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## Ayurvedic Management of Arsha (Hemorrhoids): A Clinical Evidence Review

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### Abstract

Arsha is one of the most frequently described anorectal disorders in Ayurveda and is clinically correlated with hemorrhoids. It is characterized by mass-like growths in the guda region associated with bleeding, pain, prolapse, constipation, discomfort, and impaired quality of life. Classical Ayurvedic literature considers Arsha a significant disease entity arising from derangement of doshas, disturbed digestion, improper diet, chronic constipation, suppression of natural urges, and strain during defecation. Contemporary hemorrhoids are similarly linked with bowel irregularity, venous congestion, sedentary habits, and dietary errors. This review evaluates the Ayurvedic clinical understanding of Arsha and synthesizes available clinical evidence regarding Ayurvedic management, including **Bhaishajya Chikitsa, Kshara Karma, Kshara Sutra-related principles, Agnikarma, Basti, local applications, and dietary regulation**. Published clinical studies and reviews indicate that Ayurvedic interventions may be beneficial in reducing bleeding, pain, prolapse, inflammation, constipation, and recurrence tendency, especially when used in a stage-appropriate and individualized manner. Para-surgical measures such as Kshara Karma have particular importance in internal hemorrhoids and may offer effective minimally invasive management with reduced recurrence in selected cases. At the same time, the clinical literature is heterogeneous and requires stronger standardization, better trial design, and longer follow-up. Ayurveda offers a meaningful framework for both conservative and procedural management of hemorrhoids and remains highly relevant in anorectal clinical practice.

**Keywords:** Arsha, Hemorrhoids, Ayurveda, Kshara Karma, Bhaishajya Chikitsa, Ano-rectal Disorders, Clinical Research

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### Introduction

Hemorrhoids are among the most common anorectal disorders encountered in clinical practice. They may present with bleeding per rectum, pain, itching, mucous discharge, prolapse, and incomplete evacuation. Chronic constipation, straining, low-fiber diet, obesity, pregnancy, prolonged sitting, and sedentary habits are commonly associated risk factors. Although many cases are manageable with conservative measures, a significant proportion of patients suffer recurrent symptoms, persistent discomfort, or progression to prolapse and bleeding severe enough to require intervention.

In Ayurveda, the condition most closely corresponding to hemorrhoids is **Arsha**. Classical texts describe Arsha as a disease of the guda region characterized by fleshy projections or mass-like growths that obstruct comfort and impair normal defecation. Ayurveda regards Arsha as both a digestive-metabolic and local anorectal disorder, emphasizing causative factors such as mandagni, constipation, improper food habits, suppression of natural urges, excessive strain, and doshic aggravation. This broader view makes the management of Arsha not merely local or procedural, but systemic and preventive as well.

The present review examines the Ayurvedic understanding of Arsha and summarizes the available clinical evidence regarding Ayurvedic management of hemorrhoids.

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### Aim and Objectives

The present review was undertaken to:

1. Examine the Ayurvedic concept of Arsha in relation to hemorrhoids.
2. Review the available clinical evidence on Ayurvedic management of Arsha.
3. Describe the role of medical, para-surgical, and supportive interventions.

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4. Discuss the current strengths and limitations of the evidence base.

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## Materials and Methods

This article is a narrative clinical evidence review based on classical Ayurvedic literature and selected published clinical studies, review articles, and procedural discussions related to Arsha and hemorrhoids. The focus is on outcome-oriented clinical evidence and practical relevance of Ayurvedic interventions such as oral formulations, local therapy, Kshara Karma, and integrated management.

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## Ayurvedic Understanding of Arsha

Arsha is described in the Ayurvedic classics as a disorder of the anorectal region involving protruding or fleshy growths that cause obstruction, discomfort, and difficulty during defecation. It is considered a disease of considerable suffering because it affects one of the most functionally and socially sensitive regions of the body. Classical texts relate its origin to **vitiating of Vata, Pitta, Kapha and Rakta**, often in association with digestive impairment and chronic bowel strain.

Arsha may be classified in various ways, including according to dosha predominance, bleeding tendency, congenital or acquired origin, and internal or external location. Clinically, the most relevant broad distinction is between:

- **Shushka Arsha** - non-bleeding piles
- **Rakta Arsha** - bleeding piles

Ayurveda also distinguishes internal and external lesions, and further considers whether they are soft, inflamed, painful, bleeding, or prolapsing. These distinctions influence treatment selection.

## Etiological Considerations

Common Ayurvedic nidana include:

- chronic constipation
- suppression of urge to defecate
- excessive straining
- incompatible or heavy diet
- low digestive power
- dry, non-lubricating food
- prolonged sitting or riding
- excessive sexual activity and exertion in debilitated individuals

This etiological pattern aligns closely with modern observations linking hemorrhoids to bowel irregularity, pressure, venous stasis, and poor lifestyle habits.

