

THE ANATOMICAL VIEW ON THE CONCEPT OF SROTODUSHTI W.S.R TO ANNAVAHA SROTAS

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INTRODUCTION

- When we look into the pathophysiology of annavaha srotodushti lakshanas, along with annavaha srotas manas(psychological factors) is involved.
- Description of alimentary canal will be more appropriate to understand Annavaha srotas.
- The anatomical description, its clinical importance will be more beneficial in understanding the pathology insitu.

SROTAS

- स्रवणात् स्रोतांसि । च.सू. ३०
- स्रवणात् रसादि स्राव पथत्वात् स्रोतांसि । गंगाधर
- स्रोतांसि खलु परिणाममापद्यमानानां धातूनां अभिवाहीनि भवन्त्ययनार्थेन । च.वि. ५

ANATOMICALLY

- मूलात् खादन्तरं देहे प्रसृतं त्वभिवाहयेत् । सु.शा. ९
- स्वधातु समवर्णानि वृत्त स्थूलान्यणूनि च।
स्रोतांसि दीर्घाण्याकृत्या प्रतान सदृशानि च ॥ च.वि. ५

KHAVAIGUNYA

- कुपितानां हि दोषाणां शरीरे परिधावताम् ।
यत्र संगः खवैगुण्यात् व्याधिस्तत्रोपजायते ॥ सु.सू. २४

SROTODUSHTI

- Ati pravrutti
- Sanga
- Siraa granthi
- Vimarga gamana

ANNAVAHA SROTAS

- अन्नवहे द्वे तयोर्मूलं आमाशयो अन्नवाहिन्यश्च धमन्यः ।
सु.शा. ९
- अन्नवहानां स्रोतसां आमाशयोर्मूलं वामं च पार्श्वम् ।
च.वि. ५

ANNAVAHA SROTODUSHTI

- अनन्नाभिलाषणं अरोचकं अविपाकौ छर्दीं विद्यात् ।
च.वि. ९
- Anannabhilashana
- Arochaka
- Avipaka
- Chardi

ANANNABHILASHA

- अभिलषितमप्यन्नं दीयमानं नाभ्यवहरति इति अनन्नाभिनन्दनं ।
–मधुकोश
- Organs of digestive system can be grouped into –
 1. Alimentary canal
 2. Appendages of alimentary canal.
- Any inflammatory condition of these will impair the digestion process.

Cont..

- Represented as....
 - Inflammation of the mucosa
 - Venous congestion or lymphatic involvement
 - Infiltration of inflammatory cells into mucosa
 - Excessive secretion of fluids
 - Inhibits the hunger contraction of stomach
 - Loss of hunger = ANANNABHILASHANA.

ARUCHI

- प्रक्षिप्तं तु मुखे चान्नं जन्तोर्न स्वदते मुहुः । अरोचकं स विज्ञेया ..।
– मधुकोश
- Inflammation of the mucosa of GIT
- Increased secretion
- Impairment in fluid and electrolyte balance
- Features of dehydration exhibited in tongue
- Lack of salivary secretion
- Absence of fluid media required for taste perception.
- Tastelessness or ageusia = ARUCHI.


AVIPAKA

- Dyspepsia or indigestion includes epigastric pain, heart burn, distension of abdomen, and an acid feeling after eating or drinking, nausea.
- It is a major symptom of any inflammatory stomach disease.
- Conversion of food bolus to *Chyme* is not possible.

CHARDI

- – दूतमुत्क्लेशितो बलात् ।
छादयन्नाननं वेगैर्दयन् अंगभन्जनैः ।
निरुच्यते छर्दिरिति दोषो वक्त्रं प्रधावितः ॥

सु.उ. ४९

- 
- Vomiting is a neurogenic response, triggered by CTZ in the brainstem or Reflex through irritation of the stomach.
 - It has phases like nausea, hyper salivation, pallor, sweating and hyperventilation.
 - Nausea and vomiting of GIT origin associated with abdominal pain.
 - Painless vomiting always suggest neurological origin.

Vomiting act

- Increased salivation to protect tooth enamel from stomach acids. (Excessive vomiting leads to dental erosion). This is part of the PNS output.
- The body takes a deep breath to avoid aspirating vomit.
- Retroperistalsis, starts from the middle of the small intestine and sweeps up digestive tract contents into the stomach, through the relaxed pyloric sphincter.

- Intrathoracic pressure lowers (by inspiration against a closed glottis), coupled with an increase in abdominal pressure as the abdominal muscles contract, propels stomach contents into the esophagus as the lower esophageal sphincter relaxes. The stomach itself does not contract in the process of vomiting except for at the angular notch, nor is there any retroperistalsis in the esophagus.
- Vomiting is ordinarily preceded by retching.
- Vomiting also initiates an SNS response causing both sweating and increased heart rate.

CONCLUSION

- Alimentary canal , appendages of alimentary canal and their functions can be considered as Annavaha srotas.
- Disturbance in the physiological co-ordination between these will be manifested as disease.
- Anatomical consideration of annavaha srotas and Dushti lakshanas will be helpful in inferring the extension of disease involvement.

