



Review Article

A CRITICAL STUDY OF CAUSES OF BLEEDING PER ANUM WITH SPECIAL REFERENCE TO ARSHA  
IN SUSHRUTA SAMHITA

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**ABSTRACT**

Ano-rectal disorders are on exponential growth in the population of mankind, with bleeding per anum as one of the main prodromal symptom. Just like the metabolic or lifestyle disorders namely diabetes mellitus, hypertension, ano-rectal disorders also owe their etiology to irregular & improper diet, sedentary lifestyle, prolonged sitting in inaccurate postures, improper bowel habits & also psychosocial factors. In Ayurveda, Sushruta has described it vividly in *Arsha nidanam* that those people suffering from *Mandagni* i.e., reduced digestive power which leads to *Vata* aggravation alone or in combination with other *Dosas* and manifests itself with symptoms like bleeding per anum, pain, irritation, discharge in the *Guda*. In modern science, excessive straining, increased abdominal pressure and hard stools are told to be the etiology of symptomatic haemorrhoids as these causes leads to increased venous engorgement of the haemorrhoidal plexus and cause of prolapse of haemorrhoidal tissue. Bleeding, thrombosis and symptomatic haemorrhoidal prolapse may result. Some of the ano-rectal disorders mentioned by Sushruta are *Arsha*, *Parikartika*, *Bhagandara*.

**KEYWORDS:** *Mandagni*, *Arsha*, Haemorrhoids, *Guda*, *Sushruta Samhita*.

**INTRODUCTION**

Ano-rectal disorders are on high spin just as other metabolic disorders. Most patients suffering with these disorders do not come for medical advice at an early stage due to embarrassment which results in the advancement of the disease to a more complicated state. Thus the challenge lies onto the Ayurvedic physician receiving the disease status at a dilapidated condition. *Sushruta* has mentioned very vividly about the various *Gudagatarogas* amongst them it is *Arsha* where bleeding per *Anum* or *Raktamishritpurisha* comes as a major complaint. Acharya Sushruta has mentioned this disorder in the '*Asta Mahagada*' (eight grave diseases).<sup>[1]</sup> *Arsha* occurs in the *Guda* region, which is a *Sadyapranahara Marma* (vital regions of the body). Thus management of *Arsha Roga* can be troublesome if ignored for a long duration.

**The anatomical structure of *Guda***<sup>[2]</sup>

*Guda* is the lower rectum having length of four and half *Angula*, containing three folds namely *Pravahini*, *Visarjini* and *Samvarini* placed one above the other just like the conch shell from proximal to distal. These are situated one above the other at a distance of one and a half *Angula* from each other. The diameter of *Valli* is four *Angula* and one *Angula* is the width. *Guda* has the colour resembling the palate of elephant.

**The Physiology of *Guda***<sup>[3]</sup>

The *Pravahini* layer '*Pravahayatiitipravaham*' means it causes downward movement and bears the faecal matter, *Visarjini* layer '*Visiryatvisargini*' causes the sphincteric action allowing evacuation of stool, *Samvarini* layer '*Samvarinotiitisamvarni*' meaning controlling the final act of evacuation.

**Blood Supply of *Guda***<sup>[4]</sup>

*Guda* is the root of *Purishavaha Srotas*. It has an external opening and one of the *Bahirmukha Srotas*. It has *Dhamani* (Arteries) and *Siras* (veins) as well. There are eight *Siras* present in the middle part of the *Sroni* (pelvis) which supply to the *Guda* and *Medhra*). There are two *Dhamanis* supplying *Guda* in downward direction.

In modern science, the rectum is 18-20cm in length. The rectum has three lateral curvatures: the upper and lower are convex to the right, and middle to the left. On the mucosal aspect, these three curves are marked by semi-circular folds (Houston's valves). The part of the rectum that lies below the middle valve has a much wider diameter than the upper third and is known as the ampulla of the rectum.

The blood supply consists of the inferior, middle and superior rectal vessels. Although the lymphatic drainage follows the blood supply, the

principal route is upwards along the superior rectal vessels to the para –aortic nodes. [5]

### Classification of Arsha [6]

There are different opinions of Acharya regarding the classification of Arsha.

#### On the basis of origin

1. *Sahaja*
2. *Janmottarakalaja*

#### On the basis of the character of bleeding:

1. *Ardra (Sravi)*- bleeding haemorrhoid due to vitiation of *Rakta* and *Pitta dosha*.
2. *Shuska*- non-bleeding haemorrhoids due to vitiation of *Vata* and *Kapha dosha*.

#### On the basis of prognosis

1. *Sadhya* ( Curable)
2. *Yapya* ( palliative)
3. *Asadhya* (Incurable)

In Modern Science, the classification of haemorrhoids is as: [7]

1. **External Haemorrhoids:** Located distal to the dentate line and are covered with anoderm.
2. **Internal haemorrhoids:** located proximal to the dentate line and covered by insensate ano rectal mucosa. Internal haemorrhoids may prolapse or bleed, but rarely become painful unless they develop thrombosis and necrosis (usually related to severe prolapse, incarceration, and strangulation).