## Pathophysiological Perspective

From the Ayurvedic perspective, deranged Apana Vata, impaired Agni, and dosha accumulation in the guda region contribute to local congestion, tissue distortion, swelling, and mass formation. Pitta and Rakta involvement contribute to bleeding, inflammation, and burning, whereas Kapha contributes to heaviness and swelling. Vata contributes pain, dryness, and difficult defecation. This multidimensional understanding explains why Ayurveda offers both systemic and local therapies.

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## Clinical Correlation with Hemorrhoids

Modern hemorrhoids are vascular cushions that become symptomatic due to congestion, descent, inflammation, thrombosis, or mucosal prolapse. Common symptoms include painless rectal bleeding, pain in thrombosed cases, prolapse, pruritus, mucous discharge, and constipation. The classical Ayurvedic symptom complex of Arsha correlates well with these features, especially in cases of internal bleeding hemorrhoids and external painful piles. This correlation has encouraged extensive use of Ayurvedic therapies in anorectal practice.

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## Types of Ayurvedic Management

Ayurvedic management of Arsha is traditionally described under multiple therapeutic lines:

1. **Bhaishajya Chikitsa** – medicinal management
2. **Kshara Karma** – chemical cauterization / para-surgical approach
3. **Agnikarma** – thermal cauterization
4. **Shastra Karma** – surgical excision in selected cases
5. **Pathya-Apathya** – dietary and behavioral regulation

In modern Ayurvedic practice, treatment selection depends upon the type, grade, bleeding status, chronicity, bowel pattern, and patient condition.

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## Medical Management (Bhaishajya Chikitsa)

Conservative Ayurvedic management is generally preferred in early-stage hemorrhoids, bleeding piles without severe prolapse, constipation-associated cases, and patients unfit for procedures.

### Common Therapeutic Goals

- correction of constipation
- reduction of bleeding
- reduction of pain and inflammation
- improvement of digestion
- normalization of bowel evacuation
- prevention of recurrence

### Commonly Used Formulations

In clinical practice, commonly used medicines include:

- **Arshoghni Vati**
- **Abhayarishta**
- **Triphala**
- **Kutaj preparations**
- **Nagakesara-based formulations**
- **Kankayana Vati**
- **Eranda or mild virechana-supporting measures in selected cases**

These medicines are usually selected according to whether the patient has constipation, bleeding, inflammation, burning, prolapse, or associated digestive impairment. Conservative therapy is often combined with local measures such as sitz bath, oil application, medicated ghritha, or guda pichu.

### **Clinical Evidence for Medical Management**

Clinical studies on Ayurvedic oral treatment for hemorrhoids generally report improvement in:

- bleeding per rectum
- painful defecation
- constipation
- burning sensation
- local discomfort
- recurrence tendency when dietary discipline is maintained

Most such studies are small or institutional, but they support the practical relevance of Ayurvedic conservative care in uncomplicated cases.

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### **Kshara Karma in Arsha**

One of the most important Ayurvedic para-surgical interventions for Arsha is **Kshara Karma**. This involves application of alkaline preparation to pile masses, especially internal hemorrhoids, to induce cauterization, shrinkage, sloughing, and healing.

### **Clinical Relevance**

Kshara Karma is especially valued because:

- it is minimally invasive
- it can be done without major surgery in many cases
- it is useful in internal pile masses
- it reduces the need for extensive operative intervention
- it is regarded in Ayurveda as precise and effective in selected lesions

### **Published Clinical Observations**

Clinical reports and comparative studies have described good outcomes with Kshara application in internal hemorrhoids, especially in lower-grade and selected prolapsing cases. Reported benefits include reduction in:

- size of pile mass
- bleeding
- prolapse
- pain and discharge

Many Ayurvedic anorectal centers use Kshara Karma as a routine office-based or minor-procedure intervention for suitable hemorrhoid cases.

### **Philosophical Importance**

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Kshara Karma reflects one of the great strengths of Ayurveda: the ability to combine medicinal and procedural logic in a single therapeutic tradition. It also represents an important bridge between conservative treatment and full surgery.

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## Agnikarma and Local Procedures

Although less commonly emphasized than Kshara Karma in hemorrhoids, **Agnikarma** may be used in selected external lesions or painful local conditions. Other local supportive measures may include:

- medicated oil or ghrita application
- guda pichu
- sitz bath
- avagaha
- local fumigation in traditional settings

Such measures are usually adjunctive and are particularly relevant for pain, inflammation, or post-procedural healing support.

