

## ANALYSIS OF CONCEPT OF ATIPRAVRUTTI SROTODUSTI

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### ABSTRACT

Ayurveda is primordial system of medicine intended to claim health not curing that provides no more than relief from the symptoms. The prime objective of Ayurveda is not to suppress a meticulous symptom but to fix up harmony and balance. It tries to keep the body healthy by balancing aggravated *Doshas*, vitiated *Dhatus*, *Mala*, *Agni* and *Srotas*. The *Srotas* are the numerous visible as well as invisible channels or passages for material in body. Through these channels nutrients and other active mobile substance and information are transported in body. The disturbance at the level of *Srotas* either structurally or functionally leads to manifestation of disease. *Srotodusti* is the condition of the *Srotas* which is susceptible for pathological changes to produce a disease. Four types of *Sroto-dusti* are described in Ayurvedic literature namely- *Atipravrutti*, *Sanga*, *Siragranthi*, and *Vimargagamana*. The *Atipravrutti* means excess or over flow of vitiated *doshas* from the body and also may be excessive production of any particular *dhatus*. Proper understanding of *Atipravrutti srotodusti* is essential to plan a suitable therapeutics. In this paper the major diseases due to *Atipravrutti srotodusti* are critically analyse so that one can think of applying proper treatment.

**Keywords:** *Srotas*, Chanel, Overproduction, *Samprapti*.

### INTRODUCTION

Acharya Charaka defined *srotas* as *Sravanaat srotaamsi* <sup>(1)</sup> the channels from which *sravana* or flow of body substance takes place or through which materials flow in the body are called *srotas*. According to Acharya Sushrut *Srotas* originates from the root to any terminal portion (hollow organ) of the structure or body as he defined it as “*Moolat khaadantaram dehe prasrutantu abhivaahi yat, Srotaha-tat-iti vigne Yam siraa dhamanee varjitam.*”<sup>(2)</sup> They spread all through the body and carry essential material.

Through these numerous channels *dhatus* undergo transformation and it also carry right proportion of the *dosha* and other basic element from one portion of body to another. *Srotas* also transports the waste products produced by the body and finally eliminated naturally via *malas*.<sup>(3)</sup> Information also flows through it continuously. *Srotas* are present everywhere in the body and man is said to be conglomeration of *srotas*. According to *acharyas* the specific varieties of the channels of circulation in the human

body are the same in number as the structural entities in it. All the structural entities in the human body cease either to maintain the continuity of their manifestation or to undergo diminution in the absence of the respective channel of circulation.<sup>(4)</sup> *Srotas, sira, dhamani* etc are the names attributed to various visible and invisible spaces inside the tissue elements of body. Affliction of these channels leads to vitiation of the tissue elements. Vitiating channel vitiates the other channel respectively. According to *Acharya Charak* there are 13 main *yogavahi srotas* while *Susruta* described 11 pairs of *yogavahi srotas*. When the flow through these channels is maintained the health is remaining but when there is any deformity: like *Atipravrutti, Sanga, Siragranthi*, or *Vimargagamana*<sup>(5, 6)</sup> it leads to manifestation of disease. *Atipravrutti*- is the excess flow of *dosha*, excessive production of any particular *dhatu* whereas *Sanga* is the obstruction of *dhatu* causing localisation of the disease process. *Siragranthi* is condition where blood vessels become tortuous, dilated and engorged. *Vimargagamana* is nothing but deviation of the morbid material to other new areas.

### Aim and Objectives-

This conceptual study will be helpful in understanding the concept of *Srotas & srotodusti* and it also explore the *Atipravrutti srotodusti*.

### Materials and Methods-

Review of literature regarding *srotodusti* is collected from *brihatrayee's* and other available Ayurvedic literature and it is found that there are many pathological entities described in Ayurveda are caused by *Atipravrutti* of *srotas* like *atisara, prameha, Grahani, Pradara* etc. the pathogenesis of these various diseases described in Ayurveda is given as under. The *Atisara* is the term used for frequent watery loose stool. Due to exposure of predisposing factor *Aap dhatu* (body fluids) are enhanced in excess and bring diminution of strength of *Agni*, get mixed with stool, causes downward movement in *Annavaha srotas* by *vata* leading to development of excess watery

