BASIS OF ORIGIN:

- Sahaja*
- Janmottarakalaja*

ON THE BASIS OF BLEEDING NATURE¹⁹:

- *Ardra Arsha/ Sraavi arsha* – Bleeding pile masses due to vitiation of *Pitta* and *Asra*,
- *Shushka Arsha*- Non bleeding pile masses due to vitiation of *Vata* and *kapha*.

ON THE BASIS OF PREDOMINANCE OF DOSHA²⁰:

- *Vataja*
- *Pittaja*
- *Kaphaja*
- *Raktaja*
- *Sannipataja*
- *Raktaja*

ON THE BASIS OF PROGNOSIS:²¹

- *Sukha Sadhya (Curable)*
- *Krichra Sadhya(Difficult to Cure)*
- *Yapya*
- *Asadhya (Incurable)*

ON THE BASIS OF TREATMENT:²²

- *Bheshaja sadya*
- *Kshara sadya*

- *Agni sadya*
- *Shastra sadya*

वातज अर्श लक्षण²³:

Type	Color	Chief character	Shape,size,surface etc	Character of stool
<i>Vataja</i>	<i>Aruna</i> (reddish brown) <i>Vivarna</i> (different colors)	<i>Parishushka</i> (dry), <i>Vishamamadhyani</i>	Like <i>kadamba</i> flower, <i>Tundikeri</i> and <i>Nadimukula</i> and <i>Suchimukhakruti</i>	Hard stool with pain



RESEMBLES THE *KADAMBA PUSPA*.

RESEMBLES THE *TUNDIKERI*

SUCHIMUKHAKRUTI –Needle like appearance in tip of the *Arshas*

पित्ताज अर्श लक्षण:

<i>Pittaja</i>	<i>Nilagraani</i> (bluish tip), <i>Pitavabhasata</i>	<i>Tanu</i> (Small/tiny)	Looks like Like liver color, <i>Shukajihva</i> , <i>Yava madya</i> , <i>Jalauka vaktra</i> .	Mixed with blood, burning
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NILAGRA –TIP IS BLUE IN COLOUR

RESEMBLES *SHUKA JIHVA* and *JALLOUKA VAKRA*

श्लेष्मजा अर्श लक्षणः

<i>Kaphaja</i>	<i>Shweta-Pandu</i> (yellowish white)	Broad based, fixed round, smooth, neither bursts nor discharge	Resembles Like <i>Kareeraphala</i> , <i>Panasaasthi</i> and <i>Gosthana</i>
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**SHWETANI (WHITISH),
MAHAMOOLANI, SNIGDANI (MOIST), STHIRANI(**

PANASABEEJA (A SEED OF JACK FRUIT)

रक्तज अर्श लक्षणः

<i>Raktaja</i>	<i>Raktaja Arshas</i> <i>lakshanas</i> Same as <i>pittaja arshas</i> <i>lakshana</i>	Same as <i>Pittaja</i>	Looks Like <i>Nyagrodhapraroha</i> , <i>Vidruma</i> (coral), <i>Gunja</i> fruit	During passing hard stools excessive bleeding occurs
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Resembels *Nyagrodhapraroha*

Resembels *Gunja* fruit

**Resembels *Vidruma*(coral)and Same as
*pittaja Arshas lakshana***

<i>Sahaja</i>	Durdarshana, Parusha(dry, hard), daruna(hard to cure) and antarmuka(apex inwards)	The patient is emaciated , taking little quantity of diet, venous prominence over the body, few off-springs, oligospermia, reduced quality of voice, poor appetite, frequently suffering from diseases of ear, nose, eyes, head constant gurgling sounds of intestines(aatopa), precordial heaviness and anorexia.
<i>Sannipataja</i>	Combination of all symptoms.	

ARSHAS CHIKITSA SUTRA²⁴:

तत्र, अचिरकालजातान्यल्पदोषलिङ्गोपद्रवाणि भेषजसाध्यानि,.....

