

A CRITICAL REVIEW ON *KOSHTHA* AND ITS CLINICAL SIGNIFICANCE

Madhumati S. Chidre¹, R.S.Dhimdhime², K.R. Pabitwar³, Amruta Vedpathak⁴, Ashwini Maind⁵

^{1,3,4,5}PG Scholar, ²HOD&Professor, Associate Professor, Kriya-Sharir Dept., G.A.C, Osmanabad, Maharashtra, India

Email: madhumatichidre1010@gmail.com

ABSTRACT

Ayurveda has some unique entities, *Koshtha* is one of them. Word *koshtha* is used for vacant place having covering, where things can be kept in a lot. The term *Koshtha* refers to the nature of the digestive tract or Alimentary tract, which usually represents the motility of the intestines and movement of food, fecal matter in the alimentary canal and elimination of the stool. According to dominance of *doshas* or *dehaprakruti*, *koshtha* is generally divided into three types i.e. *Krura*, *Mrudu* and *Madhya* where dominance of *Vata*, *Pitta* and *kapha dosha* is seen respectively. *Koshtha* is included in *abhyantara rogamarga*. *Koshtha Pariksha* tells us about the liquidity, moistness, roughness of the bowel habits. Assessment of *koshtha* is important for diagnosis and treatment of diseases. *Koshtha Pariksha* helps for choice of *aushadhi* and *aushadhimatra*. *Koshtha Pariksha* also plays an important role for to advice *pathya-apathya* and *aahara-vihara*.

Keywords: *Tridosha*, *Koshtha*, *Koshtha Pareeksha*, *virechana dravya*.

INTRODUCTION

The *Ayurvedic* principles are formulated based upon some concepts, which are structurally as well as functionally specific and their interpretation which could help in generalization as the matter, such concept is the concept of *koshtha*. *Koshtha* is the unique entity of *Ayurveda*. The term *Koshtha* refers to the nature of digestive tract or hollow parts of body which represents motility of the intestines and movement of food and fecal matter in the alimentary canal and elimination of stool. *Koshtha* and *shakha* are two things related with each other. *Koshtha* is hollow part of body. These term *koshtha* and *shakha* are used in different meaning according to the situation. There are several *koshta* and *shakha* in the

body but they can also be taken as a single *koshta* & *shakha* when a systemic pathogenesis is considered. Generally the term *koshtha* means a hollow viscos. To know the concept, assessment of the *koshtha* of a person is very important in the diagnosis and treatment of the any disease.

MATERIALS & METHODS:

For present conceptual study literary material had been collected from *Ayurvedic* texts books like:

1. *Charaka Samhita*
2. *Sushruta Samhita*
3. *Ashtangahrudaya*

**CONCEPTUAL STUDY OF *KOSHTHA*:
NIRUKTI (etymology of word *koshtha*):**

Koshtha – Kush Aawarane^[1]

Koshtha is derived from root *Kush+Than*^[2] it means *Aavarana*.

Koshtha is a cavity formed from *Avarana* (wall) which is consisting of *Dhatus* (solid structure).

Word *koshtha* is used for vacant place having *avarana*, where things can be kept in a lot.

Koshtha Paribhasha (Definition):

‘*Koshtha*’ is defined as the nature of alimentary tract, bowel movements or nature of eliminations of faeces. *Koshtha* is known as *Mahastrotasa* (the great channel) which is from mouth to the anus i.e. complete digestive system and as *Abhyantara Roga Marga* (internal pathway of diseases)^[3]. This compendium suggested three routes of invasion of diseases in the body. Their names are- outer route (*Bahya roga-marga*), middle route (*madhyam roga-marga*) and inner route (*abhyantar roga-marga*). This means that thoraco-abdominal cavity should be taken as *koshtha*. Organs placed in this vacant place are called *koshtangani*.

Charak Acharya states the fifteen *koshtangas-nabhi* (*umbilicus*), *hrudaya* (*heart*), *kloma* (*pancrease*), *yakruta* (*liver*), *pleeha* (*spleen*), *vrukka* (*kidneys*) *basti* (*bladder*), *purishadhana* (*caecum*), *aamashaya* (*stomach*), *pakvashaya* (*small intestine*, *large intestine*), *uttarguda* (*rectum*), *adharguda* (*anus*). *Pakwashaya* (*large intestine including pelvic colon*)^[4].

