Review on Annavahasrotodushti with Respect to Arsha Vyadhi

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Abstract

Digestion is a main process of human body. Food is essential for body and digestion, conversion of food takes place in digestive tract. *AnnavahaSrotasDushti* leads to indigestion, anorexia, lack of interest towards food which leads to Anorectic disorders like *Arsha,Parikartika* etc. Contrarily this seems to be an increasing incidence of the commonest of all anal disease, i.e. Haemorrhoids and fissure in ano. Though *Sushruta*has described detailed of, however as lifestyle has been changed significantly therefore it is of great importance to study other causes of Haemorrhoids according to modern era. Hence, the diseases of ano-rectal area are the commonest of all the diseases of GI tract. This study aimed at *Annavahsroto-dushti* and its relation in Pathogenesis of *ArshaVyadhi* and its management. They were well known for time immemorial to the physician and surgeon due to the worldwide distribution and trouble caused by them.

Keywords- Annvahasrotas, Anorectal, Arsha.

Introduction

Digestion is a main processof human body. Food is essential for bodyand digestion, conversion of food takes place in digestive tract. *AnnavahaSrotas* is the channel for transportation, digestion and absorption of food. *Annavaha Srotas Dushti* leads to indigestion, anorexia, lack of interest towards food which leads to constipation and may results in Anorectic disorders like *Arsha,Parikartika* etc. Contrarily this seems to be an increasing incidence of the commonest of all anal disease. Though *Sushruta* has described detailed of, however as lifestyle has been changed significantly therefore it is of great importance to study other causes of Haemorrhoids according to modern era. Hence, the diseases of ano-rectal area are the commonest of all the diseases of GI tract.

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Department of Shalyatantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Datta Meghe Institute of Medical Sciences, Wardha 442001, sgbiswas55555@gmail.com The incidence of Anorectal disorders are increasing as compare to other disorders, bleeding per rectum is one of the commonest symptom. The lifestyle disorders such as anorectal disorders, hypertension, Daibetes mellitus are also caused due to unhealthy diet, indigestion, change in lifestyle, improper diet schedule and time, improper posture of sitting, mental stress etc. *Sushruta Samhita* has mentioned in *Arshanidanam* that the one who suffers from *Mandagni* which leads to *Vatapratkopa* alone or in combination with other *Dosas* and causes symptoms such as gudashoola, saraktamalapravrutti, gudadaha etc.

In modern texts, due to improper lifestyle and improper diet there is indigestion of food which cause hard stools. Hard stools are main causative factor for haemorrhoid, which leads to constipation and increased abdominal pressure. This leads to increased venous engorgement of the haemorrhoidal plexus and cause of prolapse of haemorrhoidal tissue. This may result into bleeding per rectum, thrombosis, inflamed haemorrhoids. This study aimed at *Annavahsroto-dushti* and its relation in Pathogenesis of *ArshaVyadhi*and its preventive management. They were well known for

time immemorial to the physician and surgeon due to the worldwide distribution and trouble caused by them.

Aim: *Annavahsroto-dushti* and its relation in Pathogenesis of *arshaVyadhi*.

Objective: To Review *Annavahsroto-dushti* with respect to *arsha vyadhi*.

Materials and Methods

Thorough review of literature related to *Srotas* and relevant topics was done through the *Ayurved* Compendia, various other *Ayurved* texts and textbooks of contemporary science. The references from internet and journals were also critically reviewed. The study had initiated for Affirmation of *Annavaha Srotodusti* leads to *arsha vyadhi*.

Review of Literature

ANNAVAHA SROTAS

Channels carrying *anna* (food) is called *annavaha srotas*.

Annavaha Srotas is the channel for transportation, digestion and absorption of food

Annavaha Dhamani plays vital role in the Priṇan Karma of Rasa Dhātu by carrying paramsukshma Tejobhuta, properly digested, PanchbhauticAhararasa to whole of body. Amasaya is the storage site of the Panchbhautic Anna and along with the Vamaparshwa. Amasaya is considered as Moolasthān with storage point of view, Annavaha Dhamanīes as conduction point of view and Vamapārśwa as clinical point of view.

Mula (root)

Annavaha Srotas originates from amasaya (stomach) and Vama Parsva⁽¹⁾

Annavaha srotas are two in number and they have their origin in amasaya (Stomach) and annavaha Dhamani (anna carrying dhamanies)⁽²⁾

Nidan (etiological Factors)

Excess intake of food, eating during improper time, consumption of unwholesome food, due to impairment in $agni^{(3)}$

Annavaha Srotodusti Lakshana

When *annavahasrotas* get injured or damaged it causes distention of abdomen, pain, aversion towards food, vomiting, thirst, blindness, death⁽⁴⁾.

Lack of interest towards food, anorexia, indigestion, vomiting sensation

Arsha

Nidana (Causative factors)

Nidan of SahajaArsha⁽⁵⁾:

- · Mithya aahara and vihara of matruja and piitruj
- Poorvajanmakarma

According to Sushruta

Shonita and shukra vitiatian

Samanya Hetu:

Aaharaj Hetu:

- · Virudha bhojana, Pramitbhojana, Asatmya-bhojana
- · Guru, Sheeta, madhura, abhishyandi, vidahi aana seavana
 - · Matsya, Varaha, Mahisha, Aja- Mansa
 - · Krusha-Prani Mansa, Shushka Mansa
 - · Nava shuka Dhanya, Ati-snehapan
 - · Dadhi, Ikshu Ras, Ksheer etc.