तत्र भेषजसाध्यानामर्शसामदृश्यानां च भेषजं भवति,.....||

- ✓ **अचिरकालजाता-** *Arshas* which are not chronic and have developed within a year.
- ✓ **अल्पदोष-** If less involvement of *doshas*
- ✓ **अल्पलिङ्ग-** Presenting with less number of symptoms
- ✓ **अल्प उपद्रवाणि-** having no complications or less number of complications
- ✓ **अदृश्य-** *Arshas* which is invisible.

KSHARA KARMA:**□ Kshara Karma:**

- It is a milder procedure compared to *Shastrakarma* and *Agnikarma*, So can be used on patients who are afraid of surgery.
- It is described as one among the *Anu Shastras* or *Upayantras*. It is the superior most, performing *Chedana*, *Bhedana* and *Lekhana Karma* along with *Tridoshhara* property. It is versatile, because even places difficult to approach can be treated by *Kshara karma*.
- *Acharya Sushruta* has described the management by *Kshara* in soft, widespread, deeply situated and projectile *Arsha*. Ie, *Vatakapahaja* and *Pitta-raktaja Arshas*.

क्षार- "मृदुप्रसृतावगाढान्युच्छ्रितानि क्षारेण²⁵।"

METHOD OF PRATISARANEEYA KSHARA LEPA APPLICATION :

- ❖ Under Spinal anesthesia or local Anesthesia.
- ❖ Pt is made in to lie in Lithotomy position.
- ❖ Part will be painted and draped, Lords four finger dilatation achieved.
- ❖ Lubricated sterile Slit proctoscope is introduced into Anal canal after following all the pre-operative procedures. Secure with gauze piece
- ❖ The pile mass is squeezed, scraped or rubbed according to the condition and then *Kshara* is applied over the pile mass and kept for hundred *Matra kala* or till it turns to the colour of *Pakwa jambu varna*.
- ❖ Then it is washed with juice of *Amla rasa Dravyas* to neutralize the *Kshara*.
- ❖ Then Slit proctoscope is removed.

ADVANTAGES OF KSHARA LEPA:

- Post operative pain -mild in intensity.
- No bleeding-coagulation of haemorrhoidal veins.
- Minimum Hospitalization
- No scope for recurrence
- Treating All pile mass in one sitting under LA,

MODE OF ACTION PRATISARANEEYA KSHARA:

- Cauterises pile mass
- Decreases size of pile mass
- Necrosis of tissue with obliteration of Haemorrhoidal radicles
- Necrosed tissue sloughed out. Fibrosis and scar formation.
- Complete wound healing.

AGNI KARMA:

- It is an important Para surgical method and extensively used 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.
- अग्नि- “कर्कशस्थिरपृथुकठिनान्यग्निना”²⁶
- *Acharya Sushrut* has advised - in uneven, fixed, wide and firm *Arsha*, *Vataj* and *kaphaja* *Arshas*. Also used in prolapsed and third degree pile mass.
- *Agni karma* is contra -indicated in *Raktaj* and *Pittaj* type of *Arsha*.

RAKTA MOKSHANA :-

- *Acharya Sushruta* indicated *Visravana*²⁷ in management of prolapsed(*nirgatani*) and thrombosed haemorrhoids.
- *Acharya Charaka* also advocates blood letting with leeches or knife or needle in the presence of *Dushita rakta*. or *Raktarsha*(bleeding piles).²⁸
- Surgery is contraindicated in thrombosed piles, so here leech therapy is the choice.
- Leech therapy provides anticoagulant, vasodilator, thrombolytic, anti-inflammatory & anaesthetizing actions. Relieves the venous pooling of blood so decreases heaviness, Decrease in pus & other discharges are due to their antimicrobial and mucolytic properties, maintains tissue oxygenation,

ADVANTAGES:

- cost effective,
- less time consuming OPD procedure.

