

CORRELATION STUDY OF SAMANA AVRITTA APAN & IRRITABLE BOWEL SYNDROME

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ABSTRACT

Avarana is one of the mechanism mentioned in the science of *Ayurveda* to explain the pathogenesis of diseases peculiarly due to vitiation of *vata*. To understand and analyze *Avarana* meticulous knowledge of basic concepts of *Ayurveda* is essential. Different clinical conditions present like *Avarana* depending upon stage of disease. In *Saman Avritta apan* *Avarak* is *Saman Vayu* , it get vitiated and increases number of metabolites and obstructs the gati of *Apana*. So *samprapti* of this *paraspar Avarana* produces irritable bowel syndrome. So if diagnosis and treatment is done in context of *Avarana* then chronicity of disease is reduced.

Keywords: *Avarana*, *Samana Avritta Apan* , IBS

INTRODUCTION

Avarana is the most complicated basic fundamental concepts of *Ayurveda* *Vata vyadhi* can manifest either due to *Dhatu Kshay* or *Avarana*. *Avarana* literally means obstruction or to cover. Of the three *doshas*, *vata* has the property of *Chal* which has the key role in the mechanism of pathogenesis and makes *vata dosha* the prime one. Knowledge of *Avarana* helps in understanding the Pathophysiology i.e. *Samprapti* of many complicated diseases. As *Samprapti Vighatan* itself is the management of disease. So diagnosis play important role. IBS symptoms mimics the symptoms of *Saman Avritta Apan* . So there is *Vikruti Visham Samvay* which helps in understanding *Saman Avritta Apan*.

The movement of *vata* gets affected in many ways *Avarana* is one among them. The course of *Vata* gets enclosed either by the other two *doshas* ,any of the seven *dhatu* or the three *malas* result in the

Avarana For understanding the concept of *Avarana* it is mandatory to understand *Avarak* and *Avrutta*. When *Dosh* or *Dhatu* obstructs a particular *Dosha* then it will give rise to increased signs and symptoms related to the function of particular *Doshas* or *Dhatu* which has obstructed. The entity which get obstructed, will shows less signs and symptoms related to its normal functions .Thus there are 3 types of *Avarana* - *Doshavrita Vata* caused by failure of control of flowing fluids, *Dhatwavritta Vata* caused by failure of control in metabolic transformation and *Parsparavritta Vata* caused by failure of nervous control¹

SAMAN & APAN VAYU =

Saman Vayu is subtype of *Vata dosha* located in the neighbourhood of *Jathragni*² (*Antaragni*) Its *sanchar sthan* is *Aampakvashay* and *Vanhisangat*..It helps in *agni sandhukshan* It plays role in *anna dharan* ,*pachan*. *vivechan* and taking *kitta* downwards. It governs absorption of nutrients

into the body, assuming that they were broken down properly. It also directly affects *agni*. When *vata dosha* accumulates and aggravated in small intestine it vitiates *Saman vayu*. So *vridhdha Saman Vayu* produce gastrointestinal disturbance.

Apan vayu which is located in the *shroni ,basti Medhra*.³ It is responsible for elimination of urine, stool, toxins etc. This type of *Vata* has *Anuloman gati* i.e. It governs with downward direction when its *gati* is hampered, it results in disturbance of *Apan Vayu* and eventually deteriorates evacuation of bowel contents.

PARSPAR AVARAN –

Various fractions of *vata* move in different directions in the body so that function of one gets obstructed by the other. This results in *Parspar Avarana* of *vata*. *Prana, udana* moves upwards *Apana* moves downwards *Samana* in lateral directions and *vyana* moves all over the body. A slight variation in the path of one may affect the others pathway resulting in functional impairment as well as disease. In this type of *Avarana* *Saman vayu* which is *Avritta* obstructs *gati* of *Avarak Apan Vayu*. *Vridhdha saman* does not help in *dharan* of *apakwa ahar*. As *apakwa ahar* moves forward *parshwashool* begins. Due to vitiated *saman* number of intermediate metabolites increases and it obstructs *gati* of *Apan Vayu*. Thus *Paraspar Avaran* of *Saman Vayu* and *Apan Vayu* produces Irritable bowel Syndrome.

