

# Asian Resonance

## (Review of Researches conducted on Arsha (Hemorrhoids) at Institute for Post Graduate Teaching and Research in Ayurveda, Jamnagar)

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#### Abstract

In Ayurveda Sushruta described four kinds of treatment modalities as per doshic involvement and nature of Arsha. In today also there are different kinds of methods available in the proctology practice. In the field of Ayurveda at post graduate (PG) institutes of India many studies were carried out on different modalities as mentioned in Sushruta Samhita. Sushruta has point out fourfold therapeutic procedure in the management of Arsha according to the status of piles. These procedures are practiced as per the degree of piles in anorectal surgery. The four types of treatment are modified in modern practice with adopting similar principle of Ayurveda. In this review article an attempt has been made to review the studies carried out on Arsha (piles) in the department of Shalya Tantra at IPGT&RA, Gujarat Ayurved University Jamnagar. This review highlighted that Arsha (Hemorrhoids) can be well managed by Ayurved medicament and parasurgical procedures like Ksharasutra and Jalaukavacharan.

**Keywords:** Arsha, Arshohara Malahara, Hemorrhoidectomy, Kshara, Ksharasutra, Lord's dilatation, Piles

#### Introduction

In *Ayurveda* the field of proctology (ano-rectal disorders) is one such area which still has lot of scope for research through Ayurvedic approach. Ayurveda certainly have immense potential to overcome the challenging unsolved problems of various ano-rectal disorders. The description of Arsha in Ayurvedic literature has similarity with hemorrhoids in modern parlance. Arsha is a commonest clinical condition in ano-rectal disorders. Recently lot of research work on Arsha has been under taken with different approach, depending upon different stages and variety of the disease. The term Arsha is the condition which gives maximum trouble to the patient like an enemy which shows grave nature of the disease. [1] The disease is characterized by formation of mamsankuras in guda pradesha. The term hemorrhoids technically refers to sub-mucosal cushions located in three columns, including right anterior (11 o'clock), right posterior (7 o'clock) and left lateral (3 o'clock) sides above dentate line of anal canal. However, the term is popularly used to refer for pathological varicosity of the hemorrhoid veins due to increased pressure within them. The pressure is usually resulted by straining during defecation, chronic constipation or diarrhea, sedentary lifestyle and during pregnancy. [2] Hemorrhoids are classified by their anatomic origin within the anal canal and by their position relative to the dentate line; which categorized into external and internal hemorrhoids. Internal hemorrhoids are usually painless and make their presence known by causing bleeding with a bowel movement. If the condition left untreated, internal hemorrhoids can prolapsed or protrude through the anus. The clinical gradations of prolapsed internal hemorrhoids are grade-1 to grade-4 and surgery planned accordingly.[3] External hemorrhoids became painful when they inflamed / thrombosed and is self limiting called as perianal hematoma. [4] The patient complaints with clinical features like mild pain in anal region, bleeding per anus and discomfort.

In surgery different non-surgical & surgical procedures are available according to degree of piles i.e. infra red coagulation (IRC), cryosurgery, rubber band ligation, injection therapy, haemorrhoidectomy,

Doppler Guided Hemorrhoidal Artery Ligation (DGHAL), Laser, etc. [5,6] Still it is challenge to the surgeon as no single therapy is said to be self sufficient in the management of all types of Arsha because each procedure has its own limitations. Probably, for this reason Sushruta has mentioned fourfold therapeutic procedure in the management of Arsha, namely Bheshajakarma (medicinal treatment), Ksharakarma (use of caustics), Agnikarma (use of heat) and Shastrakarma (surgery). [7] Treatment with herbs is known to humans for centuries across various continents. Recently, herbal treatment are again getting popularity with documented effects on influence of blood vessel-wall tone, decrease of capillary permeability, circulation improvement, decrease of edema and blockage of inflammatory mediators. [8] The studies were conducted on Arsha with oral medications, by local application of Ksharas in 2nd & 3rd degree of piles while hemorrhoidectomy and Ksharasutra ligation in 3rd & 4th degree piles. [19,10]

#### **Aim of Study**

The review has been done with following aims and objective.