SASTRA KARMA:

शस्त्रक्रिया- "तनु मूलान्युच्छितानि क्लेदवन्ति च शस्त्रेण"²⁹।

- *Acharya Sushrut* has described the management by *Shastra karma* in thin pedicle, **big** and discharging *Arsha*. The *Chedana karma* should be done with the help of sharp instruments like (*Mandalagra*, *Karapatra*, *Nakha shastra Mudrika*, *Utpalapatra*, *Ardadhara* in the shape of semilunar incision.

- अर्धचन्द्राकृतींश्चापि गुदे मेद्रे च बुद्धिमान³⁰ Su su 5(for selecting the incision)
- Excised part is to be treated with *Agnikarma*, to arrest the active bleeding or secondary oozing of the blood vessels.
- *Kavalika* has to be applied and *Gophana bandana* ie, T-bandage has to be done
- This procedure Similar to conventional open haemorrhoidectomy or ligation and excision procedure performed in recent times.

KSHAR SUTRA TRANSFIXATION :-

- *Kshar Sutra Ligation* :- It is a Parasurgical measure which excises the pile mass gradually by the virtue of mechanical action and chemical cauterization.
- It is a special technique of excision without the use of any sharp instruments by means of mechanical pressure and chemical action. *Acharya Sushruta* has indicated the use of *Kshara sutra* in *Nadivrana* and *Bhagandara*."
- All *Samhitas* have mentioned the word *Kshara sutra* but there is no clear description.
- Later, *Acharya Chakradatta* has indicated application of *Kshara sutra* in *Arshobhangadara*."It is to be prepared by smearing Latex of *Snuhi* and *Haridra* powder in barber thread no 20. In *Bhavaprakasha*, *Bhaishajya Ratnavali* and *Gadanigraha*" also we find the same description.

OPERATIVE PROCEDURE:

- ❖ Under Spinal anesthesia or local Anesthesia.
- ❖ Pt is made in to lie down Lithotomy position.
- ❖ Part was painted and draped, Lords four finger dilatation achieved.
- ❖ Positions of the Piles masses were assessed.
- ❖ Catch hold the pile mass was held with the help of pile holding forceps.
- ❖ Transfixation: Each pile mass was transfixed by passing the curved round body needle mounted with *kshara sutra* at its base.
- ❖ Ligation :After transfixation of *kshara sutra*,
- ❖ The pile mass was ligated anteriorly and posteriorly with adequate knots.
- ❖ Haemostasis achieved.
- ❖ 'T' – Bandage was applied.
- ❖ Then Pt was shifted to the recovery room.

MODE OF ACTION:

- The pressure effect made by the *kshara sutra* ligation creates mechanical strangulation of the blood vessels and tissue,
- which in fact causes the local necrosis of pile mass and, ultimately, forces falling out of the pile mass during defecation

PATHYA-APATHYA³¹:

वेगारोधस्त्री पृष्ठयानान्युत्कुटुकासनम् ॥

यथाखं दोषलं चान्नमर्शःसु परिवर्जयेत् ॥

MODREN CONCEPT OF“HAEMORRHOIDS”³²:

- The word “Haemorrhoid” is derived from Greek word ‘Haima’ (bleed)+ ‘Rhoos’ (flowering), means bleeding.
- “Pile” is word derived from Latin word ‘Pila’ means Ball or Mass. Piles can be mucosal or vascular type (Graham Stewart, 1963). Vascular type is seen in young; mucosal is seen in old.
- Hemorrhoids - is clinically an engorged condition of haemorrhoidal venous plexus along with abnormally displaced enlarged anal cushion, characterized by inflamed or prolapsed pile mass, bleeding per rectum and itching.

TYPES:**ON THE BASIS OF POSITION:**

1. External
2. Internal
3. Interno-external

**EXTERNAL HAEMORRHOIDS****INTERNAL HAEMORRHOIDS****CLASSIFICATION:**

- 1.PRIMARY HAEMORRHOIDS.
- 2.SECONDARY HAEMORRHOIDS.

