



STUDY OF ANNAVAHA SROTAS DUSHTI WITH THE HELP OF PATHOLOGICAL INVESTIGATIONS

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Abstract-

In present scenario, the food habits, food contents, life style are changing very rapidly which are the maintained causative factor for *annapachan vikruti* and the persistence of the same factor denotes the maintenance of the diseases of the system which denotes the permanent damage of the organ. According, *charaka chikita sthaan 15*, all types of diseases initiated by the *annavahasrotas vikruti* and well explained the *chikitsa* according the minute differences in diagnosis of the type of this *srotas vikruti*. The Study of exact role, pattern and reflection of pathological results in *annavaha srotas dushti* is going to helpful which plays important and socially significant role to control all diseases globally. Designed CRF& selected 644 patients from *annavahasrotas dushti* more than 1 year & categorized by *ayurvedic* classification .CBC, ESR, URINE routine , microscopic, electrolyte Na, K, Cl performed and recorded. In *arochak*(38.75%) *Vatapittaj prakruti* predominately with HB% , RBC low(91.66%),in urine epithelial cells casts(79.66%), serum Na higher side (83.23%).*Annanabhilasha* (16.87%) *kapha pradhan prakruti* with low MCHC (89.45%), in urine pus cells significantly, albumin traced (84.44%)serum electrolyte (Cl) is lower side(35%).*Avipaka* (20.62%) *pitta pradhaan prakruti* urine microscopic RBC(76.55%) ,occult blood traced, calcium oxalate seen (67.22%). serum potassium (K+) is less(77.22%), protein present, ,In *Amlapitta* ,*Twakdushti* seen in 89% of patients, *Mansavaha srotas vikruti & daha* in 67.55% . *Chardi* is seen in only 4 patients (2.5%).*Arochak shoola* shows epithelial cells , casts in the urine, microcytic hypochromic anemia, high Serum sodium .*Avipaka amlapitta* shows occult blood , calcium oxalate , RBC in urine, lower serum potassium. *annanabhilasha* shows leucocytosis and high ESR, pus cells in urine , raised specific gravity & proteinuria. lower serum chloride

Keywords: *Annavaha srotas, annannabhilasha, avipaka*

Introduction-

In present scenario, to control all global diseases, early diagnosis and elimination of frequency increasing etiopathological causative factors of the disease are needed to be studied well.

Now days in 2012 onwards, the number of patients of *annavaha srotas dushti* is increasing rapidly. And it is observed that, the frequency of this *srotas dushti* in per patient is also increased although with the awareness of life style management also showing more complicate stage.

An Ayurvedic view behind this & the relation with pathological investigation is extremely important for early diagnosis & treatment as well as relapse point of view which leads (according ayurveda) critical and major diseases after a certain time period which is a major cause of global morbidity and mortality even in developing countries.

Ayurveda science explained well all diagnostic tools with proper symptoms for early diagnosis. The causative factors also told by classical text. Ayurveda focused *hetu vichhar* very well which plays very important role in measuring control for the particular *srotodushti*. Ayurveda explained well the causative factors of *annavaha srotas dushti* which plays important role in all major and critical diseases (*Charak. Chikitsasthan 26*)

Annavaha srotas is one of the important *srotas* in body described well with *srotodushti hetu, lakshan, moolsthan* in *viman sthan* by *charaka*. The Stressful and busy lifestyle denotes almost all *hetus* of *annavaha srotas dushti* in terms of *annapachan vikruti*.

In present scenario, the food habits, food contents, life style are changing very rapidly which is the maintained causative factor for annapachan vikruti and the persistence of the same factor denotes the maintenance of the diseases of the system which denotes the permanent damage of the organ.

In charak chikitsa sthan 15, charaka predicted diseases related vital organs are denoted annapachan vikruti (specially agnimandya) which is most common hetu in each age groups. Hence, the exact role, pattern and effect of annavaha srotas dushti and related pathology findings is the one of the important and socially significant subject for study.

The relation of annavaha srotas dushti with its stages and the variation of pathological outcomes accordingly and its study will surely contribute in control program of all vital organ diseases globally.

