REVIEW ON NIDANA AND SAMPRAPTI OF ARSHAS

Dr. M. Srinu Shah K.¹, Dr. Krishna Thorat Kullolli² and Dr. Vivekanand Kullolli*³

¹PG Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda College, Vadodara-391760, Gujarat, India.
²Assistant Professor, Department of Rognidan & Vikruti Vijyan, Parul Institute of Ayurveda College, Vadodara-391760, Gujarat, India.
³Professor and Guide Department of Shalya Tantra, Parul Institute of Ayurveda College, Vadodara-391760, Gujarat, India.

ABSTRACT

The term ‘Arshas’ is derived from “Rugatau” dhatu with the suffix “Asun”, gives the meaning of as violent as enemy. It is the commonest anorectal disease and affects anyone at any time. Nowadays everyone suffer from any one of the complaint of piles during their life time irrespective of age, sex and socio-economic status. In our classics we got sufficient description regarding etiology, pathology, symptomatology and types of Arshas. The present westernized life style, irregularities in food intake, taking junk, spicy, non-fibrous food, sedentary occupation and mental stress etc. are adding to the prevalent rate of ‘Haemorrhoids’. So this article is intended to analyze the Nidanas, Samprapti and Lakshanas of Arsha critically for prevention and cure of Arshas.

KEYWORDS: Arshas, Nidana, Samprapti, lakshanas.

INTRODUCTION

- ‘Arshas’ one among the ‘Ashtamahagadas’¹¹ is a ‘mamsakeelaka’ which obstructs the ‘Guda-marga’ and tortures the patient like an enemy.²² It can be correlated to ‘Haemorrhoids’. They are dilated veins occurring in relation to anus.³³ The current statistics suggest nearly half of the world’s population will experience some form of ‘Haemorrhoids’ especially when they reach the golden age of fifty. In India approximately 40,723,288 people are reported annually, at the rate of 47 per 1000 and this
rate increases with age.\textsuperscript{[4]} Brihatrayis have contributed separate chapters to describe aetiology, pathogenesis and symptomatology of Ar-shas.

**Nidana (Etiology)**

- Charaka has explained the causative factors in detail.\textsuperscript{[5]} He says due to the *nidanasevana*, *agni* is diminished and *malas* get accumulated which leads to vitiation of *Doshas* especially *Apanavayu* which is responsible for physiological function of *Guda*, and plays major role in development of Arshas. The unwholesome behavior of parents and the past deeds are responsible for *Sahaja Arshas*. Sushruta also specifies the role of improper *ahara* and *vihara* in the causation of ar-shas.\textsuperscript{[6]} Vagbhata incorporated the views of both Charaka and Sushruta.\textsuperscript{[7]}

**The etiology can be broadly classified into se-vengroups**

- **Dietic factors:** Incompatible diet such as *guru, madhura, sheeta, abhishyandi* etc. excessive or less intake.
- **Habits:** Suppression of natural urges or excessive straining, excessive sexual indulgence
- **Local irritation factors:** Defective sitting, uneven or hard seats, excessive vehicle riding
- **Mandagni:** *Arshas, Grahani* and *Atisara* are causative factors for each other.
- **Therapeutic abuses:** Excessive oleation therapy, improper evacuation therapy, im-proper administration of *bastikarma* etc.
- **Gentic factor:** Gentic factor has also been considered an etiology of *Sahajaarsha*.
- **Other causes:** Pregnancy.

Charaka has described specific etiological factors for each of the *Dosha*.