**PRIMARY HAEMORRHOIDS.****SECONDARY HAEMORRHOIDS****CLASSIFICATION :II**

1st DEGREE HAEMORRHOIDS: Piles with in anal canal that might bleed but not come out.

2nd DEGREE HAEMORRHOIDS: Piles that prolapse during defaecation, but returns back spontaneously.

3rd DEGREE HAEMORRHOIDS: Piles that prolapse during defaecation, but can be replaced back only by manual help.

4th DEGREE HAEMORRHOIDS: Piles that are permanently prolapsed.

ETIOLOGY:

Hereditary and Obesity

Low fiber diet and junk food

Alcohol, Smoking

Stress, Sedentary life style.

Constipation, Straining and over purgation

During Pregnancy ,raised progesterone relaxes the venous wall and reduces its tone

CLINICAL FEATURES:

Constipation,

Bleeding per rectum-Splash of pan ,(Bright red and fresh blood)

Anal itching, Pruritis

Pain may be prolapse/ infection/Spasm

Mass per rectum

P/R EXAMINATION :

- O/I: one should examine external opening in perianal region,sentinel tag, pruritiies,external pile,fissure in Ano
- Any previous surgical scarmark

DIGITAL EXAMINATION :

One should elicitate Carcinoma of rectum, BPH, Bleeding per rectum, Spincter tone Thrombosed pile mass

PROCTOSCOPIC EXAMINATION:

- ❖ Patient in the left lateral /Lithotomy position.
- ❖ The Sterile and lubricated Proctoscope is gently inserted into the rectum.
- ❖ The instrument is introduced at first in the direction of the axis of the anal canal, i.e. upwards and forwards towards the patient's umbilicus until the anal canal is passed.
- ❖ Now the obturator is withdrawn and the interior of the rectum and anal canal is seen with the help of a light.
- ❖ The Internal Haemorrhoids, fissures, ulcer and growth can be seen if present.

DIFFERENTIAL DIAGNOSIS:

- ❖ Anal epithelioma
- ❖ Condyloma accuminata
- ❖ Condylomata
- ❖ Sentinel tag

- ❖ Hypertrophied anal papilla
- ❖ Pedunculated polyps
- ❖ Sessile polyps
- ❖ Haemangioma and Lymphosarcoma
- ❖ Fissure in Ano
- ❖ Carcinoma of the rectum
- ❖ perianal warts
- ❖ Rectal prolapse

COMPLICATIONS OF HAEMORRHOIDS:

- ❖ Strangulation
- ❖ Thrombosis
- ❖ Ulceration
- ❖ Severe hemorrhage
- ❖ Fibrosis
- ❖ Suppuration or Abscess formation
- ❖ Perianal hematoma
- ❖ Portal pyaemia & liver abscess

MANAGEMENT:

A) Non-operative

- Preventive measures - diet modification-more fibre.
- Therapeutic -local applications; Sitz bath,laxatives, drugs-analgesics
- **non-operative:**
 - **Sitz bath** - Sitting in luke warm water for 20 minutes with the anal region dipped, 2-3 times a day. This reduces the oedema, pain and promotes healing.
 - **Local applications** to reduce pain, itching and Oedema .
 - **Drugs** like antibiotics, laxatives, anti-inflammatory, calcium dobesilate (synthetic Phlebotonic) are beneficial.
 - **Fiber diet** 35 g/day, plenty of water. Fiber alternatives (bulk forming agents, Ispaghula husk, methylcellulose) can be used to supplement a high-fiber diet; plenty of liquid intake.
 - **Laxatives** such as lactulose solution which soften bowel and relieve the constipation.

B) operative:

- Para-surgical - Sclerotherapy; Banding; Cryotherapy; Infrared coagulation (IRC)
- Laser therapy; Doppler guided haemorrhoidal artery ligation (DGHAL)
- Surgical - **Open** haemorrhoidectomy ; Closed haemorrhoidectomy ; Stapled haemorrhoidopexy.