1. To review of researches on Arsha (piles) conducted at IPGT&RA, Jamnagar.
2. To find the best treatment option for Arsha as per degree of piles by holistic approach.

#### **Material & Methods:**

The titles of theses are procured from Ayurveda Research Database on all PG/PhD theses carried out at I. P. G. T. & R. A. [11] Total 11 clinical trials were conducted (from 1978 to 2012) at institute for post graduate teaching and research in Ayurveda (I.P.G.T. & R.A.), Gujarat Ayurved University, Jamnagar on Arsha (piles) with oral medicine, local application parasurgical and surgical approaches. The details like objective, methodology and results of each research work have been appraised and compiled in this review in following manner.

#### **Method:**

Hand Search: All theses (PG dissertations) were collected manually from the Dept. of Shalya Tantra of Institute for Post Graduate Teaching & Research in Ayurveda. The procured theses were reviewed in detail by systemic and scientific way.

#### **Observations and Results:**

Keshav Baraskar et.al (1978): [12]

The study was planned to find the effect of Kshara Patana in Arsha. In this study total 30 patients of diagnosed cases of Arsha (piles) were divided into two groups. Group A: Kshara Pratisaran Group: In this group, total 10 patients were registered and treated with kharapatan by four type of tikshna kshara i.e. Apamarg kshara, Arka kshara, Chitrak kshara and Karvir kshara having pH 10.3 to 10.5. Kshara Pratisaran was done at the interval of 6 days and duration of application depends on samyak dagdha lakshana, approxly time was 20-30 seconds. After samyak dagdha lakshana Kshara was removed and wash by curd water and Yashtimadhu ghruta was applied. Group-B: Kshara Sutra Ligation Group: In this group total 20 patients were registered and treated

with Kshara Sutra Ligation. In all patients of both groups 5 gm Erandabhrushta Haritaki at bed time was given with lukewarm water and Panchvalkal kwath for avagah sweda two times a day.

In group A, Kshara Pratisaran 40% patient got complete cure, 40% got symptomatic relief while 20% were remained unchanged while in group B Kshara Sutra Ligation 100 % of patient got complete cure. In this study it was found that Pratisaran of Kshara is mainly beneficial in initial stage of internal piles where only bleeding per rectum is present without prolapsed of pile mass. Kshara pratisaran was not effective in external pile while Kshara Sutra Ligation is better in both internal prolapsed piles as well as external piles. Hence finally study was concluded that Ksharasutra is better than Kshara pratisaran in management of Arsha.

Ramesh Chand et.al. 1984: [13]

The study has been planned with aim to compare the role of indigenous drugs in the management of Arsha (hemorrhoids) w.s.r. to Kshara Sutra. For that purpose in this study total 47 patients of Arsha were divided into two groups. Group A: Dugdika Kwath: In this group 29 patients were treated 15 ml freshly prepared kwath of dugdhika (*Euphorbia pilulifera*) orally added with 10 gm sugar and 10 ml ghruta, twice daily for three weeks. In Group B 18 patients of Arsha were treated with Kshara sutra ligation. Erandabhrusht Haritaki 5 gm at bed time with lukewarm water was given daily. Sitz bath was given to all patient two times a day before and after Kshara Sutra ligation. jatighrita was applied locally for pain relief.