Sushrutacharya states that *Koshtha* is a cavity containing *Hrudaya* (*heart*), *Rudhira* (*blood*), *Phupusa* (*lungs*), *Aamashaya* (*stomach*), *Pakvashaya* (*intestine*), *Unduka* (*appendix*), *Phupusa* (*lungs*), *Mutrashaya* (*bladder*)^[5]. *Sushrutacharya* also states that entire abdomen (*sarvam udaram*) should be considered as *koshtha*^[6].

According to *Bhavprakash*, *Sthana* such as *Aamashaya*, *Agniyashaya*, *Pakwashaya*, *Mutrashaya*, *Rudhirashaya*, *Hrudaya*, *Unduka*, *Phupusa* are called as *koshtha*.

Paryaya (Synonyms):

Mahastrotasa, *Sharirmadhya*, *Aamashaya*, *Pakwashaya* are *paryayawachaka shabda* (Synonyms) of *koshtha*^[7].

Koshtha Prakara (types):

There are three types of *koshtha* based on predominance of *doshas*^[8] such as :

1. *Krura Koshtha:*

In *krura koshta* as the predominant *dosha* being *vata*, increase of *vata* produces hard feces with difficulty of elimination or even non-elimination. *Koshtha* is dominated mainly by *ruksha* and *khara gunas* (qualities) of *vata dosha* over the *sar guna* of *pitta dosha*.

Hence, *krura koshta* will be poorly secretive and absorptive.

2. *Mrudu Koshtha (Soft bowel):*

Predominance or increase of *pitta* causes watery or semisolid feces, moving out more than once or twice, in a day. *Mrudu koshta* is characterised by *sara* (laxative), *drava* (fluid property), *snigdha* (unctuousness), and *laghu* (lightness) *guna* of *pitta dosha*. Hence the *koshtha* will be smooth, lubricated and slippery. Secretions will be more, but it will be poor in absorption.

3. *Madhyam Koshtha (Moderate bowel):*

Predominance or increase of *kapha* causes soft, solid feces moving out smoothly. In *madhyam koshta*, there will be predominance of *snigdha*, *guru* (heaviness) and *sthira* (stable) *guna*. *Koshta* will be secretive and will have more lubrication, but less slippery due to *guru* and *sthira guna* of *kapha*. *Madhya koshta*, which is due to the *samavastha* of three *doshas*, there will be optimum secretion and absorption.

KOSHTHA PARIKSHA (ASSESSMENT OF KOSHTHA):

Koshtha is the expression of bowel habit, which depends on *Prakriti* (constitution). Generally, a subject with complaints of constipation is considered as *Krura Koshta*. This judgment may be misleading as this may be an acquired condition and so it is im-

portant to distinguish between what is constitutional and what is acquired. Constitutional means the nature of bowel habit since from birth.

Assessment of *Koshtha* can be done by following points-

- (1) *Aahara* during 24 hours – it should considered the frequency of food intake, *Aahara guna & matra* i.e. quality & quantity of food at every intake and time taken for to complete each meal.
- (2) *Jalapana* (water intake) during 24 hours- it should consider the frequency and quantity of water intake.
- (3) *Sneha dravya*-time duration for ‘*samyaka snigdha lakshanas*’ after *abhyantar snehapana*

- (4) *Vyanjana Dravya* (Pickles, Papad, chatani, etc.)- habit of taking *Vyanjana Dravya* during meal- its quantity and frequency.
- (5) *Malapravrutti* (bowel habits)- The bowel habits were examined in following way- frequency, consistency, straining or efforts, time taken for proper defecation, Satisfaction, previous encounters of diarrhea and constipation and previous experiences of Purgatives and Laxatives.
- (6) Effect of *aahar* or *aushadhi dravyas* (for *virechana*) on bowel
- (7) *Jirna anna lakshana* (symptoms of digestion)- symptoms feel by the person after taking meal, we can decide the type of *koshtha* of that person.