B) OPERATIVE- a) PARASURGICAL METHODS**1) Injection-Sclerosant therapy:**

- It is done in 1st degree and early 2nd degree piles (internal)- OP procedure(1869).
- Using Proctoscope and Gabriel syringe, 3-5 ml of 5% phenol in almond/vegetable/olive oil(vehicle) is injected into the submucosal plane just above the anorectal ring to the pedicle. All 3 piles can be injected separately-3- 5 ml to each site in single sitting. This can be repeated after 6 weeks.
- The Drug causes fibrosis in the submucosal region (sclerosis leading to mucosal fixation on to deeper planes and occlusion of lakes) and thereby fixation of the anal cushions which do not prolapse, causes strengthening of the vessel wall and obliteration of the vessel lumen. It is quick and painless; gives 95% cure rate in 1st degree piles; done on OP basis.
- Contraindications are - Thrombosed/Prolapsed piles, presence of proctitis/fissure/fistula-in-ano, Pregnancy and Diabetes mellitus.
- Sclerotherapy has not gained popularity, oily solution is difficult to handle and inject.
- Complications - Recurrence (15%), hypochondriac pain due to entry of drug into the portal system, tenesmus, mucosal sloughing/ulceration, submucosal abscess, anal canal pain, anal stricture. **Inadvertent deep injection** can precipitate pelvic abscess, prostatitis, impotence(males), rectovaginal fistula(females).

Barron's Banding (Rubber band ligation):

- Done for 2nd degree (internal) piles (barron, 1963) causes ischaemic necrosis & piles fall off.
- At one time only two piles can be banded. Repeat banding can be done only after 3 weeks, band should be placed 2 cm above the dentate line, usually 2 bands are used for 1 pile mass to take care of breakage. Tissue sloughs off in 1-2 weeks leaving an ulcer which heals by scarring. Suction banding is used presently. Suction is used to suck the internal pile into the banding gun.
- Advantages : Equipment is inexpensive, simple to perform; done without Anaesthesia on op basis; results are consistent, stops bleeding and tackles the prolapsing anal cushion.
- It is contraindicated in fissure/fistula/proctitis.
- Complications: If applied low into skin it causes severe pain; discomfort; secondary haemorrhage, inflammation, oedema, ulceration.

Infrared Coagulation:

- It is done in 1st, 2nd, and 3rd degree(internal) piles. Here heat is used to burn the piles so as to allow it to fall off.
- Pulses of infrared radiation are applied through a handheld applicator. The specific infrared wavelengths produce chemical changes that cause blood coagulation within the haemorrhoid itself, which causes the haemorrhoid to seal, shrivel, shrink or slough off. **Source of infrared rays of 15 volt tungsten halogen lamp with a 24k gold plated reflector, rays are transmitted from libero-optic cable which terminates in a probe or pistol (teflon tip) for coagulation.**
- In left lateral position, the probe is applied at the base of pedicle above the dentate line and bursts are given in clover leaf fashion. Timer is set at 2 seconds giving a depth of 2 mm(tissue distruction upto 3mm); total time taken 2-5 minutes. Often 3 or 4 sittings are needed at 1 month intervals.
- It produces a discrete area of necrosis (coagulates tissue proteins and evaporates water from the cells) which heals to form a scar; reduces or eliminates blood flow through the haemorrhoid thereby shrinking it and mucosa becomes fixed to the underlying tissue.
- Advantages: it does not cause noncontact coagulation; does not cause interference with electromagnetic devices such as pacemakers.

- Disadvantages: it is contraindicated in external pile, proctitis. Long term results are not good. Equipment is expensive; multiple sessions are needed.
- **Electrocoagulation** : here bipolar diathermy/unipolar electrocoagulation/galvanic generator uses low voltage current of maximally tolerable amplitude passing through a probe to an earthed patient, this is used in 1st & 2nd degree pile's. Rest all remains the same as like infrared coagulation.