In group A, 29 patients were treated with dugdhika kwath orally in which 13 out of 13 cases of 1st degree internal piles got complete cure (100 % of 1st degree piles, overall 44.82%), 12 out of 12 cases of 2nd degree internal piles got marked improvement (100%, over all 41.37%) and 4 cases was of 3rd degree piles which showed symptomatic relief in the sense that the bleeding was checked during the course of the treatment but no change in the size of pile mass. In group B, 18 cases were treated with Kshara Sutra ligation and found completely cured. Finally the study was concluded that Kshara Sutra showed better and early results than conservative treatment in 2nd and 3rd degree haemorrhoids. Dugdika kwath is ideal drug for the treatment of 1st degree haemorrhoids as well as for the early cases of the 2nd degree haemorrhoids.

Prakash M. Upadhyay et.al.1985: [14]

A clinical trial was conducted to find the role of Pratisaraniya Kshara in the management of Raktarsha (bleeding piles). In this trial total 25 patients of diagnosed cases of Raktarsha were studied. The patients having bleeding per rectum with or without prolapsed were selected for Apamarga kshara pratisaran. The patient was kept in lithotomy position then lubricated Arshoyantra (proctoscope) was introduced in anal canal and the selected pile mass was arrested in the slit and cleaned thoroughly with gauze piece. Pratisaraniya kshara was applied on the pile mass with the help of a scoop. After 2

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minutes when samyak dagdha lakshana appear the Kshara was washed out from the pile mass with nimbu swaras and Yashtimadhu ghrita was applied to overcome the burning sensation. Erandabhrisht Haritaki 4 gm with lukewarm water was given daily at bed time. Sitz bath with warm water was advised twice in a day. After sloughing out of pile mass (usually in 3-5 days) Jati ghrita was applied in anal canal for healing purpose. The same procedure was repeated for other pile masses one by one at the interval of 7days.

In this study, 68% patients were completely cured, 20% patients were improved and 12% patients remained unchanged. In case of symptomatic relief, 80% relief was found in Raktasrava (PR bleeding), 58.33% in vibandha (constipation), 50% in bhramsa (prolapsed), 75% in Guda vedana (pain in ano), 76.92 % in Guda daha (burning sensation) while 50 % relief was observed in Srava (discharge). The statistical analysis showed that Apamarga Kshara pratisaran is highly significant in first degree piles (13 out of 13 were cured i.e. cure rate was 100%), where as it was significant in case of second degree piles (4 patient cured out of 6 i.e.66.67%). In cases of third degree piles the statistically insignificant (out of 6 patients 3 improved while 3 patients remained unchanged) result was observed.

Narendra Narayandas Gujarathi et al.1987: [15]  
A clinical study was conducted to validate the role of Raktamokshana in the management of Arsha. For that purpose in this study 14 patients were divided into two groups. The primary aim of this study was to evaluate the efficacy of Jalaukavacharan in emergency condition. In Group A- Jalauka avacharan was done in strangulated piles in 8 patients. The patient was laid in lateral position and jalauka was applied on pile mass. The anterior sucker of leech was placed on the tip of the strangulated mass and leeches were covered with gauze piece maintaining the gauze piece moist by pouring few drops of water. After the detachment of leeches at their own or otherwise the applied site was cleaned with triphala kwath and dressed with Haridra (Curcuma longa) powder and T bandage applied. The patients were advised to take sitz bath with panchvalkal kwath daily two times. Erandabhrisht Haritaki 10 gm with lukewarm water given at bed time daily for 1 month. In Group B Jalaukavacharan was done in acute external thrombosed piles in 6 patients. The whole procedure was adopted same as in group-A except that the leech was applied on the most prominent part of the swelling.

In group A, out of total 8 patients 5 patients (62.5%) were improved, 2 patients (25%) were moderately improved while 1 patient (12.5%) remained unchanged. In Group B-out of 6 patients, 4 patients (66.67%) were cured, 1 patient (16.67%) was improved while 1 patient (16.67%) remained unchanged. In case of symptomatic relief vedana, guda daha, vibandha, gudakandu, size of pile mass, srava, bhramsa and sphincter spasm had a statistically significant relief in both the groups. The study was concluded that Jalauka (Leech) application was

effective in both the groups but that patient suffering from acute external thrombosed piles were cured completely with the help of Jalaukavacharan.