**Table 1: Nidana of Arshas.**

<table>
<thead>
<tr>
<th>Vataja Arshas\textsuperscript{[8]}</th>
<th>Pittaja Arshas\textsuperscript{[9]}</th>
<th>Kaphaja Arshas\textsuperscript{[10]}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive intake of <em>Kashta</em>, <em>Tikta</em>, <em>Katu rasa</em> and <em>Ruksha</em>, <em>Sheeta</em> and <em>Laghuguna Aharadravyas</em></td>
<td>Excessive intake of pungent, sour, salty <em>Rasas</em>, <em>Kshara</em> and <em>Ushna</em>, <em>Tikshnaguna Aharadravyas</em></td>
<td>Excessive intake of sweet, salty and sour <em>Rasas</em> and <em>Snigdha</em>, <em>Sheetaguna</em> of <em>Aharadravyas</em></td>
</tr>
<tr>
<td>Frequently taking diets in extremely less quantities</td>
<td>Over exercise</td>
<td>Lack of exercise</td>
</tr>
<tr>
<td>Less intake of food</td>
<td>Exposures to sunlight and fire</td>
<td>Day sleeping</td>
</tr>
<tr>
<td>Intake of <em>Rukshamadya</em></td>
<td><em>Hot place and time</em></td>
<td><em>Exposure to eastern wind,</em></td>
</tr>
<tr>
<td>Oversexual indulgence</td>
<td><em>Anger</em></td>
<td><em>Cold place and time</em></td>
</tr>
<tr>
<td>More exposure to wind</td>
<td><em>Excessive intake of food having Vida hi properties</em></td>
<td><em>Mental inactivity</em></td>
</tr>
</tbody>
</table>
**Samprapti** (Pathogenesis)

- Sushruta describes the pathogenesis of *Arshas* as the *nidanas* resulting in the vitiation of *do-shas* in single, combination of two or more along with *rakta, dosha* move downwards through the *mahadhamani* reaching *guda* and affecting the *gudavalitraya* producing *Arshas* to the individuals suffering from *mandagni* and other local causes.[11]

- Charaka opines that *Arshoroga* is produced due to vitiation of all the *doshas*, follows *bahya* and *abhyantararogamarga* and affecting the *gudavalitraya*. [12] According to Vagbhata vitiation of *doshas* leads to *mandagni* and vitiation of *apanavayu* resulting in stagnation of *mala* in *gudavali* and the prolonged contact of *mala* leads to the development of *Arshas*. [13] The description of *Samprapti* of *Arshas* according to *Ayurveda* indicates that this disease is a local manifestation of systemic derangement in the equilibrium of *doshas*.

**Sampraptigahatakas**

- **Dosha:** Tridoshaja
- **Dooshya:** Tvak, mamsa, medas, rakta
- **Shrotas:** Raktavaha, mamsavaha
- **Srotodushti:** Sanga, Siragranthi
- **Udbhavasthana:** Amapakvasayotbhava
- **Vyaktastana:** Gudavalitraya
- **Rogamaarga:** Baha and Abhyantara
- **Agni:** Jataragnimandhya

**Classification**

According to the site of origin

- **Bahya,**
- **Abhyantara**

**Therapeutic groups**

- **Bheshajasadhya**
- **Ksharasadhya**
- **Agni sadhya,**
- **Shastrasadhya**
According to prognosis\textsuperscript{[14,15]}

- *Sadhya*
- *Kricchrasadhya*
- *Yapya*
- *Asadhya*

According to the time of origin\textsuperscript{[16,17]}

- *Sahaja*: Congenital
- *Jatasyottarakalaja*: Vataja, pithaja, ka-phaja, dwidoshaja & tridoshaja

According to the character of bleeding\textsuperscript{[18,19]}

- *Sushka*: vata, kapha
- *Ardra / sravi*: pitta, rakta

According to Dosha

- Charaka classified *jatasyottarakalajaarshas* according to their *dosha* predominance as *vataja*, *pittaja*, *kaphaja*, *dwidoshaja* and *trido-shaja* which would be seven in all.\textsuperscript{[20]}
- Vagbhata has followed the classification of Charaka in his book with the exception that he has enumerated one additional type as *rakta-jaal* also in the *doshaja* type of *arshas*. The other notable feature in his enumeration seems ac-counting *samsargaja* as one whereas it should have been at least three or six if *rakta* also were treated as *dosha*.\textsuperscript{[21]}
- Susruta has counted six types of *arshas* viz. *vataja*, *pittaja*, *kaphaja*, *raktaja*, *sannipataja* and *sahaja*.\textsuperscript{[22]} He further recognized six more types of *samsargajaarshas* having predomin-ance of two dosha, viz. *vata-pitta*, *vata-kapha*, *vata-rakta*, *pitta- kapha*, *pitta- rakta*, *kapha-rakta*. Here it may be pointed out that Charakahas accepted vitiation of *rakta* in *arshas* and has described *raktarshas* at several places but he does not recognize it as an independent do-sha. Instead he believes that it is vitiated *pitta* which causes *raktadushti*.\textsuperscript{[23]} Thus the *doshaja* classification of *arshas* de-scribed above may be treated as aetiological classification whereas those described as *sush-ka* and *ardra* may be grouped as clinical clas-sification.