(The Global Burden of Disease: Generating Evidence, Guiding Policy. Seattle, WA: IHME, 2013. Institute for Health Metrics and Evaluation. <https://www.business.unsw.edu.au/.../2013-Global-Burden-of-Disease-2..> Vivekanand Jha 1 Meeting 1 Professor of Nephrology, Postgraduate Institute of Medical Education and Research, Chandigarh, India Current status of end-stage renal disease care in India and Pakistan report Kidney International Supplements (2013) 3, 157–160; doi:10.1038/kisup.2013.3 3. Sushrut Nidan 9/18-19 4.6. Sharanghadhar Poo. 6/6 5. Ashtang Hridaya soo. 11/15 7. Sushrut. soo. 21/10 8. (Charak. Chikitsasthan 26)

Aim

To study the annavaha srotas dushti with the help of pathological investigations

Objectives

1. To study the Annavaha srotas in Detail as per Ayurvedic classical text
2. To study the Annavaha srotas dushti and its various types with Nidanpanchak as per Ayurvedic classical text
3. To study the annavahasrotas dushti as the diagnostic tool
4. To study the relevant modern text for Annavaha srotas dushti
5. To study the correlation between annavahasrotas dushti and its pathological investigations

Materials and Methods –

1. Designed a special proforma for diagnosis of patients of Annavaha srotas dushti with the help of classical text

Classical types of annavaha srotas dushti- annanabhilasha, arochak, avipaka, amlapitta, chardi, Ajirna Agni Pariksha criteria (4)- A. Jaranshakti- Jaranshakti pariksha done by agni parikshan with the help of quantity of food, frequency appetite, annapachan kaal B. Jirnaahaar lakhanani- Deha laghav, Kshudha, pipasa, Uchit kaal malotsarga and its consistency as well symptoms at the time of malotsarga C. Kshudbodh and its kaal-frequency of appetite and required time

(Charak samhita vimaan sthan chapter 5/11-20 4. Charak samhita vimansthan 6/12-13)

Hetu of agni dushti- Ahita bhojan, Atimatra bhojan Akaal bhojan, Pavakasya vaigunyaat

Criteria for diagnosis of Agnimandya (5) Hetu - Daurbalya, Chinta, Jaagran, Shrama, Avyaam, Aahaar Niyambhanga, Apararpana and Symptoms - Gaurava, Aalasya, Kshudhamaandya, Shoola, Daurbalya

Criteria for diagnosis of Ajirna (6) Hetu - Guru, Snighdha, Madhur, Viruddha, type of food and its quantity and frequency Anna, Adhyashana, Prabhutashana Symptoms - Gaurav, Aadhmaan, Aatop, Shoola, Trishna Hetu- Hrallas, Utklesh, Chardi, Jwara, Dravamala Pravrutti

Criteria for diagnosis of Alasaka (7) Hetu- viruddha Anna, Garavisha, Adhyashana, Vegavidhaaran Symptoms - Mala and Vata Apravrutti, Aadhmaan, Udgaarnirodh, Shoola, Arati Symptoms - Prasek, Amlaudgaar, Tiktaudgaar, Katuudgaar, Urovidaha, Amlika, Shoola, Chardi, Shiras hoola, Bhrama

(Charak Samhita chikitsasthan 15/42-44, Charak vimansthan 6/12-13, Madhav nidan agnimandya 2to4 6. Madhav Nidan agnimandya 5-10,14,ashtanga sangraha sootrasthan 11/47, charak samhita nidan sthan 2/10, charak chikitsa sthan 15/45, satik sushruta sootrasthana 46/502-503, ashtanga sangraha sootrasthan 11/44 indutika, Kashyapasamhita 3239, madhav nidan page 104 7. charak viman satik 2/14, vagbhat sootrasthan 8/10-14, sushrut uttarsthan 56/78)

Criteria for diagnosis of Chardi (8) Hetu - Atidrava, Asaatmya, Tikshna Sevan, Ashuchi, Mrudbhakshan, Krimi, Ajirna Symptoms - Hrallas, Prasek, Utklesh, Chhardi, Daha, Trushna, Shoola

Criteria for diagnosis of Amlapitta(9) Hetu - Katu, Amla, Lavan, Ushna, Abhishyandi, Oily, Viruddha, Vishamasevan, Shile sprout Symptoms - Prasek, Amlaudgaar, Tiktaudgaar, Katuudgaar, Urovidaha, Amlika, Shoola, Chardi, Shiras hoola, Bhrama

Criteria for diagnosis of Shool(10) Hetu - Viruddha, Vishamaseva, Adhyashana, Sproutes, Ajeerna, Vegavarodha Symptoms - Aruchi, Malavashtambha, Aadhmaan, Aatopm, Shoola

