

## CONCEPTUAL STUDY OF ARSHA WITH SPECIAL REFERENCE TO HAEMOR- RHOID

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### ABSTRACT

Arsha is one such gracious disease included in Ashta Mahagada by Sushruta. Ashta Mahagada defines the eight diseases Vatavyadhi, Prameha, Kushtha, Mudha-Garbha, Arsha, Bhagandara, Ashamari, and Udararoga as dreadful. This shows the seriousness of this ailment. Even the WHO has started celebrating the 20th of November of each year as “WORLD PILES DAY”, which indicates the infiltration of this disease all over the world and the tremendous physical and mental suffering of humanity as a result of this disease.

Arsha can be compared to haemorrhoids in modern medicine. It is one of the most common problems in the ano-rectal region, and the reasons may vary, including hereditary factors, anatomical deformities, diet, and lifestyle. The etiological factors are typically directly linked to the prevalence of the condition. Its incidence increases with the advancing age.

**Keywords:** Astamahagada, Arsha, Ano-rectal disorders.

## INTRODUCTION

Anorectal disorders are increasingly prevalent in society. Key causes include a sedentary lifestyle, irregular and unhealthy eating habits, prolonged sitting or standing, and specific psychological issues. Often, anorectal disorders are associated with psychological symptoms. The primary cause of these disorders is the imbalance of Jatharagni, which leads to constipation; this, in turn, increases the back pressure in the haemorrhoidal veins, resulting in piles. A sedentary lifestyle has exacerbated the situation; this disorder can be highly embarrassing for patients. Perianal skin is one of the most pain-sensitive areas in the body due to its numerous nerve endings. Therefore, even a mild disorder can cause considerable discomfort for the patient.

Among them, Arsha is one of the gracious diseases Sushruta has included in Ashta Mahagada. Ashta Mahagada defines that the eight diseases, Vatavyadhi, Prameha, Kushtha, Mudha-Garbha, Arsha, Bhagandara, Ashamari and Udararoga, are dreadful. This shows the seriousness of this ailment. Even the “WHO” has started celebrating the 20<sup>th</sup> of November of each year as “WORLD PILES DAY”, which indicates the infiltration of this disease all over the world and the tremendous physical and mental suffering of humanity as a result of this disease.

Arsha can be compared with haemorrhoids in the modern system of medicine. It is one of the most common problems in the Anorectal region, and the reasons may differ, such as hereditary and anatomical deformities, diet, lifestyle, etc. The etiological factors are usually directly linked to the prevalence of the ailment. Its incidence increases with advancing age; at least 50% of people over the age of 50 years have some degree of symptoms of haemorrhoid.<sup>1</sup> Current statistics reveal that irrespective of age, sex and socio-economic status, people may suffer from piles. In addition to that, some Western population statistics reported that the prevalence may be around 37% with an equal frequency in men and women.<sup>2</sup>

The term Arsha mentions that the condition gives maximum trouble to the patient, like an enemy, which shows the gravity of the condition. The for-

mation of mamsankuras in gudapradesha characterises the disease—patient complaints with clinical features like pain in the anal region, bleeding per anus and discomfort. The prime etiopathological factor behind Arsha is Mandagni, i.e., weak digestive enzymes, which in turn leads to Vibandha, which causes the development of Arsha.

In regard to its management, Sushruta states four modalities, i.e. (i) Bhaishaja Chikitsa (Palliative treatment), (ii) Kshar Karma (Potential cauterisation agent therapy), (iii) Agnikarma (Direct cauterisation agent therapy) and (iv) Shastr Karma (Operation by sharp instrument). He has mentioned that Bheshaja, a special type of Arsha, has newly occurred, has symptoms and fewer complications.

### NIDANA:

*Charaka* has enumerated a detailed list of dietetic regimens, therapeutic abuses, habits, and mechanical factors in two groups comprising mainly of dietetic ingredients that lead to the accumulation of *Mala* and the second group leads to the vitiation of *Doshas*, especially *Apana Vayu*, which is responsible for the physiological function of *Guda*, which also plays a significant role in the development of *Arsha*.<sup>3</sup> *Sushruta* has enumerated the causes leading to vitiation of *Doshas*, including excessive and improper dietetic indulgence, posture that creates pressure on the *Guda* region (e.g., sitting on hard objects, riding in a vehicle for a long duration), suppression of natural urges of micturition and defecation, which suppress the normal digestive power, i.e., produces Mandagni, leading to the development of *Arshas*.<sup>4</sup>

### Broadly, the etiological factors may be classified into six groups-

1. Dietetic factors - Incompatible diet, excessive or less intake.
2. Habits - Suppression of natural urges and excess sexual indulgence.
3. Local irritating factors include defective sitting and excess vehicle riding.
4. *Mandagni* is responsible for causing *Arshas*, *Grani* and *Atisara*, and each is responsible for the other.

