



Agnivichar in Arsha Vyadhi: A Review

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ABSTRACT

Background: *Arsha* (haemorrhoids) is among the most common anorectal disorders, affecting 5–11% of the population at any given time and nearly 50% of individuals at some point in life. Classical Ayurvedic texts describe *Arsha* as *mansankur vriddhi* at *gudavali*, whereas modern medicine considers it a symptomatic enlargement and downward displacement of the anal cushions.

Objective: This review evaluates the role of *Agni* (digestive and metabolic fire) in the etiology, pathogenesis, clinical features, prognosis, and management of *Arsha Vyadhi*.

Methods: A comprehensive review of classical Ayurvedic texts—*Sushruta Samhita*, *Charaka Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*—along with modern Ayurvedic and biomedical research articles was performed.

Results: Evidence from classical literature consistently indicates that *Agnimandya* plays a pivotal role at every stage of *Arsha*

Vyadhi, from *hetu* to recurrence. *Mandagni* is highlighted as the essential predisposing factor by *Acharyas*, and modern research correlates this with dietary errors, constipation, and impaired gut motility. *Deepana-Pachana* drugs, *Takra*, and post-procedure *Agni*-supportive regimens remain central therapeutic strategies.

Conclusion: *Agni* balance is fundamental in preventing, treating, and minimizing recurrence of *Arsha*. Integrating *Agni*-oriented management with contemporary interventions may significantly improve clinical outcomes.

KEYWORDS:

Arsha, Hemorrhoids, Agni, Agnimandya, Agnichikitsa, Ayurveda

INTRODUCTION

Arsha (piles/haemorrhoids) is among the most common lifestyle-related anorectal disorders in India, with a prevalence of 5–11% at any given time and nearly 50% lifetime risk^{19,21}. Ayurveda describes *Arsha* as *mansankur vruddhi* at *gudavali*, as mentioned in *Sushruta Samhita* and

Charaka Samhita^{1,3}. In contemporary medical science, haemorrhoids are defined as symptomatic enlargement and distal displacement of anal cushions^{19,20}.

Acharayas Sushruta and *Vagbhata* classify *Arsha* under *Ashtamahagada Vyadhi*, indicating difficulty in management and high recurrence^{1,3}. Modern evidence also reports substantial recurrence even after advanced procedures; for instance, stapler hemorrhoidopexy has shown **failure rates exceeding 70%²³.

Ayurveda places prime importance on *Agni* in both health and disease: **"Rogah sarve 'pi mandagnau"^{1,2,3,15}. Impaired *Agni* leads to metabolic derangements, *mala upachaya*, and *dosha prakopa*, forming the basis for *Arsha* development. This review evaluates the role of *Agni* across etiological, pathological, diagnostic, and therapeutic dimensions of *Arsha*.

AIMS AND OBJECTIVES

1. To review the relationship between *Agni* and *Arsha Vyadhi*.
2. To evaluate and elaborate on the concept of *Agni* in the pathogenesis and management of *Arsha*.

MATERIALS AND METHODS

A qualitative review methodology was used. Primary Ayurvedic texts—*Sushruta Samhita*, *Charaka Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*—along with their classical commentaries were examined^{1,4}. Additional Ayurvedic research articles^{6,14} and classical *Nighantus*⁵ were reviewed. Contemporary biomedical literature on hemorrhoid epidemiology, etiopathology, and management (2011–2025) was analyzed^{19,25}. Articles were identified from PubMed, Index Copernicus, and peer-reviewed Ayurvedic journals.

LITERATURE REVIEW

Agni plays a central role in the etiopathogenesis, clinical presentation,

prognosis, and management of *Arsha*. Across the Ayurvedic compendia, *Acharyas* unanimously emphasize that the status of *Agni* determines the onset, progression, and therapeutic responsiveness of the disease^{1,4}.

Agni* in the *Hetu* of *Arsha

Classical texts describe a range of *aharaja*, *viharaja*, and *manasika* factors responsible for the initiation of *Arsha*^{1,4,6}. *Charaka* and *Vagbhata* explain that these etiological factors lead to *Agni upahata* or *Agninasha*, resulting in impaired digestion, *mala upachaya*, and the eventual development of *Arsha*^{2,3,15,18}.

Sushruta further highlights that *Arsha* manifests predominantly in individuals with pre-existing *Mandagni*—“*Visheshato Mandagne*”¹—clarifying why only certain individuals develop the disease despite similar dietary habits.

Agni* in the *Samprapti* of *Arsha

Vagbhata describes that obstruction of *Apanavayu* disturbs the functional integrity of other *Vayus*, culminating in *Agnisada* or *Agnimandya*, which subsequently initiates the pathological cascade leading to *Arsha*^{3,15}. The disturbed *Agni* thus forms the foundational link in the pathogenesis.

