

## Observational study of the *Mamsavaha Strotas Dushti* according to *Rachana Sharir w. s. r. to Bahya Arsha*

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### Abstract-

*Arsha* is a gift of modern diets and busy lifestyles & many people are suffering from some sort of Anorectal disorder. It may be simple constipation to complex carcinoma, in which prominent disorder is *Arsha*. Derangement of *Jatharagni* leading to vitiation of *Tridosha*, mainly *vata dosha* these vitiated *Doshas* get localized in *Gudavali* and *Pradhana dhamani* which further vitiates *Twak*, *Mamsa*, and *Meda Dhatus* leads to development of *Arsha*. The perianal skin is most pain sensitive, due to rich nerve endings. Hence even a mild form of disorder can produce great discomfort to the patient. On the basis of observation and statistics we got positive response for this parameters *Malabaddhata* 23 (71.88%), *Abhishyandiahara* 23 (71.88%), *Guruaahar* 27 (84.38%), *Diwaswap* 18 (56.25%), *Adhyashana* 27 (84.38%), *Prushtayana* 29 (90.63%), *Vegavidharana* 32 (100%),

*Shavathu* 24 (75%), *Mamsashotha* 19 (59.38%), *Siragranthi* 26 (81.25%), *Amlika* 21 (65.62%), *Paridaha* 18 (56.25%), *Atop* 28 (81.25%), *Antrakujan* 22 (68.76%), *Gudaparikartan* 32 (100%).

In histopathology report we found fibromuscular tissue, stratified squamous epithelium, dilated and congested blood vessels which is the *moolsthana* of *mamsavaha strotas*. That means *mamsavaha strotas dusti* is co related with *bahya arsha*. This shows that there is significant correlation of origin of *Bahya Arsha* from *Mamsavaha strotas dushti*.

### Keywords-

*Arsha*, *mamsavaha strotas*, *dushti*, *malabaddhata*, *guda*, histopathology

### Introduction-

*Sushruta sharir sthana* has great anatomical importance, therefore it is said that, *Sharir sthana* of *Sushrut Samhita* is

best<sup>[1]</sup>. *Arsha* is a gift of modern diets and busy lifestyles & many people are suffering from some sort of Anorectal disorder. It may be simple constipation to complex carcinoma, in which prominent disorder is *Arsha*. The Concept of *strotas* is a unique features of *Ayurveda* science. *Strotas* are structures like *ayan* or *marga* through which *nirmitee*, *vahan*, *nissarah* and *kshay* of various *sharir bhaves* takes place. *Abhishandi* foods, *guru* and *sthul* type of foods, sleeping in during day food which aggravates the *mamsavaha dushti*. When *mamsavaha strotas* damage or injured then *shavathu*, *mamsa-shosha* and *siragranthi* can occurs.

*Arsha* is mentioned in *mamsadoshaj vikar* by *Acharya Sushruta*. In *Ayurveda* *Arsha* is the last disease of *Annavaha strotas*. The disease is characterized by one/more *mamsakura* in the *guda*. This *mamsakura* oozes out *rakta* and *kapha strava* with or without *vedana* and *kandu*. *Arsha* is one of the most common diseases of anorectum. It is being an occupational disease, irrespective of age and sex. Through it affects both the male and female. Piles are progressively increasing in the society. It is manifested due to multifold factors viz. disturbed lifestyle or daily routines, improper or irregular diet intake, prolonged standing or sitting, faulty habits of defecation etc. which results in derangement of *Jatharagni* leading to vitiation of *Tridosha*, mainly *vata dosha*<sup>[2]</sup>. These vitiated *Doshas* get localized in *Gudavali* and *Pradhana dhamani*<sup>[3]</sup> which further vitiates *Twak*, *Mamsa*, and *Meda Dhatus* leads to development of *Arsha*<sup>[4]</sup>. This disorder is utterly embarrassing to the patient. The perianal skin is one of the most pain

sensitive region in the body due to rich nerve endings Hence even a mild form of disorder can produce great discomfort to the patient. Management of *Arsha* i.e., *Bheshaja chikitsa*, *Kshara karma*, *Agni karma* and *Shastrakarma* these measures in definite order are suggestive of similar methods to be preferred first<sup>[5]</sup>. *Arsha* is one of the commonest diseases which occurs in ano- rectal region and its incidence increases with advancing age, at least 50% of people over the age of 50 years have some degree of symptoms related to Piles<sup>[6]</sup>. There may be many contributory factors responsible for it. In modern science it is a surprising to note that principal etiological factor is still obscure and controversial for such a common ailment.

The present work is conducted on study of the *mamsavaha strotas dushti* with reference to *bahya arsha*. For this research work all relevant references about *mamsavaha strotas*, *mamsa*, *guda* are studied and compare it with modern view.

