



Sushruta's view of Arshas: An Interdisciplinary Framework for Managing Hemorrhoids as a Digestive Disease

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Abstract:

Haemorrhoids (Arśas) remain one of the most common anorectal disorders globally, with significant impact on quality of life despite modern advancements in diagnosis and treatment. Contemporary medicine explains haemorrhoids as pathological dilatations of the anal venous plexus, influenced by factors such as constipation, straining, and increased intra-abdominal pressure. In contrast, classical Ayurvedic literature—particularly the *Sushruta Samhitā*—presents Arśas as a systemic disease rooted in impaired *Agni* (digestive fire) and *Doṣha* imbalance. This research critically examines Sushruta's conceptualization of Arśas, correlating it with modern understanding to develop an interdisciplinary framework for comprehensive management. The study analyzes Ayurvedic etiological factors (Nidāna), highlighting the roles of *Āhārāja*, *Vihārāja*, and secondary diseases, and emphasizing the central involvement of *Mandāgni* in pathogenesis. Sushruta's four-fold therapeutic approach—*Bheshaja*,

Kṣāra, *Agni*, and *Śhastra Karma*—is evaluated alongside contemporary practices such as conservative therapy, sclerotherapy, thermal coagulation, and haemorrhoidectomy, revealing remarkable parallels in indications and methodology. Findings suggest that Ayurvedic principles, particularly those targeting digestive health and lifestyle regulation, complement modern interventions and offer a holistic strategy for preventing recurrence and improving outcomes. This integrative analysis reinforces the continued relevance of Sushruta's teachings and supports the incorporation of Ayurvedic concepts into modern anorectal care.

Keywords: Agni; Arśas; Haemorrhoids; Interdisciplinary Framework ; Sushruta Samhita

Introduction:

Haemorrhoids (Arśas), one of the most prevalent anorectal disorders worldwide, continue to pose a significant burden on public health despite advances in diagnostic and therapeutic modalities. Contemporary biomedical literature describes

haemorrhoids as pathological dilatations of the anal venous plexus, influenced by multifactorial etiologies such as constipation, straining, sedentary lifestyle, and increased intra-abdominal pressure. However, classical Ayurvedic literature, particularly the *Sushruta Samhitā*, offers a more holistic interpretation of Arśas—viewing it not merely as a local anorectal pathology but as a systemic manifestation rooted in *Agni* (digestive fire) impairment and *Dosha* imbalance. Sushruta's comprehensive descriptions of causation, prodromal signs, classification, and management highlight an integrated understanding that connects gastrointestinal physiology with the expression of anorectal disease.^[1]

Given the rising global interest in integrative healthcare, re-examining Sushruta's conceptualization of Arśas provides a valuable interdisciplinary lens that merges the ancient principles of digestive health with current biomedical insights into hemorrhoidal disease. While modern medicine predominantly emphasizes symptomatic relief and surgical correction, Ayurveda underscores correction of faulty digestion, dietary regulation, lifestyle modification, and individualized therapeutics to address both root cause (*nidāna*) and clinical manifestation. This divergence reflects a need to explore how classical Ayurvedic doctrines can complement contemporary management strategies to improve patient outcomes holistically.^[2]

This research paper aims to critically evaluate Sushruta's view of Arśas as a digestive disease and demonstrate his views on four-fold management concepts, which have parallelly similarities to contemporary medico-surgical recent practices.

MATERIALS AND METHODS:

All sorts of references have been collected from our ancient Ayurvedic texts, viz., Sushruta Samhita, Nibandhasangraha. Modern books on Surgery of the Anus, Rectum and Colon are used as literary sources.

AIM AND OBJECTIVES: To study in detail on Arshas in both Ayurvedic and modern texts, to establish the relation between Mandagni in the Samprapti of Arsha. The second aim is to demonstrate Sushruta's views on four-fold management concepts, which have parallelly similarities to contemporary medico-surgical recent practices.

Nidāna (Etiological Factors)

1. Āhārāja Nidāna (Dietary Causes)

Impaired *Agni* due to the intake of *guru* (heavy), *madhura* (sweet), *śhūta* (cold), *abhiṣhandī* (channel-blocking), *vidāhī* (pungent-irritant), and *viruddha āhāra* (incompatible foods) contributes significantly to the manifestation of Arśas. Excessive consumption of meats such as *varāha* (boar), *mahiṣa* (buffalo), *aja* (goat), and *avi* (sheep), as well as stale, dry, decomposed, or putrid meat, aggravates digestive imbalance. Intake of *lāśuna* (garlic), *kilāta*, incompatible grains, leftover (*paryuṣita*), putrid (*pūti*), and mixed (*saṅkīrṇa*) foods, along with excessive alcohol consumption (*ati-madyapāna*), further weakens digestive power and predisposes to Arśas.^[3]

2. Vihārāja Nidāna (Lifestyle Causes)

Lifestyle-related factors include complications from improper *basti* procedures, excessive exercise (*ati-vyāyāma*), excessive coitus (*vyāvāya*), daytime sleep (*diva-svapna*), and excessive indulgence in sleep or sedentary habits (*ati-śayana*). Prolonged sitting (*āsana*), constant squatting (*utkatasana*), irregular

postures (*visamāsana*), hard seating surfaces (*kathināsana*), long-distance travel on camels (*uṣṭra-yāna*), and excessive walking or physical exertion (*adhika pravāhana*) are also contributory. Suppression of natural urges (*vegādharaṇa*) further aggravates the pathogenesis.