*Sadhyasadhya*\textsuperscript{[24]} Prognosis

The *sadhyasadhya* of *Arshas* depends on the site of origin, *dosha* involment and *chronicity*. All types of *Arshas* can be classified in the following prognostic groups:
Table 2: Sadhasadhyata.

<table>
<thead>
<tr>
<th>Saadhyā</th>
<th>Kruchrasadhyā</th>
<th>Yapya</th>
<th>Asaadhyā</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ekadoshaja</td>
<td>Dvidoshaja</td>
<td>Tridoshaja with Alpalakshanās</td>
<td>Tridoshaja Sahaja</td>
</tr>
<tr>
<td>Bahayavali</td>
<td>Madhyamavali</td>
<td>Antarvali</td>
<td></td>
</tr>
<tr>
<td>Less than 1 year</td>
<td>More than 1 year</td>
<td>Upadravayukta</td>
<td></td>
</tr>
</tbody>
</table>

DISCUSSION

- The Ano-rectal region is meant for the physiology of defecation. Any hindrance in this normal physiology may cause haemorrhoids and vice versa. Most of the etiologies that are mentioned in the context of the arsha are of vataprakopaka, especially do the vilomagati which is further assisted by the agnimandhya. So the foods and drinks which are ruksha, sheeta, guru and improperly cooked do the aggravation of vata by their ruksha and sheeta property; aggravate the pitta by their dravaguna by reducing its property of ushna and its action pachana; and the seetajalapana, anupamamsasevana etc, increase the kapha thus further diluting the action of pachakapitta. The resulted ama will interfere with the sara-kittavibhajana thus re-sulting into improperly formed pureesha. Depending upon the predominance of the dosha patient may experience baddha mala (because of vata) or bhinnavarcha (because of drava-guna of pitta).

- Acharya Sushruta explains the etiology of ar-sha in a nutshell which are still relevant. Vi-rudhahashana (incompatible foods) and adhya-shana (excess intake of food) are the mainculprits. Change in food habits, taking junk, spicy, non-veg and non-fibro us foods, improperly cooked foods, tinned foods, smoked meat and fish, taking food at improper time and quantity add prevalent rate of hae-morrhoids as they cause agnivaishamya and vatavruddhi. Utkutakasana and prushhtayana aids to the manifestation of arsha by increasing the intra-abdominal pressure. Sitting on heals or squatting posture for long time, defec-tive postures, uneven and hard seats, long term sitting in the workplace or during travel, use of motor bikes for long term travelling and that too through uneven roads etc predisposes piles. Vegavidharana (suppression of the urge of defecation) is a direct etiology for haemorrhoids. It causes increased intraluminal pres-sure and the accumulated feces dries up by time and cause constipation which further worsens the condition. The Straining accom-panying constipation results in engorgement of internal haemorrhoidal plexus.

- The vitiated apanavata in case of amagarbha-pata also vitiates the other doshas to vitiatethe mamsavali to produce the arsha. Thregarb-hapeeda can be considered as the definite or-ganic obstruction to the iliac and superior haemorrhoidal veins. The
nidanarthakararoga like atisara (diarrhoea) and grahani (straining at stools) associated with much straining may produce distending effect on the haemorrhoidal plexus to cause the arsha. Avoidance of the nidanas will definitely decrease the incidence of the disease arsha since Nidanaparivarjana is the best way of preventing and treating a disease.

CONCLUSION

- Now a day patients of Arsha are increasing. It may be due to the change in life measures Viruddhaahara is getting adopted by the major part of population. Frequent long rides on speedy vehicles are common factors which are helping to increase the number of patients. Strict avoidance of nidanas is very important. In which one should refrain from addictions, excessive intake of Tea, Vistambhi food, overindulgence in sex, etc. Following pathya and avoiding the nidanas will definitely prevent arshas.

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