



ASSESSMENT OF ARSHA AS NIDANRTKARI ROGA FOR HYPERTENSION- AN OBSERVATIONAL STUDY

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ABSTRACT *Nidanarthakara vyadhi* is the concept beautifully explained by Ayurveda. It means, one *Vyadhi* acts as *nidana* for other *vyadhi*. This concept is explained by *aacharya charaka in nidaan sthana 8th adhyaya*. In today's fastest era, due to highly busy lifestyle the two important diseases are seen in population, i.e. *Arsha* and hypertension. Both are *Swatantra vyadhis* but, as both are having some common causes here an attempt was made to find the relation of *Arsha* as *nidanaarthakara vyadhi* for hypertension. In the present study, total 30 subjects of *Arsha* were observed for 3 months and results were observed i.e. *Arsha* acts as *nidanaarthakara vyadhi* for hypertension.

KEYWORDS : *Nidanarthakara vyadhi*, *Swatantra vyadhi*, *Arsha*, *Nidana*

INTRODUCTION-

The *Arsh* is mainly *Vata-pitta pradhana tridoshaja vyadhi*. Hypertension in ayurvedic view can be considered as *vataadosha aavruta avstha*. So in chronic stage may be the *Arsh* can acts as *nidana* for the hypertension by doing the *anyonya aavrana* of *Apana vata* on the *Vyana vata*.

For both conditions main important causes are mental stress, over indulgence in work, continuously doing work by sitting at one place, continuous travelling, regular junk foods etc.

As both conditions are having quite similar causes, they are interrelated to each other.

PROBABLE SAMPRAPTI-

The person when undergoes the *Nidana sevana* like *ati guru, ati ruksha aahara sevana, ati chankramana, ati-eka sthaanasana*, over stress⁽¹⁾, etc. it leads to *Agnimandya*. Due to this the *sara-kitta vibhajana* takes place improperly. It further leads to *Sanhya* of *kitta bhaga*. This *sanchita kitta bhaga* gets *kha-vaigunya* at the *Gudavali pradesh*. It leads to *Apana vata prakopa*. This causes *Arsha mamsankura Uttapatti* at *Guda pradesh*.⁽⁵⁾ This again leads to *Apana vata prakopa Avastha*. & it leads to *Vimaraga-gamana*. It goes upwards and vitiates the *Vyana Vata*. The *Chala guna* of *vyana vata* goes on decreasing due to *avarana avastha*. It leads to *Karamahani* of *Vyana Vata*. Due to decrease in *chala guna* of *vyana vata*, the pressure inside the *sira-dhamni* gets disturbed. Which leads to Hypertension.

Samprapti Ghataka

- *Dosha - Vata-pittaja*
Vata- Vyana Vata, Samana Vata, Apana Vata (karmataha hani)
Pitta - Pachaka Pitta (karmataha hani)
- *Dushya-Dhatu- Rasa, Rakta, Mamsa*
- *Agni- Jaatharagni, Dhatwagni,*
- *Ama- Jaatharagnijanya,*
- *Udbhavasthana- Koshta*
- *Sancharasthana- Sarvashareera*
- *Adhithana-*
- *Srotas- Rasavaha, Raktavaha, Mamsavaha srotas*
- *Srotodushti prakara- Sanga, Vimargagamana*
- *Rogamarga - Bahyarogamarga*
- *Swabhava - Chirkari*

AIMS AND OBJECTIVES-

- To study the *Arsha* in detail as per Ayurvedic classics
- To study & analyze the relation that how *Samprapti* of *Arsha* will act as *nidana* for Hypertension.

MATERIALS AND METHODS-

Patients were selected and registered after fulfilling the diagnostic criteria of *Arsha*. The patients were thoroughly questioned and examined on the basis of proforma which includes both subjective and objective parameters.

INCLUSION CRITERIA-

- Subjects of age between 35-70 years irrespective of gender.

- Subjects Suffering from *Arsha* since 1-2 years

EXCLUSION CRITERIA-

- Subjects who are under treatment of hypertension, liver diseases, cardiac diseases, endocrine diseases etc.
- Subjects with Tuberculosis, HIV etc. disease
- Pregnant & lactating women
- Juvenile subjects suffering from *Arsha* disease

EXAMINATION OF THE PATIENT

In this study the data was collected from the patients with the help of interview. The detailed data related to general history, history of past illness, present illness, family history, food habits, history of treatment taken so far etc. were recorded in the Proforma of the case sheet. The systemic examinations of the patient were also done and findings were recorded as per the Proforma.

DURATION OF THE STUDY- 3 Months

FOLLOW-UP- Once in 15 days for 3 months.

PARAMETERS OF THE STUDY- SUBJECTIVE PARAMETERS

Table Number 1- Grading Of Arsha By Its Site

GRADES	CHARACTERISTICS
GRADE I	Remaining inside the anal canal
GRADE II	Protrude during defecation and reduce spontaneously.
GRADE III	Need further manual reposition
GRADE IV	Piles that remain prolapsed outside and external haemorrhoids.