3. Anya Nidāna (Other Causes)

Additional factors include *āmāgarbha bhramśa* (displacement of the fetus due to toxins), fetal compression (*garbhopīḍana*), and difficult or abnormal labour (*viṣama prasūti*), which may predispose to the development of Arśas.

4. Nidānārthakara Roga (Diseases Acting as Etiological Factors)

Conditions such as *Atisāra* (Diarrhea), *Grahanī*, *Pāṇḍu* (Anemia), and *Gulma* (abdominal masses) weaken digestive and systemic balance and may act as secondary causative factors for Arśas^[3]

Role of Agni in Arśas

Agni, the fundamental digestive and metabolic fire of the body, plays a central role in maintaining overall health according to Ayurveda. It is emphasized that diminished or impaired *Agni* is the root cause of most diseases. When *Agni* functions improperly, it leads to a cascade of gastrointestinal disturbances and metabolic imbalances.

Mandāgni (reduced digestive power) is identified as a key pathogenic factor in conditions such as Arśas, *Grahanī*, and *Atisāra*. Each of these disorders can function both as a result of and a contributor to further deterioration of *Agni*, creating a cycle of digestive dysfunction.

Faulty dietary practices and irregular bowel habits further weaken digestive strength. Poor gastric and intestinal digestion, along with inadequate nutrient absorption,

commonly results in constipation. The repeated straining during defecation that follows becomes a significant risk factor for the development and external visibility of piles (external Arśas).

Arśas, *Atisāra*, and *Grahanī* share common etiological roots, with impaired *Agni* being the foundational disturbance in all three. Therefore, maintaining and restoring optimal *Agni* is essential in the prevention and management of these conditions.

Chikitsa (Management) -Ayurveda Surgical Science:

In Ayurveda, the fundamental rule to cure a disease is to eliminate the root cause of the disease and prevent the contributing etiological factors. Acharya Sushrutha has documented four therapeutic modalities for Arsha, and these treatments are to be used based on the degree of dosha involvement in Arsha.

[e-sushruta Samhita]

Type of Management	Indicated conditions of Arsha
1. Bheshaja Karma (medical treatment)	Recent origin, Alpa- Dosha, Linga, Upadrava (Few symptoms, Complications)
2. Kshara Karma (chemical cauterization)	Soft, Extensive, Deep and Raised
3. Agni Karma (cauterization)	Rough, Fixed, Large, and Hard
4. Shastra Karma (surgical management)	Narrow pedicle, Elevated, Moist

Tabel 1: Types of management of Arsha and its indications.

Management of Haemorrhoids (Contemporary Science):^[4]

Medical-	Non-operative:	Operative
<ol style="list-style-type: none"> 1. Warm Sitz Bath 2. Topical Anaesthesia 3. Analgesics 4. Laxatives 5. Anti-inflammatory drugs 6. Protectants 7. Vasoconstrictors 8. Antiseptics 9. Suppositories 	<ol style="list-style-type: none"> 1. Sclerotherapy 2. Rubber band ligation 3. Cryosurgery 4. Lords anal dilation 5. Bipolar diathermy 6. Laser therapy 7. Infrared photocoagulation 8. DGHAL 	<ol style="list-style-type: none"> 1. Open haemorrhoidectomy 2. Closed haemorrhoidectomy 3. Submucous haemorrhoidectomy 4. Stapled haemorrhoidectomy

Table 2:Management of hemosshoids

Comparative similarities of management:

1. Bheshaja chikitsa :

It plays a major role in the initial stages of Arsha. When the pile mass is of recent origin, less involvement of doshas, having fewer symptoms & fewer complications in such a condition, Bheshaja chikitsa should be done. With the Bheshaja line, doshas can be eliminated totally from the body, whereas Agni, Kshara & Shastra karma are local treatments, hence they cannot eradicate the factors of the disease. An important advantage of Bheshaja chikitsa is that there will be no or less complications and no adverse effects.^[9]

2. Kshar karma:

Kshar is a caustic chemical, alkaline in nature, obtained as a water-soluble alkaline extract from the ashes of different medicinal plants, or in natural forms as minerals. It is a minimal invasive procedure compared to Shastra karma and Agni karma. It is described as one of among the Anu Shastras or Upa yantras. It is the superior most among the sharp and subsidiary instruments because of performing Chedana , Bhedana and Lekhana karma along with

Tridoshahara property. It is also very popular, because even such places which are difficult in approach by ordinary measures can be treated by Kshar karma. Kshar karma is more effective than the other modalities of treatment regarding Arsha, 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 for surgical interventions. ^[10]

The Arsha which are soft, extensive, deep seated, projectile are treated by Kshara.