According to Sushruta

· Virrudhashana, Adhyashana

Viharaja hetu

Streeprasanga, utkutasana, prushtayana, vegavidharana

Vishesha Hetu

VataiaArshas(6)

- Excessive intake of Kashaya, Tikta, Katurasa
- · Ruksha, Sheeta and Frequently taking diets in

- · Laghuguna Aharadravyas
- · Less intake of food
- · extremely less quantities
- · Intake of *Rukshamadya*
- · More exposure to wind
- · Oversexual indulgence

PittajaArshas⁽⁷⁾

- · Excessive intake of food having *Vidahi* properties
 - · Intake of alcohol
 - · Anger
 - · Hot place and time
 - Exposure to sunlight and fire
 - Over exercise
- Excessive intake of pungent, sour, salty *Rasas*, *Kshara* and *Ushna*, *TikshnagunaAharadravyas*

Kaphaja Arshas⁽⁸⁾

- · Excessive intake of sweet, salty and Day sleeping
 - Lack of exercise
- · sour Rasas and Snigdha, Sheetaguna of Ahaaradravyas
 - · Mental inactivity

- · Cold place and time
- · Exposure to eastern wind

SAMPRAPTI (PATHOPHYSIOLOGY)

According to *Shushruta*due to *nidan* of *arsha* mainly due to *mandagni* it cause vitiation of *doshas* as single or more along with *rakta* and *doshas* move downwards through the *mahadhamani* reach to the guda which affects *gudavalitraya* and cause *arsha*

According to *CharakaArsharoga* is produced due to vitititian of all *doshas* which follows *bahya* and *aabhyantararogmarga* and affect *gudavalitraya*

Samprapti Ghataka

Dosha - Tridosha

Dushya - Tvak, mamsa, meda, rakta

Srotas - raktavaha and mamsavaha srotas

Srotodusti - Sanga, siragranthi

Udbhavasthana - amaapakvasayotbhava

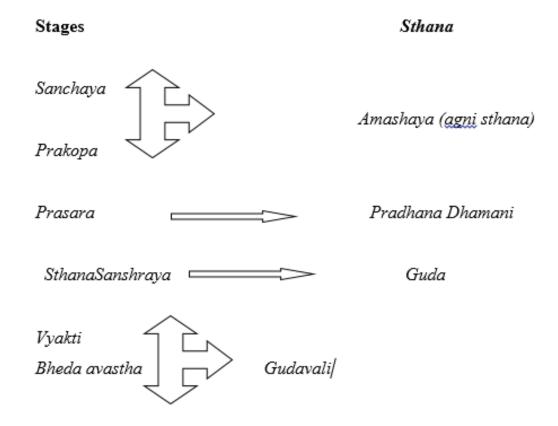
Vyaktasthana - Gudavalitraya

Rogmarga - bahya and abhyantara

Agni - Jataragnimandya

In the aspect of kriyakala

These are the six stages of manifestation of disease. It has mentioned only by *sushruta*. The management of each shat *kriyakaal* stages is different. The symptoms are aggravated after the *sthana sanshaya avastha*. Hence if treatment is given before this *avastha*then it will not occur.



CHIKITSA VIVECHANA (TREATMENT)

In contemporary sciences surgical treatment available for haemorrhoids such as hligation and haemorrhoidectomy, rubber band ligation, sclerotherapy, but these surgical procedure having adverse effects such as bleeding, infection, incontienence, strangutation etc but surgery is not only option for piles it can be cure by preventive and curative measures.

Management

Preventive measures

- · Nidanparivarjana
- Snehana
- · swedana
- · Sama agni keep agni in equilibrium condition
- · Pachana
- · Deepana

Anuloma

Curative measures

- · Medical
- · Parasurgical-Kshara sutra,Agni karma,Raktamokshana
 - · Surgical- Chedana

Apathya in Arsha

Diet:

Heavy food, Vishtambhi, Vidahidravya like Chilies, Spices, food stuffs made of rice, fried food, Maidaproduct,

excessive intake of oils, Non vegetarian foods Curd, etc.

Habits:

Lack of exercise, sleep in day time, Constant sitting on hard objects, Excessive riding, straining during defectation etc.

Pathya⁽⁹⁾

Diet:

Milk, Takra (Mattha), wheat, Cow ghee, Green vegetable etc.

Habits:

Regular diet, exercise, proper sleep, etc.

Observations and Results

Health defines Ayurveda as "Samadosha, samagni, samadhatu malakriyah Prasannatma indriyas manah swath abhidayate⁽¹⁰⁾" For healthy life agni should be in sama ayastha.

In this modern era due to improper diet habits and changing in lifestyle cause *annavahasrotasdusti* and causes *agnimandya* leads to indigestion which is causative factors of various disorders. Hence irrespective of any disorder *agni* should be consider first. Hence *agnipariksha* is so important to examine by physician.

Discussion

Arsha is a problem related to life style, age, occupation and dietary factors. It is a very terrible condition, patient is afraid of defecation because of pain with bleeding per rectum. Hard stools, improper bowel habit are most common symptoms. Due to that it hampers the digestive system and cause agnimandya. Hence agni should be in samaawastha first. Ayurvedic formulations which gives deepanpachana effect can be used and improve the malapravrutti. Also intake of proper diet is necessary and nidanparivarjana is important factor to be considered.

Conclusion

- · Annavaha srotodusti is mainly responsible for indigestion.
- Agnimandya is main reason for Arsha which is due to improper diet habit which leads to

annavahasrotodusti.

- Therefore if person follows proper diet it keeps agni balance and proper bowel habits that will prevent from anorectal disorders.
- Hence, person should focus on the diet plan what should eat and what should be avoided.
 - · Prevention is always better than cure.

Ethical Clearance- Taken from Institutional Ethical committee

Conflict of Interest: NIL

Source of Funding- Self

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