

A STUDY ON RUPA OF ARBUDA IN UDARA PRADESHA W.S.R TO GAS- TRO- INTESTINAL MALIGNANCY

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ABSTRACT

Cancer is a large heterogeneous class of diseases in which a group of cells display uncontrolled growth, invasion that intrude upon and destroys adjacent tissues and often metastasized wherein the tumour cells spread to other location in the body. The descriptions regarding this disease are available in a scattered form under the context of various diseases in *Ayurveda*. There is a need to compile this information collectively in a systemic manner that may help us in understanding the etiology, pathology and the management of the disease in a better way. In *Ayurveda*, it is described as *an arbuda, granthi, gulma, shotha, apachietc*. As per *arbuda* in *udarapradesha* w.s.r gastro intestinal malignancy is concern, signs and symptoms are mimicking other diseases could be the region for calling *durvijneya* and it may present with the signs and symptoms of *other annavaha and purishvahasrotogatavyadhi*. So attempt is made for better understanding of *rupa* of *Arbuda* in *udarapradesha* w.s.r gastro intestinal malignancy, precise diagnosis and prognosis of the disease in early stage so that the patient is benefited with appropriate measures.

Keywords: *anna and purishvahasrotogata arbuda, Gulma, Carcinoma, Malignancy.*

INTRODUCTION

The most commonly diagnosed cancers worldwide are colorectal (1.4 million, 9.7%) of all cancer cases. Gastric cancer is the fourth leading cancer in the world and the second most common cause of death due to malignancy accounting for 736,000 deaths (9.7% of the total). Nearly 1 million new cases of gastric cancer and 0.7 million gastric cancer deaths are reported every year.

Cancer is a general term used for a large group of diseases that can affect any part of the body. Other terms used are malignant tumours and neoplasms. Cancer or neoplasm is 'a mass of tissue formed as a result of abnormal, excessive, uncoordinated, autonomous and purposeless proliferation of cells even after cessation of stimulus for growth which caused it'. Can-

cer arises from a transformation of a single cell that gets initiated by external agents and intrinsic inherited genetic factors'. Clinically cancer manifests in wide spectrum of signs and symptoms, they are characterised by involvement of a particular tissue which can be identified microscopically depending on the cell of origin. Though tumour is a clinical diagnosis, confirmation of the malignancy is depends on histopathological analysis. The information relevant to malignancy can be categorised as 1) Clinical identification of palpable masses e.g. *granthi, arbuda* etc., 2) Description of disease conditions resembling the clinical courses of the currently proved malignant conditions e.g. *kaphajagulma, dhatugatajwara* and *itsupadrava*.,3) Theories of irreversible non-

terminating pathogenesis e.g. incurable variety of *pandu*, *asadhya kamala*, *asadhyaudara*.

Materials and method

20 patients of Diagnosed case of Gastro intestinal malignancy were taken for the study. Clinical presentation was assessed on the basis of detailed case proforma.

Rupa

Arbuda, in relation with gastro intestinal conditions, is not identified clearly in our classics because of its invisibility, but can be considered as coalition of the diseases described in Ayurveda. In the case of *Arbuda*, no specific *rupa* related to the *anna and purishvahasrotogata arbuda* is quoted. But as the *sthana* of the *arbuda* in *anna and purishvahasrotas* is related to *amashaya (urdhvaamasaya – adhoamasaya)*, *pakvasaya and guda*, the clinical features of *anna and purishvahasrotogata vyadhi* may present. *Vidhradhi* and *arbuda* are considered as the *shothasamuthanavyadhi* in our classics. Though *arbuda* is *chirakarivyadhi* while *vidhradhi* is *ashukarivyadhi* these references are quoted for better understanding of impact of *adhithana* in genesis of *lakshana*. While dealing with the *abhyantaravidhradhi*, Acharya Shushruta quoted that, the features of the *abhyantaravidradhi* are same as that of “*vatadibhedenbahyavidradhi lakshana*” but according to the *adhithanavishesha*, some specific *lakshana* appears¹. *Arbuda* is also considered as the *bahya and abhyantaromargagatavyadhi*. So based on the *anumana* (analysis) and *pratyakshapramana* (clinical presentation of gastro intestinal malignancy) we can consider that the *lakshana* which are mentioned in the context of *arbuda* is the *doshika and dhatugata* presentation of all *arbuda* and the other features may appear according to the *sthana* involved. While commenting on the types of *nidana*, Acharya Chakrapani has commented that the description of *dwandwajagulma* is not mentioned because it is produced due to combination of two *dosha* and it will be managed by *mishritachikitsa*. But *tridoshagulma* is not man-