5. Genetic factors - Genetic factors are also considered in the aetiology of *Sahaja Arshas* due to misdeeds of the patient in a past life and *Beeja Dosha* of parents.

6. Other causes are pregnancy, *Pleehavridhi*, and *Udararoga*.

*Sahaja Arsha* is hereditary. *Sushruta* has mentioned that it occurs due to the vitality of *Shukra* and *Shonita*.

#### Common *Nidanas* of *Janmottarkalaja Arsha*:

**Table 1.2: *Nidanas* related to *Bhojana Guna*:**

Sr. No.	Bhojana	Description
1.	Abhishyandi	The Dravyas which produce Kleda by increasing Kapha in the body.
2.	Madhura	The Rasa which is sweet in nature.
3.	Sankirna	The food which is contaminated.
4.	Adhyashana	Eating food even after the prior meals has not digested.
5.	Paryushita	The food which has been kept for a longer duration.
6.	Vidahi	The Dravya which produces burning sensation in stomach.
7.	Shita	The food which is cold in property.
8.	Asatmya	The Dravya which is not suitable for the body.
9.	Pramita	Amount of food which is below the range of minimal needs of body.
10.	Guru	Dravyas which increase the body.
11.	Puti	Decayed food.
12.	Viruddha	Combination of Dravyas having opposite properties

**Table 1.3: *Nidanas* related to *Ahara Dravyas*:**

Sr. No.	Ahara	Description
1.	Ama Mulaka	The immature reddish which produces Kleda by increasing Kapha in the body.
2.	Mandaka	The curd which is not well formed.
3.	Mardaka	The paste of Ginger, Cumin, Asafoetida and other spices
4.	Kilata	The proteineaceous part of milk
5.	Mrinala	The thin hollow root of <i>Nelumbo nucifera</i>
6.	Takra Pinda	The dense part of butter milk.
7.	Pindalu	Potato
8.	Nava Shami Dhanya	All newly harvested pulses
9.	Nava Shuka Dhanya	All newly harvested grains

**Table 1.4: *Nidanas* Related to *Drava Dravyas*:**

Sr. No.	Drava	Description
1.	Atikranta Madya	The Madya which has lost its properties due to over fermentation.
2.	Ati-Snehapana	Excessive intake of fatty substances such as oil
3.	Guru Jala	The water which is hard or heavy in nature.
4.	Ikshu Rasa	Sugarcane juice

5.	Dadhi	Curd
6.	Ksheera	Milk
7.	Vikruta Jala	Contaminated water.

**Table 1.5: Nidanas Related to Mamsa Dravyas:**

Sr. No.	Mamsa	Description
1.	Aja	Goat's meat
2.	Avika	Sheep's meat
3.	Mahisha	Buffalo's meat
4.	Shushka	Dry meat
5.	Gavya	Cow's meat i.e. Beef
6.	Matsya	Fish meat
7.	Varaha	Pig's meat i.e. Pork

**Table 1.6: Nidanas Related to Vihara:**

Sr. No.	Mamsa	Description
1.	Ati Vyavaya	Excessive indulgence in sexual activity
2.	Divaswapna	Sleeping in daytime
3.	AtiVyayama	Excessive exercise
4.	Shayya Sukha	Excessive comfort
5.	Avyayama	No exercise at all
6.	Vishama Asana	Improper sitting postures
7.	Utkattasana	Sitting in defecation position for longer time.
8.	Pristhayana	Riding vehicles or animals for long time.
9.	Balavata Vighraha	Fighting with more powerful person

**Nidana of Vataja Arsha:**

*Charaka* has described the main etiological factors in the development of *Vataja Arsha*: excessive intake of *Kashaya*, *Tikta*, *Katu Rasa*, *Ruksha*, *Shita*, and *Laghu Ahara*, frequent taking diets in extremely small quantities, less food intake, *Ruksha Gunat-maka Madya* intake, overindulgence in sexual acts, more exposure to wind, etc.

**Nidana of Pittaja Arsha:**

The main causative factors are the excessive intake of pungent, sour, *Lavana Rasa*, *Ushna*, *Tikshna Guna Ahara Dravyas*, excess exposure to sunlight, alcohol intake, and food having *Vidahi* properties.

**Nidana of Kaphaja Arsha:**

The excessive intake of sweet, salty, and sour *rasas* and *Snigdha*, *Shita Guna* of *Ahara Dravyas* are held responsible for the manifestation of *Kaphaja Arsha*.

