A STUDY ON RUPA OF ARBUDA IN UDARA PRADESHA W.S.R TO GASTRO- 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 durvijnaya 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’. Cancer 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 (urdhaamaasaya – adhoama-saya), pakvasaya and guda, the clinical features of anna and purishvahasrotogatavyadhi may present. Vidhradhi and arbuda are considered as the shothisamathanavyadhi in our classics. Though arbuda is chirakarivadyadhi while vidhradhi is ashukarivyadhi these references are quoted for better understanding of impact of adhishthana in genesis of lakshana. While dealing with the abhyantaravidradhi, Acharya Shushruta quoted that, the features of the abhyantaravidradhi are same as that of “vatadibhedenbahyavidradhi lakshana” but according to the adhishthanavisesha, some specific lakshana appears. Arbuda is also considered as the bahya and abhyantararoga-margagatavyadhi. So based on the anumanana (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 dhaturgata 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 managed by mishritachikitsa. But tridoshagulma is not man-

ageable, in spite of giving mishritachikitsa due to specific type of pathological process (vadadisamyagraprabhava). So nichayagulma is explained separately. So when the specific nidana, purvaroopa, clinical features, pathological process appear in the vyadhian and if specific treatment is needed, only then they give the elaboration of that particular context. hradaya, basti, parshvaand nabhi are mentioned as the particular sthana of the gulma and involvement of the dosha in mahasrotasha is quoted.

Clinical features of arbuda given by Acharya Sushruta in sampraptiof arbuda also match with the kaphagajulma. 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 mamayapakvasaya and gudagataarbuda (Samanya Lakshana)

**Pratyatma lakshana**

‘Mamsopachayatushpham’ is the cardinal feature of the arbud"; also Acharya Charaka stated that ‘ustedhlakshana’ is the cardinal features of sothapradhan vyadih5, 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 suppurate. Non suppuration is attributing to the specific form of pathogenesis. The unique combination of dosha and dushya in this context is named as ‘grathana’, 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 medajaarbuda-dasamprapti 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

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

2) rasavahasrotodusti lakshana – ashradha (disinclination of food), asyavairarasyama, rasa asangnata (not able to perceive the taste), hrillas, gaurava (heaviness of the body), tanda (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 apakvaanmadharana and pashvashrujana of pakvaanma. It is located above the nabhi pradesha. So if the Sthana of agni is disturbed by the arbuda then the clinical presentation may be in the form of agnidushty like bhuktasyavidaha, pakakalen cha ayuktachhardiudgar, kshudhaabhava, dourbalya, jirnaajir nanavetti (person doesn’t appreciate whether the food is digested or not), adhman, atayante cha jatharamapilaghalpabhoganat (distension of abdomen even after laghubhogan or alpamatrabhojan), atopa, Pain during digestion and after the digestion udgara, aruchi, hritkanthadaha, Various pains of pitta, klama, tiktaalodgadar, gouravam.

B) Later manifestation of amasayagataarbud

Ekdeshavrudhi of particular Dhatu leads to anyadeshekshaya of dhatu, Mamsa and medodhatuvrudhi in amasaya leads to kshayaof the mamsa and medodhatuin 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, balahanand nonappearance of the urges. Pain is minimum (naatiruk) if the gulma is present in kostanga.

Other clinical features

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

Pakvasayagataarbudalakshana

In early stage

Annavahasrotodushtilakshana as described in amasayagataarbud. 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 pakvasayagataarbudha Ekadesiyamamsa and medovruddhīn pakvasaṇya lead to kshaya of the mamsa and meadas from other gatrapradeshā, karshyata, anaha, soolaṁ vamapashva or dakshinapashva, purishabheda, purishaupashoshanama, raktapravrutī from guda, malavashtambha, kruchhravinmutravatama, pandutvama, alpavedanaṁkukshipradeśha, jwara. Like that of amasayagataarbuda, there is involvement of annavahasrotas here as well. So features which are explained in the context of the annavahasrotodustī 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 kinds of pathological events responsible for yakrutavruddhi- first one is sankshobhādichyutayakrutavruddhi and second one is due to sonitaativruddhayatachutayakrutavruddhi. Achutayakrutavruddhi because of the raktavruddhi, raktavruddhi is because of therasacidhatuvrddhi. Acharya Chakrapani also quoted that mamsadidhatuvrddhi also leads to raktavruddhi. Here we can consider that the mamsavruddhi annavaha and purishvahasrotas leads to raktadushty which finally is involved in the pathological event of the yakrutodar. This can be taken as the secondary from the haematological spread from primary gastro intestinal tract malignancy.

Some of the arista lakshana which 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 considered as the pratyaḥkyeya for chikitsha. If the balahinapurusha presented with the pipasa, suskasya, rigid and upward look of eyes and constant throbbing of carotid region of the neck than it suggestive of bad prognosis. If the durbalapurusha presented with jwara, atisara after the kshavathu or vies verse, it indicates the bad prognosis. At an interval or period of time, sadhyaarbuda may develop intoasadhyā 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 Shushrutsa 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.

CONCLUSION

There are no specific signs and symptoms of different malignancies pertaining to gastrointestinal tract particularly in early phase of disease. Similarly, annaand 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, rasavahasrotodushṭī and later manifest with vishamashanjanyara-jyakshmakshana with gulmasamanya-lakshana 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 purishvahasrotodushṭī and later manifest with vegavarodhjaryarajyakshmakshana with gulmasamanya-lakshana. Signs and symptoms of the terminal manifestation of the gastro intestinal tract malignancy will be seen either in the context of achyutayakrutodā due to mamsadhathu vitiation, asadhyaudara,
asadhyagulma and arista lakshanaof sotha, udara, gulmaas explained by Acharya Charaka. So for early diagnosis of the anna and purishvasrotogata 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 purishvasrotas aggressively and if the disease persists, thorough evaluation for possibility of annaand purishvasrotogata arbuda required to be done.

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