stool.<sup>(7)</sup> Similarly the disease in which a laborious effort is required to defecate and the motions are sticky, *mucoïd* and blood stained is called as *Pravahika*. The nature of this disease is chronic but non serious. In this *vata* getting aggravated pushes the *kapha* accumulated downwards.<sup>(8)</sup> *Prameha* term derived from two words, *Prakarseena* meaning profusely and *Mehati* meaning the one who urinates. Means the disease in which frequent and voluminous urination is main symptom is called as *Prameha*. In this disease all the body components are including *dosha, dhatus, mala* and *oja* participating to form *samprapti*. Out of these *kapha, mamsa, meda* and *kleda* are prime components in pathogenesis of *prameha*.<sup>(9)</sup> *Grahani* is the portion between pyloric ends of the stomach till the starting of the large intestine. When the *grahani* gets severely afflicted by the provoked *doshas* either one of three separately or by a combination of them, the aggravated *dosha* suppresses *Agni* (digestive enzymes) resulting improper and delayed digestion which further leads to *ama* formation. It expels the food in an undigested form and the stool turns liquid and it passed repeatedly with foul smell. Sometime process of digestion is complete and the stool appears well formed. This condition is known as *grahani* in Ayurvedic text.<sup>(10)</sup> *Pratishyaya* term denotes anything which is flowing out of the nostrils. The substance may be colourless fluid, mucous, pus or blood mixed mucous. According to *Acharya Charak* due to continuous exposure of predisposing factors the *Vata dosha* get vitiated and caused the disease.<sup>(11)</sup> While according to *Susruta* the disease manifestation because of vitiated *vata* and other *doshas* individually or collectively. In *pradara* there is *pradirana* of *raja* means excessive or prolongs bleeding during menstrual cycle. It is analogous to menorrhagia and it may be considered as polymenorrhoea or epimenorrhoea. *Acharya Charak* and *Chakrapani* say that increased *rakta dhatu* get mixed with *raja* thus the quantity of *raja* increase. Because of increase in amount of blood expert of this treatise named it *Asragdara*.<sup>(12)</sup> *Raktapitta* manifests itself with absolute rapidity and spread all

over the body like fire. In this disease morbid pitta mixed with *rakta dhatu* and expelled via body apertures. Bleeding without any particular underlying cause is cardinal feature of this disease.<sup>(13)</sup> *Bhasmak roga* described in Ayurvedic literature is also due to hyper activity of *srotas* in this disease food stuffs undergo digestion in a quick fashion in response to hyper functioning of digestive fire. Here *kapha* is in diminished state while *pitta* and *vata* are aggravated.<sup>(14)</sup> *Rakta gatavata* (hypertension) improper food habits and modern sedentary lifestyle with or without genetic predisposition provokes and vitiates all the *tridoshas* to trigger the pathogenesis of hypertension. *Vyana vata* in Ayurveda is responsible for blood circulation so it can be said that systolic blood pressure is control by *vyana vata*. Heart is also control by *prana vata*. So collectively *prana* and *vyana vata* denote nervous control of circulation whereas diastolic blood pressure can be taken under domain of *kapha dosha* (*Avalambka kapha*). It is understood as the *Prasara-Avastha* specifically of *vyana vata*, *prana vata*, *sadhak pitta* and *avalambaka kapha* along with *rakta* in their stress. The *Avarana* of *vata dosha* by *pitta* and *kapha* can be seen in *rasa-rakta dhatus*, which in turn hamper the functioning of the respective *Srotas* of circulation.<sup>(15)</sup> Beside these diseases the *majjavridhi*, *sukravridhi*, *atisweda*, *sayyamu* are also due to *Atipravritti srotodusti*.

## DISCUSSION

In the *Atisara*, elimination of bodily residue will be in a liquid form from the anus. Diarrhoea results from disordered water and electrolyte transport in small intestine. Secretory diarrhoea is caused by abnormal secretion of fluid in to the small bowel. This occurs when the absorption of sodium by villi is impaired while secretion of chloride in the crypts is increase. While osmotic diarrhoea occur when a poorly absorbed osmotically active substance is ingested. The substance is taken as isotonic solution, water and solute will simply pass through the gut unabsorbed, causing diarrhoea.<sup>(16)</sup> From the above description it can be said that the diarrhoea is result