Criteria for diagnosis of Grahani(11) Hetu-vishamashana Symptoms - Avipaaak, Aarochaka, Aalasya, Chaardi, Daurbalya, Malapravrutti-Dravya and aniyamit, Aantrakoojan, Shoola, Mukhapaak, Trishna, Arati (vagbhat Nidansthan 5/30, shushrut samhita uttarsthan 49/3-7, Madhav nidan chardi page 153, charak samhita chikitsasthan 20/9 9. Madhav nidan amlapitta , Sharangadhar samhita prathamkhandha ch. 7/103-105, Kashyapa page 335-339 10. sushrut uttarsthan 42 satik /75-85, Madhav Nidan shool /6-16 11. Charak chikitsa sthan 15/ 56-62, ashtanga sangraha sharir sthan 5/23, sushrut uttarsthan 40-169, sushrut sharirsthan 4/18, vagbhat sharir sthan 3/51, charak chikitsasthan 28/8, vagbhat sootrasthan 12/8)

Criteria for diagnosis of Krimi(12) Hetu- Snigdha, Madhur, Vishama, Ashuchi sevan Symptoms - Jwara, Udarvrana, Shotha, Kamala, Gulma, Baddhodar, Vidradhi

Criteria for diagnosis of Arochak(13) Hetu- angimandya, ajirna, atiguru, atisnighdha, atimadhur, ekrasatmaka aahar, Chinta , shoka , Bhayadi, Impure , pungent food Symptoms- Loss of taste, pain and burning in heart region, bitter taste, tastelessness, excessive thirsty, vertigo, breathlessness, shortness of breath

2. Diagnosed the patient of Annavaaha srotas dushti and its type in that patient as well upadrava also noted well as per the references in text

3. The blood samples of the patients collected for serological tests like serum electrolytes (Na, K, Cl), serum creatinine and serum urea & blood tests for CBC with ESR, the tests performed by standard laboratory techniques and related reagents with the help of Nihon kohden for CBC and chem.7 from Transasia for serology and Roche's electrolyte analyser 9.

4. Collected of the urine sample for the investigations and urine test like microscopic and routine etc. and done with the laboratory techniques and related reagents. Collected the early morning and midstream urine sample of the patients and performed microscopic and routine examinations of urine.

5. Observed the correlation of type of annapachan vikruti clinically with pathologically

6. Observed the relationship in terms of hetu, prakruti , pathological investigations of blood and urine (Charak chikitsa sthan 15/ 56-62, ashtanga sangraha sharir sthan 5/23, sushrut uttarsthan 40-169, sushrut sharirsthan 4/18, vagbhat sharir sthan 3/51, charak chikitsasthan 28/8, vagbhat sootrasthan 12/8 12. Charak vimansthan satik 7/9, Madhav Nidan krimi 1/7-10, Sushrut uttarsthan 54/35, 12-14 13. Sushrut samhita uttarsthan 57/3, bhavprakash madhyam Khanda page 474, Vagbhat Nidansthan 2/17-19)

Inclusion Criteria- patients of from *annavaahasrotas dushti* more than one year from age group-18- 40

Exclusion Criteria - Hypertension - Known DM - Neoplasia of Urinary Tract and *Annavaaha srotas* - Immunocompromised patients - Patients of ARF and CRF - Patients of *mootraghaat*

Observation and results-

In arochak(38.75%) Vatapittaj prakruti predominately with HB% , RBC low(91.66%),in urine epithelial cells casts(79.66%), serum Na higher side (83.23%)

Annanabhilasha (16.87%) kapha pradhan prakruti with low MCHC (89.45%), in urine pus cells significantly, albumin traced (84.44%)serum electrolyte (Cl) is lower side(35%).

Avipaka (20.62%) pitta pradhaan prakruti urine microscopic RBC(76.55%) ,occult blood traced, calcium oxalate seen (67.22%). serum potassium (K+) is less(77.22%), protein present, ,

Amlapitta ,Twakdushti seen in 89% ofpatients, Mansavaha srotas vikruti &daha in 67.55% .Chardi is seen in only 4 patients arochak shoola shows epithelial

Dissucssion

In last few years, the lifestyle management awareness in the society has increased noticeably. People are now much focused on balance diet, immunity, prevention and Ayurved science plays an important role in that. Latest research in medicine field has made the life span of human being very comfortable and larger than before.

Ayurveda explains the prevention therapy well than any other sciences. Aahar vihar, pathyapathya, shatkriyakaal and its all alarming symptoms are well explained for every vyadhi in ayurved which plays a key role in preventive measures. It has some specific diagnostic alarms for the diseases which are not dependent on pathology or radiological test as Ayurved takes these two techniques for confirmation of diagnosis.