### Aim:

To study the *mamsavaha strotas dushti* with special reference to *Bahya Arsha*.

### Objectives:

1. To study the *mamsavaha strotas* and its related structure involved with *Arsha Vyadhi* according *Ayurveda* as well as Modern Anatomy.
2. To study anatomical changes and establish *Arsha*(piles) as a muscular disease from modern view.
3. To study the *Guda* & *Gudasharir* in the Cadaveric Dissection

## MATERIAL AND METHOD:

**Study design:** An observational descriptive study.

**Location of study:** Department of *Rachana Sharir*, O.P.D. & I.P.D. of *Shalya tantric* department Of Institute.

**Duration of Study:** Study were carried out for 18 months after approval of synopsis.

**Selection of patients:** Total 32 patients who are diagnosed as *Bahya Arsha* were selected from the OPD & IPD section of *Shalya* Department of Hospital.

### INCLUSION CRITERIA:

1. Patients of 1st and 2nd degree piles.
2. Patients of age group 20-60yrs.
3. Patients presenting with the clinical signs and symptoms of *Arsha* i.e.,

### OBSERVATION-

Observation was tested based on the following assessment criteria: -

*Anna-Ashraddha*, *Amlika*, *Pridaha*, *Vishtambha*, *Gudaparikartan* will be taken for study.

### EXCLUSION CRITERIA:

1. Patients with other systemic diseases like Diabetes Mellitus, Carcinoma, Tuberculosis other pathological condition fissure, fistula, abscess, prolapse of rectum, bleeding piles will be excluded.
2. 3rd and 4th degree of pile mass.
3. In emergency like bleeding, severe pain, shock etc.

**SAMPLESIZE:** In this study 32 patients were included.

### Data Collection Tools:

**Clinical history:** Case Record Form

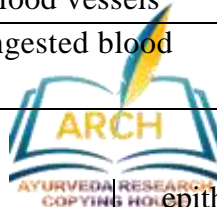
**Examination:** Per rectum, Proctoscopy.

	<b>Lakshan</b>	<b>Present in %</b>	<b>Absent in %</b>
1.	<i>Malabaddhata</i>	71.88	28.13
2.	<i>Abhishyandi ahar</i>	71.88	28.13
3.	<i>Sthool ahar</i>	43.75	56.25
4.	<i>Guruahar</i>	84.38	15.63
5.	<i>Diwaswap</i>	56.25	43.75
6.	<i>Viruddha ahar</i>	9.38	90.63
7.	<i>Adhyashan</i>	84.38	15.63
8.	<i>Utkatasan</i>	18.75	81.25
9.	<i>Prushta aayan</i>	90.63	9.38
10.	<i>Vegavidharan</i>	100	00
11.	<i>Shavathu</i>	75	25
12.	<i>Mamsashosha</i>	59.38	40.63
13.	<i>Sira granthi</i>	81.25	18.75
14.	<i>Mrutyu</i>	00	100
15.	<i>Anna ashraddha</i>	12.50	87.50
16.	<i>Amlika</i>	65.63	34.38
17.	<i>Paridaha</i>	56.25	43.75

18.	<i>Vishtambha</i>	31.25	68.75
19.	<i>Pipasa</i>	43.75	56.25
20.	<i>Sakthisaad</i>	3.13	96.88
21.	<i>Aatop</i>	81.25	18.75
22.	<i>Karshya</i>	12.50	87.50
23.	<i>Udgar bahulya</i>	15.63	84.38
24.	<i>Antrakujan</i>	68.75	31.25
25.	<i>Guda parikartan</i>	100	00
26.	<i>Balahani</i>	12.50	87.50

## HISTOLOGICAL OBSERVATION

Sr. no.	Observation	Present in %	Absent in %
	Stratified squamous epithelial lining	71.88	28.13
	Squamous lining	9.38	90.63
	Hyperkeratosis papillomatosis	9.38	90.63
	Fibrocollageneous	78.13	21.88
	Lymphatic infiltrate	18.75	81.25
	Dilated & congested blood vessels	53.13	46.88
	Multiple dilated & congested blood vessels	12.50	87.50



## DISCUSSION

Some parameters are present in volunteers and some are absent in volunteers. i.e., *malabaddhata*, *abhishyandiahara*, *guruahara*, *diwaswapa*, *adhyashana*, *prushtayana*, *vegavidharana*, *shavathu*, *mamsashotha*, *siragranthi*, *amlaka*, *paridaha*, *atop*, *antrakujan*, *gudaparikartan* are present in most of volunteers and *sthulaahara*, *viruddhaahara*, *utkatukasana*, *death*, *anna-ashreddha*, *vishtambha*, *pipasa*, *saktisadan*, *karshyata*, *udgarbahulya*, *balahani* are absent in most of volunteers. These parameters of *mamasavaha strotas dusti hetu* and *lakshan* and *arsha hetu* and *lakshans*.