of hyper activity of *udakavaha* and *purishavaha srotas*. While in diabetes mellitus (*madhumeha*) glucose level is so high, the body will try to redress the situation by removing glucose from the blood through kidney. Due to this kidney will also filter out more water. Water follows the glucose concentration passively, leading to abnormally high urine output.<sup>(17)</sup> This type of pathology is happened with the help of hyper activity of *Udakavaha* and *medavaha srotas*. In the disease *Raktapitta* hyper activity of *raktavaha srotas* is reported. In the modern system of medicine *raktapitta* is defined as haemorrhagic disorder like purpura, hematemesis, haemoptysis, haemophilia, otorrhagia etc.<sup>(18)</sup> similarly the menorrhagia term is use for abnormally heavy or prolongs bleeding. The exact cause is unknown but a number of condition may cause menorrhagia, common causes includes PCOD, dysfunction of ovaries, uterine fibroid, polyp, adenomyosis, IUD, inherited bleeding disorder and some medication. Hyper secretions of hormone, enzymes and neurotransmitter are also considered as *Atipravitti* of *srotas*. Like adrenalin is hormone, neurotransmitter mainly released in response to stressful event to prepare the body for fight or flight response, the pathological hyper secretion is associated with hypertension cause include conn syndrome, cussing syndrome and phaeochromocytoma. Hydrochloric Acid is secreted by oxyntic cells of the stomach lining. Pathological over production leads to GERD, gastric ulcer etc. Hypertrophy and hyperplasia is a kind of *Attipraviti* of *mam-savaha srotas*. It is an increase in the size and increase in number of cells respectively resulting in enlargement of the organ or tissue. The pathological hypertrophy and hyperplasia leads to number of diseases whereas physiological hypertrophy and hyperplasia is found during pregnancy.

## CONCLUSION

The concept of *Srotodusti* is important to make correct diagnosis of a disease and applying proper treatment. The *Atipraviti* of the *srotas* described in Ayurvedic literature may be overproduction of fluids

like *atisara* and *prameha*, hyper secretions of hormone and enzymes like in GERD, hypertension and hyperthyroidism etc. It may be dysfunction uterine bleeding as in menorrhagia. It also may be the pathological hypertrophy or hyperplasia.

## REFERENCES

1. Sastri SN, Charak Samhita, sutrasthana Ch. 30/12, pp-584, Chaukhambha Bharti Academy Varanasi, edition 2013.
2. Sastri Ambikadutta, Susruta Samhita, shareera Ch. 9/13, pp-97 Chaukhambha Sanskrit Sansthaan, edition reprint-2014.
3. Y.S Raghuram, srotas: Body chanel and duct systems- easy explanation: <https://easyayurveda.com>2016/06/02>.
4. R.K Sharma, Bhagwan Dash caraka samhita Vimanasthaan, ch-5/3, pp-171, Chaukhambha Sanskrit Series, edition reprint-2012.
5. Sastri SN, Charak Samhita, vimanasthana Ch. 5/24, pp-587, Chaukhambha Bharti Academy Varanasi, edition 2012.
6. B. tripathi, Astanga hrdayam, sarirasthan ch-3/45, pp-375, Chaukhambha Sanskrit Sansthaan, edition reprint-2009.
7. P.S Byadgi, Ayurveda vikriti vijnana & rog nidana, vol-II, ch-48, pp-432, Chaukhambha publication, edition reprint-2010.
8. K.R Srikantha Murthy, Susruta Samhita, uttara sthana Ch. 40/138, pp-243 Chaukhambha orientalia, edition reprint-2012.
9. V. gujjarwar, roga nidana & vikruti vigyana, ch-56 pp-180, Chaukhambha Subharti Prakashan, first edition-2017.
10. Brahmanand tripathi, Madhava Nidana, ch-4, pp-173, Chaukhambha Subharti Academy Varanasi, edition 2014.
11. Sastri SN, Charak Samhita, chikitsha sthana Ch. 26/105, pp-654-656, Chaukhambha Bharti Academy Varanasi, edition 2006.
12. P.V Tewari, Ayurvediya prasutitantra evam striroga, vol-II ch-2 pp-172-195, Chaukhambha orientalia, edition reprint-2009.
13. V. gujjarwar, roga nidana & vikruti vigyana, ch-? pp-??, Chaukhambha Subharti Prakashan, first edition-2017.
14. Sastri SN, Charak Samhita, chikitsha sthana Ch. 15/217, pp-481, Chaukhambha Bharti Academy Varanasi, edition 2013.
15. Maanasi menon Akhilesh shukla, understanding hypertension in the light of Ayurveda, JAIM, 17/nov/2017.
16. Pathophysiology of watery diarrhoea: dehydration and rehydration, WHO, training education: medical student about diarrhoeal diseases, <http://apps.who.int/iris/handle/10665/40343>.
17. Polyuria Merck Manuals, November 2013: retrieved 30 December 2014.
18. Yadunandana upadhyay, Madhava Nidana, ch-9, pp-265-266, Chaukhambha Prakashan, Varanasi, edition 2016.

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