Parul j. Pandya et. al. 1998: [16]

The study was carried out on 30 patients to find out the effect of Kshara Patana in the management of Arsha. Three days prior to the Kshara Patana all patients have given snigdha diet i.e. ghee and rice. The patient was laid in lithotomy position and with the help of proctoscope Apamarga Kshara was applied on pile mass with spoon. After 2 minutes when samyak dagdha lakshana (pakva jambu phalvat varna) was appeared then kshara was removed and Madhu+ghrita was applied on dagdha area. The same procedure was followed in rest of pile mass after 7days. Erandabhrishta Haritaki was prescribed 4 gm daily at bed time with lukewarm water. The warm water sitz bath was advised before and after defecation. Madhu+ghruta was applied locally after sitz bath.

Kshara patana therapy has given statistically highly significant result in all symptoms. In symptomatic relief; 84.33% relief in raktasrava and vedana, 82 % in guda daha, 75.33 % in pichchhila srava and bhramsa while guda kandu had shown 77.66 % relief after completion of therapy. The overall results showed markedly improvement in 56.67% patients, improvement was seen in 26.67 % patients while 16.67% patient remained unchanged. Finally study was concluded that Apamarga kshara patana was the best treatment for 1st and 2nd degree piles. In 3rd degree pile symptomatic relief in associated symptoms were observed but could not destroy the pile mass.

Shridhar Pareek et al.1999: [17]

The study was planned with aim to compare the effect of Kutaja and Palasha Kshara Pratisaran in the management of Arsha. In this study total 20 patients were studied and divided into two groups. In Group A Kutaja Kshara Pratisaran was done in 10 patients. The patient was kept in lithotomy position and lubricated proctoscope introduced in anal canal and pile mass was fixed in slit, cleaned and Kutaja Kshara was applied on pile mass with the help of cotton piece. After samyak dagdha lakshana (approximately after 2 minute) pile mass was washed with Takra. The same procedure was repeated for 2-3 times as required. In Group B 10 patient were registered and same procedure was done by using Palasha Kshara for local application. Erandabhrisht Haritaki 5 gm at bed time daily with lukewarm water and sitz bath with Panchvalkal kwath twice a day was advised in patients of both groups.

The patients of both group showed statistically highly significant results on bleeding per rectum, prolapsed and size of pile mass. In Palasha group out of 10 patient 70% were cured, 20% improved and 10% patient remained unchanged. In Kutaja group 80% patient were cured and 20% improved. Kutaja group was having remarkable quickness of the healing of the disease (70% within 3 days) while Palasha kshara took 7 days to give same result (70 % within 7 days). In overall results with

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Kshara patana 75% patients were cured, 20% patients were improved and 5% patients had no relief. So finally the study was concluded that Kutaja kshara is having quick symptomatic relief than Palasha kshara.

Malli Vimal R. et al 2003: [18]

The study has been designed to evaluate the role of Jalaukavacharana in the management of Raktapradoshaj vikara w.s.r. to arsha (Thrombosed piles). Total 30 patients of thrombosed piles were divided into two groups. In Group-A 15 patients were treated with Jalaukavacharana. The patient was kept in lateral position. The anterior sucker of the leech was placed at the pile mass and covered with a wet gauze piece. After detachment of leech the site of application was cleaned with triphala kwath, sprinkle haridra churn and applied 'T' bandage. The sitz bath with Panchvalkal kwath twice daily and Erandabhrisht Haritaki 10 gm at bed time with luke warm water was advised to patient. In Group-B 15 patients were treated with surgical excision. In this group under local anaesthesia the Thrombosed pile mass was excised together with ½ inch of adjacent skin. The pear shaped wound was kept open to heal by secondary intension. The wound dressing was done daily with Betadine ointment for 5-7 days.