#### Grading of internal haemorrhoids

**First degree haemorrhoids:** it bulges into the anal canal and may prolapse beyond dentate line on straining.

**Second degree haemorrhoids:** it prolapses through the anus but reduces spontaneously.

**Third degree haemorrhoids:** prolapses through the anal canal and require manual reduction.

**Fourth degree haemorrhoids:** it prolapses and cannot be reduced manually and are at high risk conversion to gangrene or strangulation.

**Exo- Internal Haemorrhoids:** straddle the dentate line and have characteristics of both of external and internal haemorrhoids.

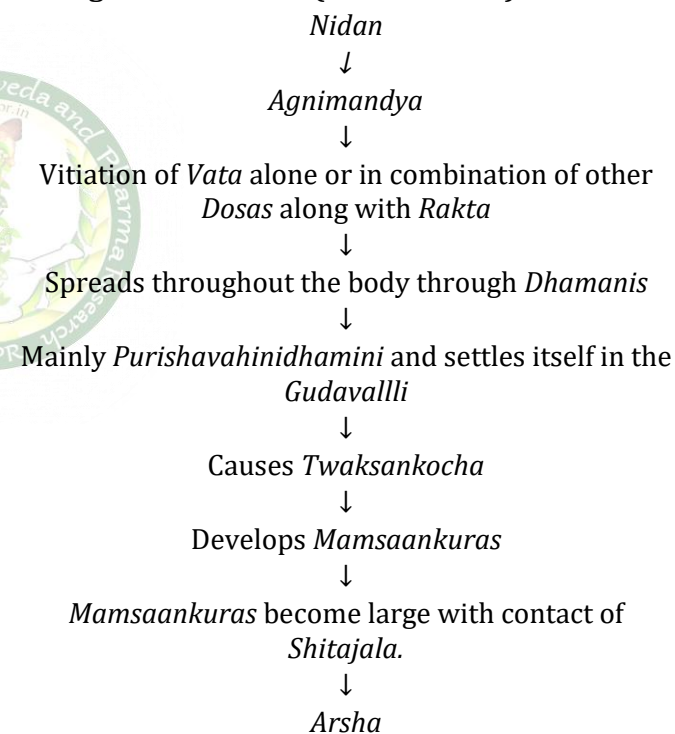
### Nidanof Haemorrhoid (Arsha) [8]

Persons indulging in improper consumption of incompatible substances (*Jirna & Viruddhaahar*), excessive irregular intake of food (*Atyasan, Adhyasan*), suppression of natural urges (*Vegaavarodh*), regimen which increases *Vatadosha*, prolonged straining for defecation, too much travelling, doing *Asanas* like *Utkataasana*.

In modern science, excessive straining, increased abdominal pressure and hard stools increase venous engorgement of the haemorrhoidal plexus and causes bleeding, thrombosis & prolapse of haemorrhoidal mass.

Portal hypertension increases the risk of haemorrhoidal bleeding because of the anastomosis between the portal venous system (middle & upper haemorrhoidal plexus) and the systemic venous system (inferior rectal plexuses). Thus haemorrhoid is no longer prevalent in patients with portal hypertension but also normal population. [9]

### Pathogenesis of Arsha (haemorrhoid): [10]



**Table 1: Symptomatology of Arsha Due to Specific Dosha and its Relevance in Modern Era [11]**

<b>Vataja arsha</b>	<b>Pittaja arsha</b>	<b>Kaphaja arsha</b>
<i>Parishuska</i> (without any discharge), <i>Visham</i> (irregular surface), <i>Vivarna</i> (various colors of fleshy masses), <i>sashulamsamhatamupaveshyate</i> (frequently associated with constipation and painful defecation), <i>katipristhaparshwamedhranabhigudapra deshavedana</i> . In modern era, this can well associated	<i>Sadharudhiraatisaryate</i> (bleeding per anum with burning sensation), <i>visarpini</i> (spreading in nature), <i>jwardahapippasamurchaupdrava</i> (fever, thirst, fainting, syncope as complications) In modern era, it resembles the features of a inflamed	<i>Mahammoola</i> (wide based), <i>sthira</i> (fixed), <i>vrittani</i> (oval) <i>Na vidhyatenasravanti</i> (neither suppurates nor bleeds) <i>Kandubahulani</i> (severe itching) <i>Sashleshmamamsadhavanpraka shaatisaryate</i> (mucoid discharge along with stool), In modern era, can be related to