ageable, in spite of giving *mishritachikitsa* due to specific type of pathological process (*vatadisamyogaprabhava*). So *nichayagulma* is explained separately². So when the specific *nidana, purvaroop*, clinical features, pathological process appear in the *vyadhi* and if specific treatment is needed, only then they give the elaboration of that particular context. *hradaya, basti, parshvaandnabhi* are mentioned as the particular *sthana* of the *gulma* and involvement of the *dosha* in *mahasrotasha* is quoted³. Clinical features of *arbuda* given by Acharya Sushruta in *sampraptiof arbuda* also match with the *kaphajagulma*. So we can infer that the clinical feature of the *arbuda* in *anna and purishvahasrotas* may be same as that of clinical features of *gulma*.

Apart from the diagnostic features the disease will have some other features which manifest by alteration in the normal physiology of the affected tissue. Irrespective of etiological factors and varied pathological process some of the features are common to all the variants of the syndrome. Hence these common features observed in different varieties of syndrome are called as *Samanya Lakshana*. As per *anna and purishvahasrotogata arbuda* is concerned, *Samanya Lakshana* are the clinical presentations which appear due to vitiation in the status of the *agni* and location (*sthana*) of *arbuda*.

The *lakshana* may be categorized as 1) *Pratyatma lakshana* 2) Classification of the *rupa* according to *dosha* and *dushya (Vishistalakshana)* 3) Classification of the *rupa* According to the *avastha* of *amashaya* and *gudagataarbuda* (*Samanya Lakshana*)

Pratyatma lakshana

‘*Mamsopachayatushopham*’ is the cardinal feature of the *arbuda*⁴; also Acharya Charaka stated that ‘*ustedhlakshana*’ is the cardinal features of *sothapradhan vyadhi*⁵, but each and every patient of the gastro intestinal malignancy will not present with the lump in abdomen because of advancement of the science and early intervention.

Arbuda are characteristically hard in consistency and deep seated. They are usually painless and do not suppurate⁶. Non suppuration is attributing to the specific form of pathogenesis. The unique combination of *dosha* and *dushya* in this context is named as 'grathana'⁷; literally meaning knot formation, induration (*analpamoola*) is a characteristic feature of *arbuda*.

Vishista Lakshana

The lakshana which are mentioned by Acharya Shushruta in the context of the *arbuda* can be considered as the *doshagata* and *dhatugata* presentation of all *arbuda*. But as per *medajaarbuda* is concerned it is *sadhyavyadhi*. It can be correlated with adenoma which is also considered as curable. So in Gastro intestinal malignancy it may not be included. But if *medajaarbudasamprapti* reaches to the level of *mamsadhatu* then it will lead to *asadhyataavastha* of the *medajaarbuda*. Similarly adenocarcinoma of gastro intestinal malignancy is considered to be difficult to manage.