*Viharaja Nidanas*, like lack of exercise, day sleep, exposure to eastern wind, residing in a cold place during the cold season, and mental inactivity, also play an essential role in the manifestation of *Kaphaja Arsha*.

**SAMPRAPTI:-**

*Charaka* has emphasised the importance of *Sahaja Arsha* with the explanation that *Avarana* of *Apana Vayu* is caused by evolved pile mass, which results in the provocation of *Apana* and eventually vitiates the other *Vayus* and *Doshas*, which begin to move in the opposite direction. This leads to many complications that agonize the patient in many ways. Thus, a patient of *Sahaja Arsha* can be found with a number of complaints that even put his mind in distress.

**The samprapti of Janmottara Kalaja Arsa can be delineated based on the kriyakāla as follows:**

The intake of junk foodstuffs and other Nidansevana causes the Agnimandhya and Malabadhata to accumulate the Doṣas (Sanchayavastha). The Dosas' aggravation is dealt with as the common agitating factors of Doṣas. According to Sushruta, Dosa gets agitated separately or jointly or with partaking of sonita. Simultaneously, due to Malabadhata vitiation of Apana Vayu takes place (Prakopavastha). Next to this step, these Doṣas circulate all over the body and tend to go downward. Then, they lodge themselves in Pradhana Dhamani, otherwise known as Puriṣvaha Dhamani, as clarified by Dalhaṇa. So, the involvement of Puriṣvaha Srotas is described. At last, they vitiate three Gudavalis. In this context, Acharya Vagbhatta specified one thing more, i.e. Agnimandya, vitiation of Agni, and Dosa are predisposing causes for Arsa (sthanasansraya). But Susruta's narration may be connected with the description of the Vyakti. Here, the commentary by Indu may give some ideas. Abhisyanasu means sithilikritasu, which means to become weak (Vyakatavastha). This stage of Kriyakala can be explained as the differentiation of pile mass with respective characters of Dosas and the nature of the chronicity, one of the factors that make it Maharogas. Also, at this stage, if Apanakopa sustains for a longer time, it afflicts the other four Vayus in order of Samana, Vyana, Prana and Udana. This results in several complications to which the patient succumbs. If there is no proper treatment in the above-mentioned stage of Kriyakala, the last stage is known as Bhedavastha. In this stage, several complications occur, such as Pandu, Grahaṇi, Pravahika, sotha, Guda Bhransa and even Mṛtyu. Madhukoṣkara considers four kinds of Duṣyas, i.e. twak, mamsa, meda and Rakta. In the text, Rakta is not viewed as Duṣya; only twak and māmsa are mentioned as responsible for the formation of Arsa. But by incorporating twak and māmsa, Madhukoṣkara has involved the Rakta also, as indicated in the treatment, there is a procedure of blood-letting for vitiated blood.

**Pathogenesis of Piles:**

The exact cause of haemorrhoids, or piles, is poorly understood. However, several theories about their development exist.

**Theories**

- **Sliding anal canal lining**

This theory suggests that haemorrhoids develop when the tissues that support the anal cushions deteriorate.

- **Abnormal vascular tone**

This theory suggests that haemorrhoids develop due to dysregulation of vascular tone and hyperplasia.

- **Deterioration of connective tissue**

This theory suggests that haemorrhoids develop due to the deterioration of the connective tissue that anchors the haemorrhoids.

**Factors that may contribute to hemorrhoids**

- **Ageing:** As people age, the tissues that support the veins in the rectum and anus can weaken and stretch.
- **Pregnancy:** The baby's weight puts pressure on the anal region during pregnancy.
- **Straining:** Activities that increase intra-abdominal pressure, like weightlifting, can contribute to haemorrhoids.
- **Constipation:** Chronic constipation can contribute to haemorrhoids.
- **Hard faeces:** Hard faeces can make it difficult to pass stool, contributing to haemorrhoids.

**PURVA RUPA:**

- *Purva Rupa* of haemorrhoids starts to appear when vitiated *Apana Vayu* lodges in the *Gudavalis*. In this condition, the *Avarodha* of the *Apana Vayu* is very specific and causes *Vibandha*, *Atopa*, and *Anaha*. This causes irregular defecation, such as occasionally loose motion or constipation, and *Pratiloma Gati* of *Mudha Vayu* emerges, causing pain to *Guda*.