3. Agni Karma:

It is also an important para-surgical procedure 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 Agni karma is regarded superior than other surgical and para-surgical measure because of its capacity to destroy the diseased tissues completely and its wide applicability even of lesions incurable by other measure.

Agni karma is indicated in rough, fixed, broad and hard types of masses and mainly in Vataja and Kaphaja arsha. Those patients

suffering from prolapsed and third-degree piles can be treated with Agni karma.

But Agni karma is contraindicated in Raktaja and Pittaja type of Arsha.^[5]

4. Shastra Karma

Shastra karma is indicated in pedunculated, big and discharging stage of Arsha Roga.

The pre-operative measures should be well taken. The Chedana Karma(excision) of Arsha should be done with the help of sharp instruments in the shape of a semilunar incision. After Chedana Karma, if needed, Agnikarma may be immediately applied in 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 a conventional open hemoroidectomy, or it can be said that the ligation and excision procedure performed in recent times is also similar to this procedure^[6,7]

Similarities in management protocols	
Ayurved science by Sushruta	Recent advances and contemporary science
Bheshaja Karma (Medicinal management)	Common medical treatment-Laxatives, Veno regulators, local applications
Kshara Karma(chemical cauterization)	Sclerotherapy
Agni Karma(Thermal cauterization)	Infrared coagulation, Laser therapy, aCryosurgery
Shastra Karma(Surgical management)	Haemorrhoidectomy- Ligation and excision, DGHAL, Steppler

Table 3:Similarities in management protocols

DISCUSSION

The present study highlights the interdisciplinary relevance of Sushruta's conceptualization of Arśas, integrating both Ayurvedic and modern biomedical perspectives. Haemorrhoids, described in contemporary medicine as venous dilatations of the anorectal plexus, are largely explained through mechanical and pathological alterations such as increased intra-abdominal pressure, vascular hyperplasia, constipation, and degeneration of supporting connective tissues. While these explanations provide a localized anatomical view, Ayurveda approaches Arśas as a systemic disorder rooted in impaired digestion (*Mandāgni*) and subsequent *Doṣha* imbalance. This broader physiological framework allows for a deeper understanding of recurrent, chronic, and multifactorial presentations of haemorrhoids.

The etiological factors (Nidāna) described by Sushruta—*Āhārāja*, *Vihārāja*, *Anya*, and *Nidānārthakara Roga*—show remarkable alignment with modern risk factors such as improper diet, sedentary habits, strenuous physical activity, pregnancy-related strain, and chronic gastrointestinal conditions. The emphasis on *Mandāgni* and its role in producing *Mala sanchaya*, constipation, and straining highlights a sophisticated understanding of gastrointestinal motility and metabolism. This correlation demonstrates that Ayurvedic pathology, though expressed differently, corresponds closely with modern mechanisms involving slow bowel transit, inadequate fiber intake, and portal venous congestion.

Another significant discussion point is the four-fold management protocol documented by Sushruta—*Bheshaja*, *Kṣāra*, *Agni*, and *Śhastra Karma*. These modalities display striking similarities to

contemporary therapeutic interventions. *Bheshaja Chikitsa* parallels modern conservative measures such as dietary regulation, laxatives, venotonic drugs, and topical applications. *Kṣāra Karma*, known for its chemical cauterizing and tissue-debriding action, shows functional equivalence to sclerotherapy, a commonly used non-surgical modality in current practice. *Agni Karma* demonstrates parallels with infrared coagulation, electrocautery, laser therapy, and cryotherapy—all of which rely on thermal energy for tissue destruction. *Śastra Karma*, involving excision, ligation, and haemostasis through cautery and bandaging techniques, clearly resembles open haemorrhoidectomy, DGHAL, and stapler hemorrhoidopexy used in modern surgical protocols.^[7]

Thus, Sushruta's four-fold treatment model is not only conceptually robust but also stands validated by current medico-surgical advancements. The clinical indications he described for each modality—such as *Kṣāra* for soft and deep-seated piles, *Agni* for hard or prolapsed piles, and *Śastra* for large and discharging pile masses—match well with modern criteria of case selection. This suggests an impressive foresight and establishes Sushruta as a pioneer in rational anorectal therapeutic strategies.^[8]

Overall, the Ayurvedic framework provides a more holistic perspective by prioritizing correction of metabolic impairment, dietary modifications, lifestyle changes, and individualized therapy—elements increasingly emphasized in integrative and preventive healthcare today. The convergence of ancient and modern views substantiates the need for a combined approach for achieving better long-term outcomes in hemorrhoid management.

CONCLUSION

- The role of *Mandāgni* in the pathogenesis of Arṣas highlights an essential link between digestive health and anorectal pathology, underscoring the importance of metabolic correction for sustainable healing.
- Sushruta's four-fold management framework—*Bheshaja*, *Kṣāra*, *Agni*, and *Śastra Karma*—demonstrates remarkable similarity to present-day medical and surgical practices.
- This correspondence validates the scientific basis of Ayurvedic principles and illustrates how ancient therapeutic strategies have evolved into modern, minimally invasive, and surgical modalities.
- The precision of case selection, procedural detail, and postoperative care described by Sushruta indicates a level of surgical sophistication that remains relevant even today.

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