Table 1: Assessment of *Koshtha*

Sr.No.	Examination Points	Krura koshtha	Mrudu koshtha	Madhyama koshtha
1	<i>Aahara</i> of 24 hours	<i>Swarupa- vishama</i> (irregular frequency and quantity) <i>Guna-ushna</i> , tikshna, snigdha, guru <i>Rasa-madhura, amla, lavana</i>	<i>Swarupa</i> -more frequency and quantity <i>Guna- laghu, sheeta</i> <i>Rasa- madhura, tikta, kashaya</i>	<i>Swarupa</i> -less <i>Guna- ushna, ruksha</i> <i>Rasa- katu tikta, kashaya</i>
2	<i>Jalapana</i>	<i>Vishama</i> (more or less)	More water intake	Less water intake
3	<i>Sneha dravya</i> (duration for <i>snehapana</i>)	No change in the bowels by test dose (30ml) of <i>Sneha</i> (fats). Duration for <i>snehapana</i> - 7 days	After the 30 ml test dose of <i>Ghrita</i> (ghee) passes stools slightly loose and frequency may be more. Duration for <i>snehapana</i> - 3 days	After the intake of test dose of <i>Ghrita</i> (ghee), passes semi formed or formed stools once or twice. Duration for <i>snehapana</i> - 5 days
4	<i>Vyanjana Dravya</i> (frequency & quantity)	in more quantity and at more times (<i>amla, lavana, katu vyanjane</i>)	Taking very less or not (<i>Madhura vyanjane</i>)	Taking in medium quantity, at less time
5	<i>Malapravrutti</i>	Doesn't pass stool regularly, Hard and dry stools, Requires straining, Requires long time for defecation, Unsatisfactory bowel clearance, Seldom encounters diarrhea and more frequently constipation.	Passes Stools daily once or twice regularly, Semi formed or formed stool, Easy defecation, Less time required for defecation, Satisfaction after defecation, Previous encounters show often watery stools due to hot drinks, tea, milk.	Passes stools daily once, Formed stools, Requires minimum stress, Little long time (in comparison to <i>mrudu</i>), Satisfaction after defecation, Doesn't often encounter diarrhoea or constipation.
6	Effect of <i>virechana dravyas</i> on bowel	Requires drastic purgatives of <i>snigdha,ushna & lavana</i> like <i>Shama, Kushta, Triphala</i> . ^[9]	Minor laxatives easily induces diarrhea <i>Kshir</i> (milk), <i>Aaragwadha, ekshu, takra, mastu, gudha, krushara, navamadya, ushnodak, draksha</i> ^[10] requires <i>kashaya & tikta</i> laxatives	Requires medium purgatives of <i>katu</i> rasa and medium dose of Purgatives and laxatives. Doesn't purge by milk or minor laxatives.
7	<i>Jirna anna lakshana</i>	Irregular appetite (may be early or long time)	<i>Amlodgara, urodaha</i> , early appetite, excessive thirst	Heaviness, long time appetite

Clinical significance of *Koshtha Parikshana*:

Examination of *koshtha* is necessary for following reasons-

1) *Roga-Nidanartha*-

- To find predominance of *doshas* and *Prakruti*.
- Mostly, *Vata Prakruti* person has *Krura Koshtha*, *Pitta Prakruti* person has *Mrudu Koshtha* and *Kapha Prakruti* person has *Madhyam Koshtha*.
- By knowing *Prakruti*, *Rog-Nidan* becomes easy.

2) *Roga-Chikitsartha*-

- *Koshtha Pariksha* helps physician to judge line of treatment i.e. *Shamana* as well as *Shodhana chikitsa*.
- Before *Shodhana Karma*, *Snehapana* is one of *Purvakarma*. *Snehadravya* (unctuous material) and *snehamatra* (dose) can be decided by *Koshtha Pariksha*.
- To advice regarding *Pathya-apathya* (do's and don'ts).
- To advice appropriate *aahar-vihar*.
- In *shamana chikitsa* also assessment of *koshtha* is important to decide *Aushadhi dravyas* and *Aushadhi matra*. E.g. *Mrudu koshtha* persons require *soumya aushadhi* in minimum dose. *Krura Koshtha* require *Teeksha aushadhi* in large dose.

DISCUSSION

In *Ayurveda*, the transfer of nutrients, the exchange of body fluids is fascinated by the mechanism of *koshtha-shakha* interaction. *Vata* play a key role in this interaction. *Acharya Charaka* defines *ulbana anila*^[11] and *udeerna pitta alpa kapha maaruta*^[12] in *Grahini* are responsible for *krura koshtha* and *mrudu koshtha* respectively. So it is to be known whether the *udeerna doshas* told to be present in the *Grahini* are related to the *prakruti*.