**RUPA:**

- *Charaka*, while describing the treatment for the *Arsha*, has divided it into two types, i.e. *Shushka* and *Sravi*. *Shushka Arsha* is due to the involvement of *Vata* and *Kapha*, while in *Sravi Arsha*,

there is *Pitta* and *Rakta* dominant. *Charaka* has described both these types of *Arsha* in detail regarding their form, colour and other properties.

#### CLINICAL FEATURE:

- **Bleeding Per Rectum:** Bleeding per rectum is the first and earliest symptom. In the later stage, the patient may notice a steady dip of blood after defecation; in the last stage, bleeding may occur even without defecation. The nature of bleeding may be dropping, syringing or streaming in a manner. The quality of blood is fresh. The quantity of blood loss depends on the duration and nature of the bleeding. It may be mild, moderate or even severe.
- **Prolapse:** The patients may have the complaint of a protruding mass per rectum on straining while defecating, and the mass disappears spontaneously after the act is over, whereas in long-standing cases, the mass does not reduce, and the patient has to reduce digitally into the anal canal.
- **Discharge:** Patients with piles may have complaints of mucous discharge; in this way, soiling of the undergarments with mucus becomes a troublesome condition for the patient.
- **Anal Irritation:** Mucous discharge from the rectum irritates the peri-anal skin and is an invariable accompaniment of third-degree haemorrhoids.
- **Pain:** Uncomplicated piles are generally not painful, but the pain is due to an acute attack of prolapse with thrombosis. It arises from the involvement of one or more parts or the complete external region of haemorrhoidal plexus and much related to external oedema, over-stretching of the skin, congestion or due to the presence of some acute anal lesion such as an anal fissure or anal abscess etc.

#### CLASSIFICATION OF ARSHA:

The authors have different opinions regarding the classification of *Arsha*.

They are classified based on origin, bleeding predominance of *Doshas*, etc.

This classification is as follows: -

##### Based on the nature of per-rectal bleeding:

*Charaka* has stated two types -

1. *Aardra* -

2. *Shushka*

*Aardra*, also called *Sravi*, are bleeding piles caused by the vitiation of *Rakta* and *Pitta*, mainly 5. The vitiation of *Vata* and *Kapha* *Doshas* causes other *Shushka* *Arsha* (nonbleeding pile masses).

##### Based on the Origin:

1. *Sahaja*

2. *Janmottarakalaja*

*Sahaja* *Arsha* is considered a congenital anomaly due to disorders of paternal and maternal *Beeja-dosha*. Because of its different size and shape, it isn't easy to diagnose. *Janmottarakalaja* *Arsha* occurs due to malpractices in daily life, like faulty food habits and regimens.

##### According to Site:

1. *Bahya*

2. *Abhyantara*

*Sushruta* has probably used the word *Drishya* to denote those occurring in *Bahya* *Vali* and *Adrishya* arising from *Madhya* and *Antar* *Vali*.

##### Based on the predominance of Doshas:

It is mainly a sub-division of the *Janmottarkalaja* type of *Arsha*. According to

*Acharya Charaka* and *Vagbhatta* have five types, while *Acharya Sushruta* differentiates them into six types (*Su. Ni* 2/3). He has omitted the *Dwandvaja* variety. Six types of *Arsha* are mentioned, similar to *Charaka* in *Yoga Ratnakara*, *Madhava Nidana*, *Harita Samhita*, and *Vangasen Samhita*.

Table 2.1: Sub-division of the *Janmottarkalaja* type of *Arsha*:

Sr. no.	Types	Charak <sup>7</sup>	Sushruta <sup>8</sup>	Vagbhatta <sup>9</sup>
1.	Vataja	+	+	+
2.	Pittaja	+	+	+



3.	Kaphaja	+	+	+
4.	Shonitaja	+	-	-
5.	Raktaja	-	-	+
6.	Sannipataja	+	+	+
7.	Dwandaja	+	+	+
8.	Sahaja	+	+	+
9.	Jatasyottarkalaja	-	+	+

### Sadhyaasadyata (Prognosis) of Arsha:

*Ayurveda* has dealt with the prognosis of diseases, and *Arsha* is no exception to this policy. *Charaka* has defined that if the piles patient develops oedema in the upper and lower extremities, face, umbilical region, anal region, testicles with cardiac pain, and pain on either side of the chest, then such subjects are incurable due to the complexity of disease pathology. Also, the symptoms like fainting, vomiting, pain in the limb, fever, thirst, and inflammation of the anus will lead to the death of the subject. *Sannipatika*, *Sahaja Arsha*, and the *Arsha*, which are situated in *Abhyantara Vali*, are too incurable.

However, incurable patients may turn palliative only if the four pillars of treatment are strong enough and the patient has good *Jatharagni*.