The histopathology report shows this impression Stratified squamous

epithelium lining, squamous lining, hyperkeratosis papillomatosis fibrocollageneous tissue, lymphatic infiltrate, dilated and congested blood vessels, multiple dilated and congested blood vessels, congested and chronic inflammatory infiltrate, congested and subcutaneous tissue and muscle, purulent congested and subcutaneous tissue and muscle, granular tissue muscle.

On the basis of observation and statistics we got positive response for this parameters *Malabaddhata* 23 (71.88%), *Abhishyandiahara* 23 (71.88%), *Guruahara* 27 (84.38%), *Diwaswapa* 18 (56.25%), *Adhyashana* 27 (84.38%), *Prushtayana* 29 (90.63%), *Vegavidharana* 32 (100%), *Shavathu* 24 (75%), *Mamsashotha* 19 (59.38%), *Siragranthi* 26 (81.25%),

*Amlika* 21 (65.62%), *Paridaha* 18 (56.25%), *Atop* 28 (81.25%), *Antrakujan* 22 (68.76%), *Gudaparikartan* 32 (100%). In histopathology report we found fibromuscular tissue, stratified squamous epithelium, dilated and congested blood vessels which is the *moolsthana* of *mamsavaha strotasa* which are *snayu*, *twacha*, *raktavahi dhamani* respectively. *Mamsavaha strotasa dusti lakshana* means *Shavathu mamsashosh* and *siragranthi* i.e., swelling, atrophy of muscles and varicocity of veins are also found in some patients which is co related with *bahya arsha lakshanas*.

In our study we found that the *Hetu* of *Arsha* slightly similar with *mamsavaha strotas dusti hetu* and in same case the *lakshanas* of *bahya arsha* are similar to *mamsavaha strotas dusti lakshana*. So that we can concluded that there is significant correlation of origin of *Bahya Arsha* from *Mamsavaha strotas dusti*.

## CONCLUSION:

On the basis of observed facts and according to discussion following factors are concluded. *Malabaddhata* wise distribution –Volunteers belonging to present status are high – 23 (71.88%). *Abhishandi Ahar* wise distribution – Volunteers belonging to present status are high – 23 (71.88%). *Sthula Aahar* wise distribution – Volunteers belonging to absent status are high – 18 (56.25%). *Guru Aahar* wise distribution – Volunteers belonging to present status are high – 27 (84.38%). *Diwaswap* wise distribution – Volunteers belonging to present status are high – 18 (56.25%). *Viruddha Aahar* wise distribution – Volunteers belonging to absent status are high – 29 (90.63%).

*Adhyashana* wise distribution – Volunteers belonging to present status are high – 27 (84.38%). *Utkatukasana* wise distribution – Volunteers belonging to absent status are high – 26 (26%). *Prushtayana* wise distribution – Volunteers belonging to present status are high – 29 (90.63%). *Vegavidharana* wise distribution – Volunteers belonging to present status are high – 32 (100%). *Shavathu* wise distribution – Volunteers belonging to present status are high – 24 (75%). *Mamsa shosha* wise distribution – Volunteers belonging to present status are high – 19(59.38%). *Siragranthi* wise distribution – Volunteers belonging to present status are high – 26 (81.25%). Death wise distribution – Volunteers belonging to absent status are high – 23 (100%).

In histopathology report we found fibromuscular tissue, stratified squamous epithelium, dilated and congested blood vessels which is the *mool sthana* of *mamsavaha strotasa* which are *snayu*, *twacha*, *raktavahi dhamani* respectively. *Mamsavaha strotasa dusti lakshana* means *Shavathu* (75%), *mamsashosh* (59.38%), and *siragranthi* (81.25%) i.e., swelling, atrophy of muscles and varicocity of veins are also found which is co related with *bahya arsha lakshanas*.

That means *mamsavaha strotas dusti* is co related with *bahya arsha*. On the basis of observation, discussion we found “there is significant correlation of origin of *Bahya Arsha* from *Mamsavaha strotas dusti*.”

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**Conflict of Interest:**  
Non

**DOI**  
<https://doi.org/10.52482/ayurline.v5i02.527>

**Source of funding:**  
Nil

**Cite this article:**

*Observational study of the Mamsavaha Strotas Dushti according to*

*Rachana Sharir w. s. r. to Bahya Arsha*

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Ayurline: International Journal of Research In Indian Medicine 2021; 5(2):01-06