Effects of ingested material can decide *koshtha*. For Ex. Jaggary, churned curds, mixed rice of sesame and rice grains, rice soup, ghee, juices of grapes etc make *mrudu* or soft *koshtha* individual to open the bowel smoothly. With these laxatives, this intestinal

texture can poorly respond. This is because whenever *koshtha* is *krura*, *vata dosha* is predominant in case of *grahani*. When *pitta* is predominant expulsion of excretory products is smooth. If *kapha* and *vata* are not predominant same results are fetched.

Not only in *annavaha srotasa* (digestive tract), but in *pranavaha*, *ras-raktavaha*, *mutravaha srotasa*, we can examine the dryness, moistness or liquidity. In *mrudu koshtha* there are excessive secretions in *srotasa*. e.g. excessive nasal secretions and excessive saliva in *mrudu koshtha* child. In *krura koshtha*, there are very less secretions or dryness e.g. dryness in nasal cavity, dryness in mouth. In *madhyam koshtha*, medium secretions are to be seen.

CONCLUSION

Koshtha is unique concept of *Ayurveda*, but there are different opinions of different *aacharyas* about the *koshtha*. By this review we can said that vacant place made by *aavarana* i.e. whole alimentary tract from mouth to anus is considered as *koshtha*. *Koshtha pareekshana* plays vital role in *rog nidan* and *chikitsa* also. Hence, for the treatment of any disease or for the suggestion of *Pathya-Apathya*, *koshtha pareekshana* is important. According to *koshtha*, we can decide suitable drug and suitable *aahara-vihara* for *chikitsa*.

REFERENCES

1. Krishnaji govind oka, The *Amarkosha* (Namalinganusasana) of Amarsimha, With the Commentary OF KSHXRASVAXKZN, third *kanda*, third chapter -visheshaynigravarga.verse no.40 LAW PRINTING PRESS publication, Pune,1993.p.194.
2. Vaman Shivram Apte. Sanskrit-Hindi Kosha. 2nd ed. Delhi: Motilal Banarasidas Publicashers Private Limited; 1996. p.306.
3. Charaka Samhita, Dr.Vidyadhar Shukla, Dr.Ravidatt Tripathi, Vol.1, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 2007. Sutrasthana, 11/48.p.177.
4. Charaka Samhita, Dr.Vidyadhar Shukla, Dr.Ravidatt Tripathi, Vol.1, editor. 1st ed. Varanasi:

- Chaukhambha Surbharati Prakashan; 2007. Sharira sthana, 7/10.p.766
5. Sushruta Samhita, Dr Anantram Sharma, Vol.2, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 2008.Chikitsasthana, 2/12-13.p.176.
 6. Sushruta Samhita, Dr Ambikadatta shastri, Vol.2, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 2004.Uttaratantra, 42/80.p.270.
 7. Charaka Samhita, Dr.Vidyadhar Shukla, Dr.Ravidatt Tripathi,, Chukhambha prakashan, Varanasi, 2010, Sutra-sthana, 11/47, p.245.
 8. Sushruta Samhita, Dr Anantram Sharma, edited with 'susrutavimarsini' Hindi commentary. (Ed.). Varanasi: Chukhambha prakashan, 2010 ; Chikitsastan 33/20 p.427.
 9. Ashtanghrudaya, Sartha vagbhat, Dr. Ganesh Krushna garde, editor 12th ed. pune: profesent publishing house, 2009 ;Sutrasthana 18/34 page no.88.
 10. Ashtanghrudaya, Sartha vagbhat, Dr. Ganesh Krushna garde, vagbhtakruta, editor 12th ed. pune : profesent publishing house,2009 ;Sutrasthana 18/33, p.88.
 11. Dr. Brahmananda Tripathi, Charak Samhita of maharshi charaka, Chukhambha prakashan, Varanasi, 2001, Sutra-sthana, 13/68, p.278.
 12. Dr. Brahmananda Tripathi, Charak Samhita of maharshi charak, Chukhambha prakashan, Varanasi, 2001, Sutra- sthana, 13/69, p.278.

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Madhumati S. Chidre et al: A Critical Review On Koshtha And Its Clinical Significance. International Ayurvedic Medical Journal {online} 2018 {cited November, 2018} Available from: http://www.iamj.in/posts/images/upload/2561_2565.pdf