Laser therapy for pile's:

- It is done for Internal(3rd degree) Haemorrhoids.
- Nd-yag, Diode and Carbon dioxide lasers can be used but are expensive and tedious.
- The Intense beam of Light interacts with tissue and can be used to cut, coagulate or ablate the tissue, sealing off nerves and tiny blood vessels can be done by laser beam. By sealing superficial nerve endings patients have minimum postoperative discomfort. Laser is used for dissecting and excising pile masses.
- **Advantages** : Less Operative time; less intraoperative and postoperative bleed and pain; rapid healing; quick recovery; done under LA/SA; less complications; Minimal Pain, Constipation and Urinary retention.
- **Disadvantages** : needs skill; sphincter should be taken care of; non-contact burning can occur; secondary hemorrhage can occur due to heat tissue destruction; and also injury to sphincter can occur.

Doppler guided haemorrhoidal artery ligation (DGHAL)

- In 1995 a Japanese surgeon, Kazumasa Morinaga, introduced a novel way to treat hemorrhoids, useful in all degrees of Haemorrhoids.
- DGHAL is an advanced instrument that works under doppler guided ultrasound. It is painless, 20-minute procedure that cures all degrees of hemorrhoids. It causes choking and blocking of the blood supply of piles. It is done using proctoscope with an incorporated doppler probe.
- This Proctoscope is inserted and doppler probe is used to locate the hemorrhoidal arteries by an audible signal. Once located, a needle holder is inserted into the lumen of the proctoscope and the artery ligated with a 'figure of eight' absorbable suture into the submucosa. The procedure is repeated until no more doppler signals are identified.
- Advantages: Anaesthesia is not needed; blood loss, pain, residual problems are minimal; done as day care surgery; early return for work; may be safe in diabetic, cardiac, old age patients, and in pregnancy.
- It is **under trial** and too early to confirm the efficacy.

Stapled haemorrhoidopexy (Antonio Longo, 1995)(haemorrhoidectomy)

- It is done only for prolapsed (4th degree) piles.
- It is circumferential excision of the mucosa and sub-mucosa 4 cm above the dentate line using circular haemorrhoidal stapler passed per anally (mlph).
- This procedure avoids wound in the sensitive perianal skin. Using stapling gun, a unique circular stapler which reduces the degree of prolapsed piles by excising a circumferential strip of mucosa from the proximal anal canal. The strip of mucosa and submucosa is excised circumferentially above the dentate line. The veins leading to the hemorrhoids are thus incorporated in this excision. Activation of the gun also simultaneously recovers the cut mucosa and sub mucosa by stapling the edges together.
- Advantages : it is less painful; less blood loss; faster recovery; short hospital stay and equally efficacious.
- Disadvantages : need for experience in advanced surgical skill; costlier; may cause a full-thickness excision of the rectal wall; may injure the anal sphincter. Improper purse string can cause incomplete excision leading to severe haemorrhage.
- Contraindication: associated anorectal disease like fissure, fistula-in-ano, proctitis.

- Indications :3rd degree & Fibrosed piles, failure of non-operative methods.
- The haemorrhoidectomy is best Rx, performed using an open or closed technique. The open technique known as Milligan-morgan(UK) operation. The closed technique known as Hill ferguson(USA).
- Both involve ligation and excision of the haemorrhoid, but in the open technique the anal mucosa and skin are left open to heal by second intention, and in the close technique the wound is sutured. Efficacy of surgery is 95% with 2- 5% recurrence rate.
- **Open method (milligan-morgan)**, - under Anaesthesia, in lithotomy position, initially the sphincter should be dilated to reduce the postoperative pain. Later skin is held with Allis forceps, internal pile is held with artery forceps. A "V" shaped cut is placed over the outer skin up to mucocutaneous junction and dissection deepened, internal sphincter visualized, separated and pushed up. Pedicle is transfixed with Vicryl or catgut and distal part is excised. All the three piles can be dealt in a single sitting.