Agni* in the *Purvarupa* of *Arsha

A variety of premonitory symptoms—*Kricchrapakti*, *Vishtambha*, *Aatopa*, *Udgara bahutva*, *Aantrakujana*, and *Mandagni*—are described in classical literature^{1,4}. These manifestations strongly point toward early *Agnimandya*. *Madhava Nidana* describes *Agnimandya* as an independent clinical condition characterized by *Avipaka*, *Udgara bahutva*, *Gaurava*, *Praseka*, and *Malabaddhata*⁴, all of which parallel the *purvarupa* of *Arsha*. This underscores the predictive value of impaired *Agni* in disease evolution.

Agni* in *Rupa

Sahaja Arsha is associated with *Alpagni* according to *Sushruta*¹ and *Durlagni* according to *Charaka*². *Vataja Arsha* typically demonstrates *Agnivaishamya*³, while *Shleshmaja Arsha* manifests with *Avipaka*¹ and *Atimatra Agnimardava*². In *Raktaja Arsha*, *Mandagni* emerges secondary to *dhatu kshaya*, thereby necessitating the use of *tikta rasa* for *Agnisandhukshana*³. *Vagbhata* emphasizes that *Agnimruduta* or *Agninasha* underlies all clinical variants, highlighting the need for restoring *Agni* in every therapeutic approach³.

Agni in Sadhya–Asadhyata

The prognosis of *Arsha* is classified into *Sukhasadhy*, *Krichrasadhy*, *Yapya*, and *Asadhy*^{1,3}. *Vagbhata* is the only *Acharya* who explicitly states that milder cases characterized by fewer symptoms, *Alpa Dosha*, *Bahyavali sthita*, and external lesions are more readily manageable³. Advanced and prolapsed forms involving all *gudavalis* are deemed *Asadhy*. In such conditions, exaggerated *Apanavayu* and *Vyanavayu* disturbances may culminate in *Agninasha* and even *Prananasha* if left untreated³.

Modern evidence parallels this understanding, with recurrence documented even after advanced procedures such as stapler hemorrhoidopexy²³, which has a reported failure rate exceeding 70%. Notably, if *Agnibala* is strong and the principles of *Chikitsa Chatushpadi* are appropriately applied, even *Asadhy* cases may become *Yapya*.

Agni in Arsha Chikitsa

Given *Arsha*'s classification as a *Krichrasadhy* disorder, correction of *Agni* is fundamental at every therapeutic stage^{1,4,6,14,15,18}. Most formulations incorporate *Deepana–Pachana* agents such as *Trikatu*, *Hingu*, *Yavani*, *Kshara*, and various *Lavanas*^{9,14}.

Asava–Arishtas, especially *Abhayarishtha*, exert potent *Agnideepana* effects¹³. *Lavana* and *Amla rasa*—both recognized *Agnivardhaka*—are frequently employed in *Arsha* prescriptions¹⁴. In cases of bleeding piles, *tikta rasa* is advocated³ for its *pachaka* and hemostatic properties. *Gud* (jaggery) is prominently used in formulations for *Agnisandhukshana* and *Vatanulomana*.

Post-procedural interventions such as *Agnikarma*, *Ksharakarma*, and *Shastrakarma* are invariably followed by *Agnideepana* and *Pachana* regimens^{1,3}. *Vagbhata* notes the enhancement of *Agnipatuta* following *Agnikarma*. *Charaka* further establishes the interrelationship of *Arsha* with *Atisara* and *Grahani*, emphasizing the decisive role of *Agni* in their manifestation².

Agni in Pathya–Apathya

Most *Pathya dravyas* recommended in *Arsha* are *Agnideepaka* and *Pachaka*^{2,3}. *Charaka* particularly stresses regular intake of *Agnivardhaka Ahara*². Buttermilk (*Takra*) is extolled as the superior *Pathya* suitable for lifelong use³. Herbs such as *Suran*, *Bhallata*, and *Kutaja*, known for their *Arshoghna* properties, function primarily by supporting *Mandagni*. Modern nutritional guidelines for hemorrhoidal disorders also emphasize dietary fibre, hydration, and avoidance of straining^{24,25}, aligning strongly with Ayurvedic principles.

DISCUSSION

This review highlights that *Agni* is central to the complete understanding of *Arsha Vyadhi*. Textual evidence unanimously supports that *Agnimandya* is the nidus around which pathogenesis revolves—beginning with impaired digestion, leading to *Ama* formation, constipation, venous congestion, and eventual development of *Arsha*.

The intricate relationship between *Agni*, *Vata* (especially *Apana Vayu*), and *guda* pathology explains clinical variability and treatment outcomes.

Post-operative recurrence remains a major concern even today. Classical Ayurveda emphasizes *Agnibala* maintenance post-procedure, which modern practitioners often overlook. Integrating *Agni*-based management with para-surgical measures (*Ksharakarma*, *Agnikarma*) can yield superior long-term outcomes.