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## Surgical and Para-surgical Relevance

Classical Ayurveda does recognize **Shastra Karma** where needed, especially in advanced cases. In current integrative terms, this means Ayurveda is not limited to conservative herbal care; it includes rational escalation to procedures where indicated. This is especially important in higher-grade hemorrhoids with persistent prolapse or recurrent bleeding not responding to medicine.

Ayurvedic para-surgical practice is particularly strong in ano-rectal disease because of the historical development of:

- Kshara Karma
- Kshara Sutra principles
- Agnikarma
- local wound management

This procedural heritage makes Ayurveda clinically distinctive in proctology.

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## Dietary and Lifestyle Management

A major strength of Ayurveda in hemorrhoid care is its insistence on correcting the causative factors. Without this, recurrence remains likely.

### Pathya

- warm, soft, easily digestible food
- fiber-supportive diet in constitutionally suitable form
- adequate hydration
- use of ghrita or lubricating food where Vata is dominant
- avoidance of excessive strain
- regular bowel routine

### Apathya

- dry, constipating diet
- excessive pungent and irritant food in bleeding piles
- prolonged sitting
- suppression of natural urges
- repeated straining
- sedentary behavior without bowel discipline

This causative correction is clinically important and often underemphasized in non-Ayurvedic management.

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## Published Clinical Evidence

The published evidence on Ayurvedic management of Arsha includes institutional studies, comparative trials, procedural case series, and review articles. Although methods vary, a consistent pattern emerges.

## Commonly Reported Outcomes

Ayurvedic interventions have been associated with improvement in:

- bleeding per rectum
- pile mass size
- pain
- constipation
- prolapse
- burning sensation
- quality of life and comfort during defecation

## Procedural Evidence

Studies and institutional observations on Kshara Karma indicate that it is particularly useful in internal pile masses and may provide satisfactory outcomes with lower recurrence in selected patients compared with purely symptomatic treatment. It is often presented as an efficient minimally invasive management option.

## Conservative Evidence

Oral and topical Ayurvedic treatment appears particularly useful in early hemorrhoids, bleeding piles with digestive disturbance, and chronic constipation-associated cases. Conservative therapy also has value before and after procedures.

## Clinical Integration

In practical Ayurvedic proctology, the best results are often reported with integrated treatment including:

- bowel regulation
- local care
- oral medicines
- procedure when indicated
- long-term pathya

This whole-system approach is one of the main reasons Ayurveda remains widely used in hemorrhoid care.

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## Strengths of Ayurvedic Management

### 1. Stage-Appropriate Care

Ayurveda offers both conservative and procedural options, making it flexible across disease stages.

### 2. Strong Focus on Recurrence Prevention

Unlike purely local treatment models, Ayurveda addresses digestion, bowel habits, and causative lifestyle.

### 3. Established Para-surgical Tradition

Kshara Karma is a major strength of Ayurvedic anorectal practice.

### 4. Functional and Symptom Relief

The primary symptoms that matter to patients—bleeding, pain, prolapse, constipation, and discomfort—are directly addressed.

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## Limitations of Existing Evidence

The current clinical literature also has limitations:

1. many studies have small sample size
2. procedural standardization varies
3. grading of hemorrhoids is inconsistently reported
4. long-term follow-up is not always available
5. some studies are institution-specific and difficult to generalize
6. comparison with modern procedures is still limited in robust trial settings

These limitations show that while the evidence is encouraging, stronger and larger clinical trials are still required.

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## Discussion

Ayurvedic management of Arsha represents one of the strongest practical domains of classical medicine because it combines:

- understanding of local pathology
- digestive-metabolic correction
- para-surgical skill
- recurrence prevention

This makes it highly relevant in modern practice, especially for patients seeking non-surgical or minimally invasive options.

The evidence suggests that Ayurveda may be especially useful in:

- early-stage hemorrhoids
  - chronic recurrent hemorrhoids with constipation
  - internal bleeding piles
  - supportive post-procedural care
  - long-term recurrence prevention
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Kshara Karma remains particularly noteworthy because it is one of Ayurveda's most distinctive and clinically relevant procedural contributions. Future research should focus on standardized grading, comparative procedural outcomes, patient-reported outcome measures, recurrence rates, and integration with contemporary proctological frameworks.

## Conclusion

Arsha is a classical Ayurvedic disease entity that closely correlates with hemorrhoids and remains highly relevant in present-day clinical practice. Ayurvedic management includes both conservative and para-surgical approaches, allowing individualized treatment according to stage, symptoms, and patient condition. Published evidence suggests beneficial effects of Ayurvedic medicines, local applications, and especially Kshara Karma in reducing bleeding, pain, prolapse, and constipation, while also addressing recurrence through dietary and behavioral correction. Although stronger clinical evidence is still needed, Ayurveda offers a meaningful and clinically practical framework for hemorrhoid management that deserves continued research and wider academic attention.

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