with the characteristics of Sentinel tag in fissure-in-ano or hypertrophied anal papillae that project up from the dentate line or junction between the skin and the epithelial lining of the anus. A skin tag is redundant fibrotic skin at the anal verge, often persisting as the residua of a thrombosed external haemorrhoid.	thrombosed prolapsed haemorrhoid. Engorgement of a haemorrhoidal with acute swelling may allow blood to pool and subsequently clot, accompanied by severe incapacitating pain.	non-inflamed prolapsed thrombosed haemorrhoid. This mucous discharge is due to engorged mucous membrane which is the cause of <i>Pruritisani</i> .
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<b>Raktaja arsha</b>	<b>Sannipatik arsha</b>	<b>Sahaja arsha</b>
<i>Pittalakshani</i> (features similar to <i>Pittaja</i> ), <i>Avagahapurisha</i> (due to passage of very hard stool there is discharge of huge amount of blood but painless), complications like <i>Akshepak</i> and all other features seen in <i>Raktaatiyoga</i> are seen. In modern era, can be compared to bleeding haemorrhoids. In some cases, a thrombosis haemorrhoid can burst resulting in severe bleeding. Internal haemorrhoids may prolapse or bleed, but rarely become painful until thrombosis or necrosis develops.	It has features of all the <i>Dosas</i> . In modern era, it can be compared to the dreadful malignant causes of rectum and anal canal. The mass is seen to bleed on touch, also hard to touch and irregular in shape & size.	<i>Dustashonitashukranimitani</i> (genetically determined), <i>Durdarshanani</i> (difficult to visualize by naked eye) <i>parushanipansunidarunanyaanatarmukhani</i> (hard to touch, pale in colour, situated above the upper rectum) and associated with complications like weakness, cachexic and <i>immuno</i> compromised. In modern era, can be compared to features of hereditary polyposis syndrome. It is a genetic condition that predisposes a person to increased risk of developing cancer and polyps. The mutated gene causing this disease is carried either by the mother or father.

#### Examination of A Pile Mass<sup>[12]</sup>

- **Inspection:** internal haemorrhoids may not be visible.
- **Digital examination:** in early stages they are soft and compressible.
- **Proctoscopic examination:** the internal haemorrhoids, if any will bulge into the lumen of proctoscope.
- Sigmoidoscopy
- Colonoscopy

#### Complications of Arsha (haemorrhoids)<sup>[13]</sup>

- Strangulation
- Thrombosis
- Ulceration
- Gangrene
- Fibrosis
- Suppuration
- Pylephlebitis

#### Treatment of Arsha<sup>[14]</sup>

Sushruta has employed four modes of treatment for *Arsha* in *Arshachikitsasthan* namely:

*Bhesaja* (medicinal remedies) *Kshara* (application of caustic alkali), *Agni* (thermal cauterization) & *Shastrakarma* (Surgical intervention).

#### **Bhesaja**

In a case of recent origin, where *Dosas* are not fully vitiated and without complications may prove amenable by *Bhesaja* alone. Medicinal treatment like

*vibandhanashaka*, *deepan* -*pachanausadhi*, *raktastambhak*, *vrana* -*ropak* and *vedanashamakausadhis* can be given.

#### **Ksharakarma**

Deep seated haemorrhoidal masses which are soft in touch, extensive, deeply situated, projectile should be treated with *Kshara* application. The *kshar* may be defined as a chemical substance obtained by filtering contents of plant ash after evaporation it to dryness. Sushruta has mentioned 24 *Ksharadravyas*. *Kshara* has the property of excising, incising, draining and scraping of unhealthy tissues. *Kshara* excises the pile mass gradually by the virtue of mechanical action and chemical cauterization. No special preparation of patient or any major operative procedure or equipment's is required. The treatment is ambulatory and patient may return to his work after 48 hours.

#### **Agni karma**

*Agnikarma* is indicated in rough, fixed, broad and hard type of masses and mainly in *Vataj* and *Kaphajaarsha*. It is an important para surgical method. It has the capacity to destroy the diseased tissues completely.

#### **Shastra Karma**

It is indicated in pedunculated, large and discharging *Arshas*. The *Chedankarma* of *Arsha* is done with the help of sharp instruments like *Mandalagra*, *Karapatra*, *Nakhashastra* in shape of



semilunar incision. The process of applying *Kavalika* and *Gophana* bandage should be performed.

**In modern medical science the treatment of haemorrhoids include**<sup>[15]</sup>

#### Medical therapy

Bleeding from first and second degree haemorrhoids improve with the addition of dietary fibres, stool softeners, increased fluid intake and avoidance of straining. Associated pruritus can improve with maintenance of personal hygiene.

#### Rubber band ligation

Persistent bleeding from first, second and selected third degree haemorrhoids may be treated with rubber band ligation.

**Infrared photocoagulation:** it is an effective office treatment for small first and second degree haemorrhoids.

**Sclerotherapy:** The injection of sclerosing agent can be given to bleeding haemorrhoid of first, second and selective third degree haemorrhoids.

**Cryosurgery:** application of liquid nitrogen in temperatures of -196 degree centigrade causes coagulation necrosis of the pile mass.

#### Operative haemorrhoidectomy which includes

- Closed sub mucosal haemorrhoidectomy
- open haemorrhoidectomy
- stapled haemorrhoidectomy
- Doppler guided haemorrhoidal artery ligation.

#### CONCLUSION

Thus it is seen that Sushruta has observed a broader field when discussing about *Arsha* and not merely as bleeding per anum. The specific features mentioned in different classification of *Arsha* according to *Doshik* involvement can be correlated with various types of bleeding haemorrhoid, prolapsed haemorrhoid, sentinel tag and also congenital diseases in modern Science. Sushruta has also mentioned various treatment procedures for *Arsha* which are painless and effective in giving long term relief.

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