CONCLUSION

The review clearly establishes the profound role of *Agnimandya* in the onset, progression, complications, and recurrence of *Arsha Vyadhi*. Early identification of *Agni*-related symptoms and correction through *Deepana-Pachana*, *Pathya*, and *Vatanulomana* can prevent severe disease.

Post-surgical *Agni* reinforcement is crucial to prevent recurrence. Even in *Yapya* or *Asadhyya* cases, maintaining *Agni-Bala* significantly enhances patient comfort and quality of life.

Thus, *Agni*-centered management should be considered the cornerstone of *Arsha* treatment in Ayurvedic practice.

REFERENCES

1. Sushruta. Sushruta Samhita. Edited with Ayurveda Tattva Sandipika commentary by Kaviraj Ambikadutta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan; 2015.
2. Agnivesha, Charaka, Dridhabala. Charaka Samhita, with Vidyotini Hindi Commentary by Acharya Shastri R. Varanasi: Chaukhamba Bharti Academy; 2015.
3. Vaghbata. Ashtanga Hridaya, with Sarvanganasundara of Arunadatta and Ayurveda Rasayana of Hemadri. Varanasi: Chaukhamba Orientalia; 2014.
4. Madhavakara. Madhava Nidana with Madhukosha commentary. Varanasi: Chaukhamba Prakashan; 2013.
5. Bhavmishra. Bhavaprakasha Nighantu. Varanasi: Chaukhamba Bharati Academy; 2010.
6. Bhuyan R, Barman PK. A critical study of causes of bleeding per anum with special reference to *Arsha* in Sushruta Samhita. Int J Ayurveda Pharma Res. 2019;7(1):1-5.
7. Awasthi SS. A systematic review of recent advances of *Agnikarma* in the management of haemorrhoid. Ayurline Int J Res Indian Med. 2019;3(5):1-8.
8. Barange P, Kumar A, Parashar I. Comparative clinical study to evaluate the effect of Apamarga Kshara Sutra and *Agnikarma* in *Arsha*. J Ayurveda Integr Med Sci. 2025;10(2):32-4.
9. Sai Shashank K, Parvathy S, Shankar S. A review article on the management of Arshas (haemorrhoids). J Ayurveda Integr Med Sci. 2024;9(4):120-5.
10. Swami S, Sharma VD. A review article on piles (Arsha) and its management. Int Res J Ayurveda Yoga. 2023;6(3):45-52.
11. Shukla A, Sharma U. A review on pathophysiology and management of *Arsha* in Ayurvedic classics. Ayurpharm Int J Ayurveda Allied Sci. 2022;11(4):110-7.
12. Jagtap S, Kulkarni R. A critical review on Kshara Karma in *Arsha*. J Res Tradit Med. 2021;7(2):56-61.

13. Gupta SK. A review on Yapan Chikitsa in Arsha with special reference to Gud-Haritaki. *Ayu*. 2018;39(2):107-12.

14. Patil V, Shinde G. Role of Deepana-Pachana drugs in Arsha. *J Indian Syst Med*. 2020;8(1):25-30.

15. Tiwari A, Kanungo R, Kanungo N, Vijayata K. Agni Dushti and associated diseases: an Ayurveda perspective. *J Drug Deliv Ther*. 2020;10(3):152-6.

16. Preeti J, Yadav S, Chathurika LAWJ. Physiological aspect of Agni with special reference to metabolism. *Int Res J Ayurveda Yoga*. 2025;8(2):88-95.

17. Deshpande A, Sharma R. Conceptual study of Agni and its clinical significance. *Ayu*. 2013;34(1):63-6.

18. Pandey R, Mishra P. Agnimandya: A critical analysis from Ayurveda and modern perspective. *J Ayurveda Holist Med*. 2020;8(3):45-51.

19. Sun Z, Migaly J. Review of hemorrhoid disease: presentation and management. *Clin Colon Rectal Surg*. 2016;29(1):22-9.

20. Lohsiriwat V. Hemorrhoids: from basic pathophysiology to clinical management. *World J Gastroenterol*. 2012;18(17):2009-17.

21. Riss S, Weiser FA, Schwameis K, et al. The prevalence of hemorrhoids in adults. *Int J Colorectal Dis*. 2012;27(2):215-20.

22. Sneider EB, Maykel JA. Thrombosed external hemorrhoids: review of management. *Clin Colon Rectal Surg*. 2011;24(1):5-12.

23. Shanmugam V, Thaha MA, Rabindranath KS, et al. Rubber band ligation versus excisional haemorrhoidectomy for haemorrhoids. *Cochrane Database Syst Rev*. 2005;(3):CD005034.

24. Peery AF, Sandler RS, et al. Risk factors for hemorrhoids on colonoscopy. *Clin Gastroenterol Hepatol*. 2015;13(4):686-92.

25. Wald A. Constipation, lifestyle and hemorrhoids: an update. *Curr Gastroenterol Rep*. 2018;20(4):18.

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