Classification of the Roopa of Arbuda According to the Avastha

A) *Amasayagataarbudalakshana* In early stage

1) *annavahasrotodusti lakshana*⁸ – *anannabhilasha* (Disinclination for food), *arochaka* (Anorexia), *avipaka* (Improper digestion), *chhardichadrustava* (A tendency to vomit)

2) *rasavahasrotodusti lakshana*⁹-*ashradha* (disinclination of food), *asyavairarasayama*, *rasa asangnata* (not able to perceive the taste), *hrillasa*, *gaurava* (heaviness of the body), *tandra* (drowsiness), *angamarda*, *pandutvam* (anaemic appearance), *agnimandya*

Function of *annavahasrotasis* dependent on *samyoga*, *rasi*, *kala*, *desha* etc in which *agni* is also considered as the one parameter. *jatharagnimandya* affects the whole body but the pathogenesis starts from *annavahasrotas*. According to Acharya Charaka seat of *jatharagni* is *graha i* because of its power of *apakvaannadharana* and *pashvashrujana* of *pakvaanna*. It is located above the *nabhi pradesha*¹⁰. So if

the *Sthana* of *agni* is disturbed by the *arbuda* then the clinical presentation may be in the form of *agnidusty* like *bhuktasyavidaha*, *pakakalen cha aayuktachhardiudgar*, *kshudhaabhava*, *dourbalya*, *jirnaaji rmanavetti* (person doesn't appreciate whether the food is digested or not), *adhman*, *atayante cha jatharamapilaghualpabhojanat* (distension of abdomen even after *laghubhojan* or *alpamatrabhojan*), *atopa*, Pain during digestion and after the digestion, *udgara*, *aruchi*, *hritkanthadaha*, Various pains of *pitta*, *klama*, *tiktaamlodgar*, *gouravam*.

B) Later manifestation of *amasayagataarbuda*

Ekdeshavruddhi of particular *Dhatu* leads to *anyadeshekshaya* of *dhatu*, *Mamsa* and *medodhatuvrudhi* in *amasaya* leads to *kshaya* of the *mamsa* and *medodhatu* in the other body part. *Gulma* situated inside produce pain in the region of *basti*, *kukshi*, *hradaya*, *pliha*, weakness of digestive activity, loss of colour/complexion, *balahani* and nonappearance of the *urges*. Pain is minimum (*naatiruk*) if the *gulma* is present in *kostanga*.¹¹

• Other clinical features

sonitasthivana, *antardaha*, *chardi*, If the *kaphapradhanvatadidosha* obstructed the *rasadivahasrotas* then it will lead to *sarvadhatukshaya* and is responsible for emaciation (*karshana*) of *purusha*, *sula* in *amasaya*, *jwara*, *aruchi*, *kruchravimutratvam*, *anaha*, *urdhvavatam* (upward movement of *vata*) And the signs and symptoms which are mentioned in the context of early stage of *amasayagataarbuda* they simultaneously may be present.

Pakvasayagataarbudalakshana

In early stage¹²

Annavahasrotodushtilakshana as described in *amasayagataarbuda*. *Purishvahasrotodushtilakshana*-watery stools (*atidravama*), hard stools (*atigrathitama*), Scanty Stools (*kruchhenalpaalpama*), Stool in excess quantity or excess time for defecation (*atibahu*), Painful defecation with sound (*sasabdasula*), *anaha*, *durgandata*, *grathithantratha*, Distention of the

abdomen, flatulence due to *srotorodha*, *malasanga* and *vatvarodha*.

Late manifestation of *pakvasayagataarbuda Ekadesiyamamsa* and *medovrudhiin pakvasaya* lead to *kshaya* of the *mamsa* and *meadas* from other *gatrpradesha*, *karshyata*, *anaha*, *soolain vamapashva* or *dakshinapashva*, *purishabheda*, *purishaupashoshanama*, *raktapravruti* from *guda*, *malavashtambha*, *kruchravimutravatama*, *pandutvama*, *alpavedanainkukshipradesha*, *jwara*, Like that of *amasayagataarbuda*, there is involvement of the *annava-hasrotas* here as well. So features which are explained in the context of the *annava-hasrotodusti* also manifest in the clinical course of the *pakvasayagataarbuda*. *Lakshana* which are explained under the heading of *agnidushtilakshana* may also present.