So it is time now to focus on the prevention of all diseases in society with the Ayurvedic help. Ayurved has explained the involvement of annavaha srotas dushti in the onset of each and every disease which can plays key role in preventaion of the primary diseases of all systems in body

Hence we have decided to assess the exact stage of the annavaha srotasdushti and its pattern of pathological abnormality .

Some specific types of annavaha srotas dushti seen which have alarming for the diseases of vital organs

1 Annanabhilasha- Annanabhilasha on and off particularly kapha pradhan prakruti with annavaha srotas vikruti patients more than one year leads to consistent pus cells in the urine microscopy with traced albumin and high range specific gravity of urine seen

So vitiated kapha dosha in kapha pradhan prakruti patients, enters in aanavaha srotas and disturbs the function of agni and forms the pattern of malfunction of agni in terms of annanabhilasha, angagaurav,aalasya .

2 Arochaka- Mainly seen in vatpradhan pittanubandhi prakruti patients which is alarming for vataja mootrakrucchra specially ashmari type .Epithelial cells and casts seen in urine microscopy, rasa, rakta, meda, majja , asthi vaha srotas vikruti seen in patients. As described by sushruts in uttarsthan adhyay 7(Tritaiya patalgata dosha), it is found that the long term arochak in vatapitta prakruti patients suffering from squint which is noted and developed during the annavaha srotas dushti period of more than 1 year. In these patients serum sodium which is extracellular electrolyte noted on higher side of normal range

arochaka, is the annavaha srotas vikruti ,morning sickness, puffiness on face and Na in serum at higher range In vatapradhan prakruti patients,vitiated vata dosha forms the excessive dryness in all types of secretion of the body and when it enters in annavaha srotas it shows arochaka,aadhmaan as the pattern of dushti and if this dudhti consist for more than one year than the journey of vitiated ruksha guna of vata passes through rasa,rakta,mansa,meda, mootravaha srotas and form ashmarijanya mootrakrucchra,in which microscopy cast and epithelial cells are seen.

3. Avipaka- mainly seen in pittavata prakruti patients, RBC in urine microscopy and occult blood seen in urine chemistry. It seen seen that in avipaka more than 1 year the level of serum potassium seen on lower side in normal limits. Potassium is intracellur electrolyte which balances the internal pressure of the cell for the regular osmosis as well physiology of cell. Symptoms of potassium deficiency shows the symptoms of

vitiation of pitta by ushna and ruksha guna. Excessive dryness leads to wasting of muscles as well tachycardia which are symptoms of pitta vata prakopa. So it is noted that avipaka more than 1 year can be lead to serum potassium lower range The balance of drava sara and tiksha guna pitta of agni plays important role in annavaha srotas dushti which vitiation shows avipaka and amlapitta significantly and when it goes to mootravaha srotas this gets convert into pittaja mootrakrucchra showing RBC and occult blood in urine

4. Grahani- is actually noted as organic so functional disease of the system which starts from agnimandya. Signs of grahani, its pattern of mala, aalasya, angagaurava , trishna and general spattern consist mixed symptoms of vitiation of tridosha specially seen in annavaha srotas. So agnimandya leads to grahani where pitta dushti plays key role among tridoshadushti.

5. Chardi is not seen significantly and no any significance in this age group for mootrakrucchra

6. Amlapitta – Amlapitta seen in pittapradhaan prakruti patients which are showing RBC in urine amlapitta as noticeable symptom of annavaha srotas vikruti and RBC in urine with daha as the specific symptom

CONCLUSION

1. In present scenario patients from vata pradhan prakruti are having arochak shoola as the symptoms of annavaha srotas dushti more than one year which may converts into presence of epithelial cells as well occasional casts in the urine, microcytic hypochromic anemia after one year Rasa rakta medovaha udakavaha and asthivha srotas dushti seen in these patients. Serum sodium in blood in these patients noticeably seen on higher side of the normal range.
2. Patients having pittapradhan prakruti but more than one year avipaka amlapitta leads to raktavaha majjavaha medovaha srotas dushti and that converts into occult blood in urine chemistry and calcium oxalate and RBC in microscopy of urine serum potassium of these patients is noticeably seen on lower side of the normal range
3. Patients having annanabhilasha persistently more than one year may convert into pus cells in urine microscopy and specific gravity of urine will be raised in them and protein will be detected in urine. serum chloride of these patients is noticeably seen on lower side of the normal range WBC are on higher side of the normal range and ESR in these patients increased noticeably
4. Their is no any significance of serum urea and serum creatinine level with annavaha srotas dusthi diseases as the primary disease.

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