*Charaka* has stated in the next place that if the *Arsha* is *Dwandwaja* with the pile mass located in the second *Vali* and if it is not chronic for more than one year, then the patient should be considered *Yapya*. Further, if the *Arsha* are *Eka Doshaja* and located in the external *Vali* with very little chronicity, then such patients are easily curable. *Sushruta* and *Vagbhatta* followed the same path.

### Chikitsa of Arsha:

*Sushruta*, while enumerating the treatment for *Arsha*, has quoted four types of treatment modalities, i.e. *Bhaishaja*, *Kshara*, *Agni* and *Shashtra Karma*.<sup>10</sup>

#### 1. Bhaishaja Chikitsa (Conservative management):

##### Indications:

*Arshas*, which are of recent origin, minimal vitiation of *Doshas* with insignificant symptoms, and uncomplicated without any grave symptoms, are managed by Local and Systemic measures. *Bheshaja chikitsa* is the first line of treatment for *Arsha* because there are

no complications and no fear of surgical pain and bleeding.

##### (a) Local measures:

These measures are aimed at relieving pain and local congestion. This includes *Abhyanga*, *Swedana*, *Vas-ti*, *Dhoopana*, *Avagaha*, *Pralepa* and *Parisheka*.

##### (b) Systemic measures:

Systemic medicines improve appetite, regularise bowel habits, and astringent action on blood vessels and maintain *Agni* and *Doshas* in equilibrium.

#### 2. Kshar Karma (Potential Cauterizing Application):

*Kshar* is described as one among the *Anushastra* or *Upayantras*. It is superior among the sharp and subsidiary treatments because of performing *Chhedana* (excision), *Bhedana* (Incision), *Lekhana* (Scraping) and *Shamana* of the *Tri Doshaja* disorders. It is versatile because *Kshara Karma* can treat places that are difficult to approach by ordinary measures. It is more effective than the other treatment modalities because they can be administered internally and externally. *Kshara Karma* is helpful as a substitute for surgical treatment.

#### 3. Agnikarma (Direct Cauterization Application):

*Agnikarma* is an important Para surgical measure and is still used extensively in surgical practice in modified form through electric heat cautery and freezing. It is regarded as superior to other surgical and Para surgical procedures because of the nonrecurrence of the disease. When properly employed, it can destroy the tissue in the incurable lesions by different measures. This is termed DCA therapy.

##### Indications:

*Agnikarma* is indicated in rough, fixed, broad, and hard pile masses. It is also advised in *Vataja* and *Kaphaja Arshas*.

#### 4. Shashtra Karma (Surgical management):

Among all the procedures, surgery is the last preference when managing *arshas*. In a strong patient, surgical intervention, i.e., *Chhedana* (Excision), is indicated only in the well-pedunculated significant and bleeding type of *Arshas*.

The pile mass is to be excised by incising with sharp instruments, and the excised part is to be treated with *Agnikarma*. Subsequently, *Kavalika* has to be applied, and *Gophana Bandhana* has to be done. This procedure is very similar to that of ligation and excision in the present day.

#### **PATHYAPATHYA:**

##### **Pathya:**

Different leafy vegetables prepared in *Ghee*, *Yava-gu*, vegetables, mutton soups, pomegranate, butter-milk, milk, etc. are *Pathya* for *Arsha* patients.

1. **Anna Varga:** *Godhuma, Yava, Rakthashali, Shastika, Kulattha, Priyangu.*
2. **ShakaVarga:** *Surana, Nimba, Patola, Vartaka, Punarnava, Shigru, Balamuli.*
3. **Ksheera Varga:** *Aja Ksheera, Takra.*
4. **Phala Varga:** *Amalaki, Kapittha.*
5. **Ahara Upavarga:** *Palandu, Nagara, Maricha.*
6. **Mansa:** *Mruga Mansa.*

##### **Apathya:**

The meat of animals of *Anupa Desha*, fish, oilcake, and foodstuffs made of rice, *Bilva*, heavy food, fibrous root of Lotus, *Vishtambhi*, bathing in the sun, excessive intake of water, improper management of *Vamana* and *Basti*, *Viruddhahara*, eastern wind, re-

tention of natural urges, too much indulgence in sex, etc. are *Apathya* for the *Arsha* patients.

##### **Ahara:**

*Viruddha Ahara, Vishtambhi Ahara, Guru Ahara, Anupa Mansa, Dushta Udaka* etiological factors.

##### **Vihara:**

*Vegavarodha* (Suppression of natural urges), *Ati Strisanga* (Excessive Coitus), *Utkatasana* (defective sitting posture), *Prishtha Yana* (riding) etc.

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