Terminal manifestation of *annavaha* and *purishvahasrotogata arbuda*, while commenting on the *yakrutodar Acharya Chakrapani* mentioned that there are two types of pathological events responsible for *yakrutavruddhi*- first one is *sankshobhadichyutayakrutavrudhi* and second one is due to *sonitaativrudhayatachutayakrutavrudhi*. *Achutayakrutavrudhi* because of the *raktavrudhi*, *raktavrudhiis* because of *therasadidhatuvrudhi*. *Acharya Chakrapani* also quoted that *mamsadidhatuvrudhi* also leads to *raktavrudhi*. Here we can consider that the *mamsavrudhiin annavaha* and *purishvahasrotas* leads to *rakta* dusty which finally is involved in the pathological event of the *yakrutodar*¹³. This can be taken as the secondary from the haematological spread from primary gastro intestinal tract malignancy.

Some of the *arista lakshanawhich* are explained in the context of *arista* in Ayurvedic literature mask the conditions which are mentioned in the context of the secondary malignancy of gastro intestinal tract in western system of medicine. e.g If a clinical presentation of person has pallor, excessive emaciation, excessive thirst, rigid and fixed vision, difficulty in expiration is consider as the *pratyakhyeya* for *chikitsa*¹⁴. If the *balahinapurusha* pre-

sented with the *pipasa*, *suskasya*, rigid and upward look of eyes and constant throbbing of carotid region of the neck than it suggestive of bad prognosis¹⁵. If the *durbalapurusha* presented with *jwara*, *atisara* after the *kshavathu* or vies verse, it indicate the bad prognosis¹⁶. At an interval or period of time, *sadhyaarbuda* may develop into *asadhya* i.e. from one stage to the other or *asadhyaarbuda* may give rise to its spread to another place which may be called as metastatic stage. Such pathogenesis of malignancy has been described by *Acharya Shushruta* as “*Adhyarbuda*” or ‘*Dwirarbuda*’. This most probably suggests the recurrence and metastasis of tumours to distal places. When *Arbuda* is appearing at pre-existing site or nearby primary growth it is called as *Adhyarbuda* (recurrence) or that may be consider as the invading the nearby structure whereas when a couple of similar types of growth occurring at different places, following one after another it is called “*Dwirarbuda*” i.e. metastasis.¹⁷

CONCLUSION

There are no specific signs and symptoms of different malignancies pertaining to gastrointestinal tract particularly in early phase of disease. Similarly, *anna* and *purishvahasrotogataarbuda* mimics other diseases pertaining to *anna* and *purishvahasrotas*. So, it is very difficult to diagnose *arbuda* in GI tract clinically in initial phase of *samprapti*. The early clinical features of *amasayagataarbuda* present with *annavaha*, *rasavahasrotodushti* and later manifest with *vishamashanjanyarajyakshmalakshana* with *gulmasamanyalakshana* and as the disease advances with the features of *udara* and *arista lakshana*. Similarly the early clinical features of *pakvasayagataarbuda* are presence with *anna*, *rasa* and *purishvahasrotodushti* and later manifest with *vegavarodhjanyarajyakshmalakshana* with *gulmasamanyalakshana*. Signs and symptoms of the terminal manifestation of the gastro intestinal tract malignancy will be seen either in the context of *achyutayakrutoda* due to *mamsadhatu vitiation*, *asadhyaudara*,

asadhyagulmaand arista lakshanaof sotha, udara, gulmaas explained by Acharya Charaka. So forearly diagnosis of the anna and purishvahasrotogata arbuda physician has to rely on upasayaanupasaya method of diagnosis. Physician has to reconsider the diagnosis in spite of treating a disease of anna and purishvahasrotas aggressively and if the disease persists, thorough evaluation for possibility of annaand purishvahasrotogata arbuda required to be done.

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