The patients of both groups had shown statistically highly significant results on symptoms of thrombosed piles like vedana, guda kandu, guda daha etc. but in sotha (swelling) in surgical excision group insignificant result was observed. In Jalaukavacharana group, 53.33% patient got cured, 26.66% improved, 13.33% moderately improved, 6.67% patient remained unchanged. In surgical excision group 13.33% got cured, 20% improved, 26.66% moderately improved while 40% did not get sufficient relief. Hence this study was concluded that Jalaukavacharana has better results than the surgical excision in the management of thrombosed piles.

Vipul Patel et al 2006: [19]

A clinical study was conducted to find effect of Kasisadi taila in the management of Arsha (haemorrhoids). In this study, total 28 patients having sign and symptoms of bhaisajya sadhya arsha were divided into two groups. In Group A 15 patients of Arsha were treated with 10 ml Kasisadi taila installed in anal canal with the help of rubber catheter no.9 and plastic syringe for 28 days. In Group B 13 patients of Arsha were treated 10 ml Jatyadi taila installed in anal canal for 28 days. Supportive treatment (in both group)-

1. Panchavalkal kwath for sitz bath twice daily.
2. Erandabhrisht Haritaki 5 gm with luke warm water daily at bed time.
3. Triphala Guggulu 2 tabs three times a day.

In patients of group-A, statistically highly significant results were found in Raktasrava (66.67%), bhransa (56.62%), gudvedana (53.63%) and Aniyat Vibandh (70.83%) while significant result was found in reduction of pile mass (50%). In the patients of group-B, significant results were observed in Aniyat Vibandha (52.53%), Raktasrava (47.06%), Asrha bhransa (46%) and guda Vedana (43.75%). In this

study in both group none of patient got complete cured. In Kasisadi taila group only 20% patients got marked improved. The moderate improvement was observed in 50% (Kasisadi taila) and 37.50% in Jatyadi taila. The 30% and 37.50% mild improvement was seen in Kasisadi taila and Jatyadi taila group respectively while 25% patients in Jatyadi taila group remained unchanged. So study was concluded that Kasisadi taila as local application was more effective than Jatyadi taila in the management of 1st and 2nd degree of Arsha.

Mevalal Gupta et. al.2010: [20]

The study was designed to compare the effect of Kshara Sutra ligation and haemorrhoidectomy in the management of Arsha (haemorrhoids). For that purpose total 61 patients of Arsha were divided into two groups. In 35 patients of group-A Kshara Sutra ligation (KSL) in pile masses was done under spinal anaesthesia. The sitz bath with Sphatikadi yoga twice a day and 10 ml Jatyadi taila matra basti was given twice daily. After sloughing out of ligated pile mass Jatyadi ghrita was applied locally for 28 days. In group-B 26 patients were treated by haemorrhoidectomy under spinal anaesthesia. The pile mass was held with artery forceps then V-shaped incision was made on the anal and perianal skin corresponding to the pile mass. Then pile mass was ligated with Barbour Linen thread then distal ligature was excised and after achieving homeostasis "T" bandage was applied.

In patients of KSL group, highly significant relief was observed in symptoms like Raktasrava, gudavedana and Aniyat vibandh while haemorrhoidectomy provided moderate significant relief. In KSL group all patient got complete cured (100%) while in haemorrhoidectomy group no patient get complete cured. In group-B (haemorrhoidectomy), 11.50% patient got marked improvement, 38.46% got moderate improvement, 19.30% patients got mild improvement and 30.77% patients were remained unchanged. Pile mass was removed in 3.2 days and 14.3 days in KSL and haemorrhoidectomy groups respectively. Finally study was concluded that Kshara Sutra ligation is better than haemorrhoidectomy in the treatment of piles.