*Lakshanas – Grahani rog ,Amashaygat vedana ,Parshwashool ,Hrudshool.*⁴

PATHOPHYSIOLOGY OF IBS-

Irritable bowel syndrome (IBS) known as an irritable colon, is an idiopathic gastrointestinal⁵ disorder. IBS is a chronic condition characterized by abdominal pain altered bowel habits (Diarrhoea & Constipation) in the absence of detectable structural abnormalities.⁶

The pathogenesis of IBS is poorly understood, although roles for gut motor and sensory activity, central neural dysfunction, psychological disturbances, stress and luminal factors have been proposed.

There is altered GI motility and visceral hyperalgesia. Colonic myoelectrical and motor activity under unstimulated conditions are generally normal but abnormalities are more prominent under stimulated condition in IBS. IBS Patients may exhibit increased rectosigmoid motor activity for upto 3 hr after eating. There is inflation of rectal balloons leads to marked distention evoked contractile activity which may be prolonged. IBS patients frequently exhibit exaggerated responses to visceral stimulation. Post prandial pain has been temporally related to entry of food bolus into cecum. Exaggerated symptoms can be induced by visceral distention. The role of Central Nervous System factors in the pathogenesis of IBS is strongly suggested by the clinical association of emotional disorders and stress with symptom exacerbation.

CORRELATION OF PATHOPHYSIOLOGY OF SAMAN AVRITTA APAN & IBS -

In *Saman Avritta Apan*, *Apan Vayu* get occluded by *Saman Vayu*. There is *Parspar Avaran* of *Saman* and *Apan Vayu*. According to the Ayurvedic literature most important causes of IBS is *Vata* vitiation. *Saman Vayu* which is located *Agnisamipastha*. Due to *Siddhant* of *Avarak* and *Avritta Vata* in *Saman Avritta Apan* there is of *Sthan Vikruti* of *Saman Vayu*.

In IBS Pathophysiology it is mentioned that there is altered GI motility and Visceral hyperalgesia. This can be correlated with *Vikrut Apan Vayu*. *Vikrut Saman Vayu* hampers the *gati* of *Apan*

vayu which results in disturb peristaltic movements of the intestine.

In IBS there is increased rectosigmoid motor activity which ultimately leads to inflation of rectal balloon in both IBS-D (Diarrhoea Prominent) and IBS-C (Constipation Prominent). This can be considered as *Saman Vayu Vikruti*. *Saman Vayu* gets *prakopit* and increases its *Ruksha* gun. So *Sara Kitta Vibhagan* does not take place properly and *kitta bhag* get *upshoshit* along with *Sar bhag*. Thus *kitta Munchan Prakriya* of *Saman Vayu* does not takes place which results in symptoms like abdominal distension. In IBS there is increased post prandial pain. This can be considered, as *Saman Vayu* has role in *Agni Sandhukshan*. Since *Saman Vayu* get *prakopit* it does not help in *Dharan of Apakwa Ahar* hence *Parshwashool*. *Apan Vayu* has *Anuloman Gati*. As *Saman Vayu* hamperds *gati* of *Apan Vayu* causes sensa-

tion of incomplete defecation correlated to visceral distention in IBS. The role of CNS in IBS can be correlated as – *Vata dosha* has property of *Chal*. All the 5 types of *Vata* interplay within themselves and mentioned homeostasis. When they hampered their own karma *Utpatti* of *Vat Vyadhi* takes place. Both parasympathetic and sympathetic stimulation originating in the brain can affect gastrointestinal activity mainly by increasing or by decreasing specific actions. Thus due to *Poshya-Poshan Bhav* there is *Apan Vayu Vikuti*. Thus *Apan Vayu* due to increasing *chal guna* leads to abnormally increased motility of the small and large intestine. Due to *Gati Gandhan karma* of *Apan Vata* it ultimately deteriorates other *Vayu* and results in sensory nervous stimuli which results in abnormal myoelectrical activities in colon and small intestines.

CLINICAL FEATURES OF SAMANA AVRITTA APAN & IBS

SAMANA AVRITTA APAN	IRRITABLE BOWL SYNDROME
1) <i>GrahaniRog</i>	Alterd bowl habits (Constipation&Diarrhoea) Abdominal Pain
2) <i>Parshwashool</i>	
3) <i>Aamashaygat Vedana</i> }	Heart burn
4) <i>Hrudshool</i>	

CONCLUSION

Thus it has been observed that clinical manifestations and pathophysiological changes of *Saman Avritta Apan* can be correlated with IBS. Thus it helps in designing further management protocol.

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