Abstract

Aim and Objectives

- To evaluate the concept of Deha Prakṛti in relation to different types of Koṣṭha clinically.
- To study the association of types of Koṣṭha in Annavaha, Purīṣavaha Sroto Vikāra.
- To evaluate the types of Srotoduṣṭi in relation to Koṣṭha.
- Evaluation of relationship between Annavaha, Purīṣavaha Sroto Vikāra and Deha Prakṛti.
- Assessment of ancillary investigations in respect to Annavaha and Purīṣavaha Sroto Vikāra.
- To assess the status of Agni in Annavaha and Purīṣavaha Sroto Vikāra.
- To assess the presence of Āma in Annavaha, Purīṣavaha Sroto Vikāra.

Hypothesis of the Study

There is a probability of correlation between the Deha Prakṛti and Koṣṭha, and correlation between Annavaha, Purīṣavaha Sroto Vikāra and Deha Prakṛti, Koṣṭha, Agni, Āma which can be put forward through the following hypothesis-

A. Looking at the division of Koṣṭha according to the predominance of Doṣa in the Grahaṇi and it can be hypothesised that-
   - Mṛdu Koṣṭha may be found in Pitta predominant Prakṛti either VP or PK or VPK
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- Madhyama Koṣṭha may be found in either Kapha predominant Prakṛti or Samadoṣa Prakṛti.
- Krūra Koṣṭha may be found in either Vāta predominant Prakṛti or Vāta Kapha predominant Prakṛti.

B. Another hypothesis on the basis of clinical features may also be put forward for analysis as follows-
- Different Annavaha, Purīṣavaha Sroto Vikāra may have vitiation of Agni either Viṣamāgni or Mandāgni.
- Patients of different Annavaha, Purīṣavaha Sroto Vikāra may have presence of Āma in body.

This study will analyze these hypothesis with the data recorded during the Research work.

Plan of Study

Development of questionnaire for the assessment of Koṣṭha, Prakṛti, Agni, Āma and its validation was done. 140 cases of Annavaha, Purīṣavaha Sroto Vikāra were selected from the OPD of the Departments of Vikṛti Vijñāna, and Gastroenterology of Sir Sunderlal Hospital, I.M.S, B.H.U. and their complete history, physical examination, ancillary investigations were recorded along with other necessary investigations to diagnose the gastrointestinal disorders. Cases of Annavaha, Purīṣavaha Sroto Vikāra associated with other systemic diseases were excluded. After the diagnosis of Annavaha & Purīṣavaha Sroto Vikāra based on symptoms given in literature, assessment of Koṣṭha, Prakṛti, Agni and Āma was carried out. Along this 60 healthy cases were also registered for assessment of Koṣṭha and Prakṛti independently.
Observations and Results

Total 140 registered cases of Annavaha & Purīsavaha Sroto Vikāra were divided into five groups according to the fulfillment of diagnostic criteria against each disease.

**Group-1:** 40 cases of Grahanī Gada

**Group-2:** 20 cases of Ajīrṇa

**Group-3:** 20 cases of Atisāra

**Group-4:** 30 cases of Śūla

**Group-5:** 30 cases of Amlapitta

- Maximum patients of Grahanī Gada, Atisāra, Śūla and Amlapitta were of Mṛdu Koṣṭha and maximum patients of Ajīrṇa were of Madhyama Koṣṭha.
- In Annavaha, Purīsavaha Sroto Vikāra, Viṣamāgni and Mandāgni are the leading cause for the formation of Āma.
- Presence of Āma was observed in most of the diseases related to Annavaha, Purīsavaha Sroto Vikāra and showed presence of undigested food particles in stool examination.
- Generally Vāta-Pitta Prakṛti patients suffer from Grahanī Gada, Atisāra, Śūla and Amlapitta while patients of Pitta-Kapha Prakṛti suffer from Ajīrṇa.
- Mṛdu Koṣṭha is more common in either VP or PK Prakṛti while Madhyama Koṣṭha is more common in VK Prakṛti.
- Laulya was the most predominant character in Grahanī Gada.
- Sadanam, Arocaka and Avipāka were the most predominant characters in Ajīrṇa.
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- Gaurava and Avipāka were predominant symptoms of Amlapitta.
- The mean value of Hb in Annavaha, Purīṣavaha Sroto Vikāra patients was towards lower limit.

Division of diagnosed Annavaha, Purīṣavaha Sroto Vikāra on the basis of modern parameters as clinical symptoms and ancillary investigations (endoscopy, colonoscopy, stool examination and ultrasonography/CT-scan/MRI)

- Grahaṇi Gada was diagnosed as irritable bowel syndrome-A (alternate loose motion and constipated bowel), irritable bowel syndrome-D (diarrhoea predominant) and irritable bowel syndrome-C (constipated bowel predominant).
- Patients of Ājīrṇa were diagnosed as dyspepsia and GERD (gastroesophageal reflux disease).
- Patients of Atisāra were diagnosed as diarrhoea, colitis, amoebiasis and chronic diarrhoea.
- Patients of Śīla were diagnosed as peptic ulcer disease, dyspepsia, IBS, colitis, Crohn’s disease etc.
- Patients of Amlapitta were diagnosed as peptic ulcer disease, non-ulcer dyspepsia, gastroesophageal reflux disease and enteritis.

Thus, the study proves that the Annavaha & Purīṣavaha Sroto Vikāra has association with the Koṣṭha, Prakṛti, Agni and Āma.

The study has verified points of the hypothesis taken initially in the study. Points which were verified in the study are as follows –

- Generally Mydu Koṣṭha was found in Pitta predominant Prakṛti either VP, PK or VPK
- Generally Madhyama Koṣṭha was found in Kapha predominant Prakṛti.
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- Generally Krūra Koṣṭha was found in either Vāta predominant Prakṛti or Vāta Kapha predominant Prakṛti.
- There was presence of Āma in body in different Annavaha, Puriṣavaha Sroto Vikāra patients.
- Patients of different Annavaha, Puriṣavaha Sroto Vikāra had vitiation of Agni either Viṣamāgni or Mandāgni.

Correlation between various variables and Annavaha, Puriṣavaha Sroto Vikāra

- Correlation between occupation and predominance of Annavaha, Puriṣavaha Sroto Vikāra showed statistically significant results.
- Correlation between addiction and predominance of Annavaha, Puriṣavaha Sroto Vikāra showed statistically significant results.
- Correlation between Srotoduṣṭi and types of Annavaha, Puriṣavaha Sroto Vikāra showed statistically highly significant results.
- Correlation between Koṣṭha and Prakṛti in Annavaha, Puriṣavaha Sroto Vikāra patients showed statistically highly significant results.
- Correlation between Koṣṭha and Srotoduṣṭi in Annavaha, Puriṣavaha Sroto Vikāra patients showed statistically significant results.

Besides above stated points, the study has also proven that Grahaṇī Gada is more common in 3rd to 4th (20-40 yrs) decade of life and Amlapitta is more common in 4th to 5th decade of life. Grahaṇī Gada and Amlapitta are more common in female. On the other hand Ajīrṇa, Atisāra and Śūla are more common in male. Grahaṇī Gada, Ajīrṇa, and Amlapitta are more common in housewife and Atisāra more common in worker. In most of the Annavaha, Puriṣavaha Sroto Vikāra, patients were suffering from anemia. In most of the Annavaha, Puriṣavaha Sroto Vikāra, patient has Āma in body showing undigested food particles on stool examination. Patients of Amlapitta also represent their selves only with complaint of Śūla.