Milan V. Solanki et al 2011: [21]

The study was planned to evaluate the effect of classical Arshohara Malahara in the management of Arsha. For that purpose total 30 patients of 1st and 2nd degree piles were divided into two groups. In group-A, 15 patients were treated with 10 ml local application of Arshohara Malahara per rectum by tube applicator daily two times for 4 weeks. In 15 patients of group-B, 10 ml Jatyadi taila was instilled per rectum by rubber catheter no.8 two times daily for 4 weeks. Supportive treatment for both groups up to 3 weeks

1. Triphala Guggulu-2 tab (500mg) three times daily orally
2. Karanjadi kwath for sitz bath three times daily.
3. Erandabhrisht Haritaki -5 gm daily at bed time with luke warm water

In Arshohara Malahara group 86.67% patient were cured and 13.33% got marked improvement

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while in Jatyadi taila group 60% patients were cured, 6.67% moderately improved and 33.33% got marked improvement. In case of symptomatic relief group-A showed 100% relief in Raktasrava, Malabandha and Vedana and 44% reduction in size of pile mass. In group B 100% relief in Malabandha, 93.33% in Vedana, 85.71 in Raktasrava followed by 26.08% reduction in pile mass. Hence finally study was concluded that Arshohara Malahara showed better result than Jatyadi taila in symptomatic relief of 1st and 2nd degree piles.

Anil Verma et al 2012: [22]

A comparative study was planned between Ksharasutra ligation and Lord's anal dilatation in the management of Arsha. In this study, total 35 patients were divided into two groups. In group-A, 20 patients were treated with Ksharasutra ligation (KSL) -

The patient was kept in lithotomy position after spinal anaesthesia. The perianal part was cleaned with dettol followed by betadine solution. The pile mass was held in sponge holding forceps, transfixed and ligated by passing the curved round body needle with Ksharasutra at its base and after achieving complete homeostasis "T" bandaging was done. In 15 patients of group B- Lords anal dilatation was done. The patient was kept in lithotomy position after spinal anaesthesia. The four finger anal dilatation was done by Lords procedure by giving gentle stretch at 3 and 9 o'clock position. The following post operative treatment was given in both groups.

1. The sitz bath with Panchvalkal kwath for 10 minutes daily two times.
2. Daily dressing was done and 10 ml matra basti of Jatyadi taila was given once daily up to 4 weeks.
3. Erandabhrisht Haritaki 5gm with luke warm water daily at bed time.
4. I.V. Antibiotics 2 days for group-A (KSL) and 1 day for anal dilatation group-B, followed by oral regimen along with anti-inflammatory drugs.

100% patients were cured in KSL group while in group B, 86.67% patients got complete cure and 6.67% patient got marked improvement while 6.67% patients were remained unchanged. In case of comparison group-B (Lords procedure) gives better results than KSL group in the features of pain and bleeding and statistically found highly significant while in features of constipation and discharge per rectum was found insignificant. The study was concluded that though Lord's anal dilatation proved better in 2nd degree haemorrhoids as compared to KSL as all symptoms were relieved earlier but chances of recurrence are more. There are no chances of recurrence after KSL so it was recommend that KSL is better than Lords dilatation in the management of 2nd degree Piles.

## Discussion:

The review of literature showed that about 75 percent of people may have hemorrhoids at some stage in their lives. Hemorrhoids are most common among adults ages 45 to 65 and are also common in

pregnant women. [23] In the initial stage of piles, occasional per rectal bleeding is only the symptom which cannot noticed by patients. So patients neglected the symptom and further progress in the form of protrusion of piles leads to discharge and discomfort and increased PR bleeding. In Ayurveda the predominant symptoms of Arsha is pain which is terrible in nature. It can be correlated with the complicated piles as uncomplicated piles are mostly painless.