POST OPERATIVE MANAGEMENT:

Sitz bath, antibiotics, laxatives, analgesics, local applications are given. Often four finger dilatation of the anal canal is required to prevent stenosis. Submucosal haemorrhoidectomy of 'parks!-Approach is above the skin through submucosal plane.

DISCUSSION:

- *Arshas* is an extremely common problem and it has been reported since thousands of years. *Arshas* is also called Haemorrhoids in contemporary science.
- *Bheshaja* , *Kshara* , *Agni* and *Shastra karma* are the four folds of treatment by *Acharyas* depending on intensity and chronicity of *Arshas*
- *Bheshaja chikitsa* plays a major role only in the initial stages of *Arshas*, when the pile mass is of recent origin, mild *doshas* involved having less number of symptoms and less complication. We have references of innumerable formulations to treat the *Arshas* depending on involved *Doshas* in initial stages only.
- *Kshara chikitsa* (*Kshara lepa*) is adopted when *Arshas* is *mrudu*, *uchrita* and *Avagada* (deep seated), with mild *rakta* and *pitta* involvement and predominantly *kapha* and *vataja arshas*. *Kshara* by its properties like *Chedana* , *Bhedana*, *Lekhana* and *Tridoshagna gunas* does the chemical cautery on pile masses.
- *Kshara* having *Amla varjita pancha rasa* produces *Madhura Vipaka* on application of *Jambira swarasa* which neutralizes the *kshara* at the site of application. *Kshara lepana* has significant effect in 2nd degree haemorrhoids.
- **AGNI KARMA:** *Agni karma* is the ultimate treatment modality for the *Vataja* and *kaphaja arsha*, that presents with *kathina*, *Parusha*, *Sthira*, *karkasha* and in *bahya Arshas*. *Acharyas* has explained it as ultimate treatment for avoiding recurrence(*Apunarbhava*).
- **RAKTAMOKSHANA:** *Acharyas* has mentioned *Visravana/Raktamokshana* (bloodletting) using *Jalouka* in the management *Rakta Arshas* or *Sravi Arshas*. It can be adapted only in case of Thrombosed Pile mass and it's scope is limited when such thrombosed pile mass are situated externally. It reduces inflammation and helps in lysis of the thrombus.
- **SHASTRA KARMA** : When the pile mass present with *Tanu moola*(Narrow base),*Ucchrita*(projecting/prolapsed) *kledayukta* features (Discharging /bleeding) which can be co related to 3rd degree and 4th degree haemorrhoids. In *Shastra karma* the prolapsed pile mass is ligated /Transfixed using *kshara sutra* followed by excision of pile mass.
- Barbour thread no - 20 supports the strength for ligation, *Snuhi* latex acts as a binding agent, *Apamarga kshara* of *kshara sutra* cauterize the tissue of ligated masses by its *ksharana guna*(corrosive properties).
- The action of *Haridra* powder provides anti microbial and pro inflammatory effect which fastens the wound healing

- The pressure effect made by the *kshara sutra* ligation creates mechanical strangulation of the blood vessels and tissue, which causes the local necrosis of pile mass and ultimately helps in falling out of the pile mass during defecation.

CONCLUSION:

- Haemorrhoids is said to be the fourth leading outpatient gastrointestinal disease, contemporary science has treatments such as diet- lifestyle modification, sclerotherapy, banding, LASER ablation in early stages, Hemorrhoidectomy is done in advanced stages, but presents with high recurrent rates.
- Despite a range of treatment modalities, the chances of re occurrence is high. Keeping in view authenticity, Acharya Sushruta told 4 treatment modalities depending upon severity and doshic involvement of pile mass.
- Acharyas has explained the disease in detail with cause, pathophysiology, classification, different treatment modalities depending upon severity of disease, prognosis and complications.
- Treatment modalities for Arshas :
 - In 2nd degree :kshara lepa, Agni karma proves to be effective
 - In 3rd and 4th degree :kshara sutra with chedana(excision) is the treatment of choice .
 - *Kshara sutra* proves to be boon for surgical field in Ayurveda which is accepted by WHO.

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