In this review article total eleven studies were reviewed among these studies only one research study (n=29) was done on oral medication with the help of dugdhika kwath. The result showed that it was effective in first degree piles and early second degree piles. In oral medication with trial drug dugdhika kwath showed effective in the management of initial stage of pile in which Agnimandya is the primary cause of Arsha (1st degree piles). The cause of less number of studies is due to consultation of patients in first degree is very less. Total four studies carried out on local application of different types of Kshara. In these trials the Pratisaran of Apamarga Kshara (n=55) was carried out which showed that first and second degree piles are treated completely with Kshara Pratisaran. In another study which was done on local application of Kutaja Kshara (n=10) and Palasha kshara (n=10) also showed good results up to second degree piles. One study was tried on local application of Arshohara malahara (n=15) showed encouraging result in first and second degree piles. Two studies were carried out on per rectal instillation of medicated oil in first and second degree piles among them one study on Kasisadi taila (n=15) and another on Jatyadi taila (n=30) was tried. The positive result was seen in symptomatic relief of piles up to second degree. In another study Lord's anal dilatation (n=15) was performed in cases of first and second degree piles and found complete symptomatic relief.

The use of medications in hemorrhoids includes topical ointments, creams such as local anesthetics, corticosteroids, vasoconstrictors, antiseptics, etc. Topical application of corticosteroids may ameliorate local perianal inflammation, but long-term use of high-potency corticosteroid creams may cause permanent damage and thinning of the perianal skin. [24] In the modern surgery first- and second-degree hemorrhoids are treated by non-surgical intervention like sclerotherapy, infrared photocoagulation and cryosurgery. In this review article tried modalities like local application of Kshara or Malahara and per anal instillation of medicated oils. Among these studies Kshara application helps to cauterize the mucosa and said to be equally effective as IRC and Cryosurgery.

The para-surgical procedure like Ksharasutra is proved very effective in the management of Bhagandara (fistula-in ano) and can be equally effective in the treatment of piles. [25] So to create evidence in Arsha total four studies (n=77) were carried out with para-surgical procedures i.e. Ksharasutra ligation and one (n=26) study tried by surgical intervention i.e. hemorrhoidectomy. In one

study comparison of Ksharasutra and hemorrhoidectomy was done and found that Ksharasutra ligation was as effective as hemorrhoidectomy.

Third-degree piles are treated with rubber band ligation or hemorrhoidectomy, and fourth-degree piles with hemorrhoidectomy. Complications of hemorrhoidectomy include postoperative pain, secondary hemorrhage, abscess, fistula, anal stenosis and fecal incontinence. [26] Infrared coagulation may be as effective as rubber band ligation but this procedure too presents complications like postoperative pain and hemorrhage. [27] In this review studies the Ksharasutra ligation was done and it was observed that post operative pain was noted by patients for initial 3 days up to cut through of Ksharasutra which is manageable with analgesic. After cut through pain wear of and the rest of complications like urinary retention, fecal incontinence was not reported in single case by the authors. So Ksharasutra ligation is said to be alternative para-surgical procedure in comparison to hemorrhoidectomy.

The Bahya Arsha (external piles) if not complicated does not require any treatment but if complications occur it requires intervention. In this review two studies were carried out for the treatment of complicated i. e. thrombosed external piles. In both these studies (n=21) parasurgical i.e. Jalaukavacharan (leech application) was done. In one study (n=15) excision of thrombosed piles was done. The comparison between these two interventions showed that the Jalaukavacharan leech application was better than surgical excision. The leech application can be done at OPD level and does not need to daily dressing and wound care as compare to excision of pile.

#### Conclusion:

The review of research studies conducted on Arsha it was found that the Arsha (hemorrhoids) can be best treated with Ayurved medicine, local Kshara application, medicament and para-surgical procedure like Ksharasutra ligation.

The first degree piles can be treated with Agnidipan, Pachan, Anuloman drugs. First and second degree piles are best treated with medicine along with local Kshara and oil and Malahar application. Third and fourth degree piles can be treated with Ksharasutra ligation. The external thrombosed piles can best manage with the help of Avagaha swedan and Jalaukavacharan (leech application).

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