Each of the primary grades of haemorrhoids is categorized further, depending on number of piles, and presence of circumferential piles

Table Number 2- Grading Of Arsha By Its Number

GRADES	PILE MASS
a	Single pile mass
b	Two piles but <50% circumference
c	Circumferential piles occupying more than half circumference of anal canal
d	Gangrenous piles

OBJECTIVE PARAMETERS-

Table Number 3- Grading Of Hypertension

GRADES FOR BLOOD PRESSURE	SBP mm hg	DBP mm hg
NORMAL	<120	And <80
PRE-HYPERTENSION	120-139	80-89
STAGE 1 HYPERTENSION	140-159	90-99
STAGE 2 HYPERTENSION	>=160	>=100

STUDY DESIGN-

An Observational study.

SAMPLE SIZE-

A minimum of 30 subjects of Arsha will be selected and will be studied under single group.

OBSERVATIONS-

Table Number 4 - Registered Patients For Study

GRADING OF PILES	PILES PATIENTS NUMBER
Grade I a	9
Grade I b	7
Grade II a	6
Grade II b	8

In the present study total 30 patients were registered out of which 9 patients were with Grade I a 7 patients were with Grade I b , 6 patients were with Grade II a, and 8 patients were with Grade II b piles mass .

GRAPH NUMBER 1- REGISTERED PATIENTS FOR STUDY

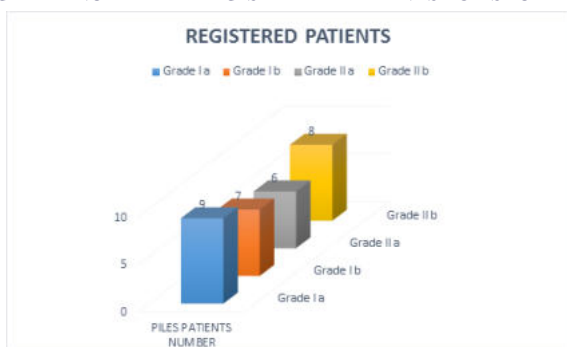


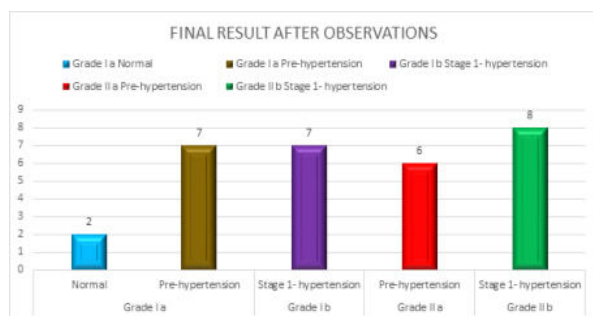
Table Number 4 – Observations After Compliting Study Duration

GRADING OF PILES	PILES PATIENTS NUMBER	STAGE OF HYPERTENSION
Grade I a	7	Pre-hypertension
Grade I b	7	Stage 1- hypertension
Grade II a	6	Pre-hypertension
Grade II b	8	Stage 1- hypertension
Grade I a	2	Normal

Out of which 2 patients from Grade I a piles mass observed to having normal Hypertension after completing the 3 months with continuous periodic observation of blood pressure.

Total 15 patients of Grade I b and Grade II b were observed in stage 1 hypertension stage, and 13 patients of Grade I a and Grade II a are observed in stage Pre-hypertension stage after completing the 3 months with continuous periodic observation of blood pressure.

GRAPH NUMBER 2 – FINAL RESULT OF THE STUDY



DISCUSSION-

In the present study, the mainly observed *nidan*s are continuous work in sitting position, continuous work under AC, work stress, excessive eating of raw fleshy vegetables, junk foods, excessive eating of stale food, continuous and excessive straining during defecation, suppression of natural urges, travelling continuously on vehicles having hard seats etc.

It is observed that mainly the *agnimandya* is occurred due to increase in *Drava guna* of *pachaka pitta* and decreased *chala guna* of *samana vata*. Which causes improper *sara-kitta vibhajana*. This *kitta bhaga* gets place for accumulation i.e. at *gudavali*. As this place is injured (*kha-vaigunya*) due to *viaharaj nidans*. It leads to increase in *Ruksha*,

sheeta, Guna of *Apana vata*. And it attains *Vimaragamana avastha*. It vitiates the *hridaya sthita vyana vata* it leads to *Aavarana avastha i.e. Apana avrutta vyana* in chronic stage of *Arsha*. The *Chala guna* of *Vyana vata* is decreased. It leads to *karma hani* of *Vyana Vata*. All these variations leads to increased pressure on the *hridaya pradasha* to circulate the *rasa-raktadi drava dhatus* to the full body. Which further causes the Hypertension.

In the present study, total 16 male patients were registered and 14 female patients were registered. The disease Hypertension due to *Arsha* is equally observed in both genders. It is mainly observed at the age group 35-55 years. Because in this age group mainly work stress is more. In the part of *Aaharshakti* and *vyayamashakti* of registered patients, 14 patients were having *Madhyama Aaharshakti* and *vyayamashakti* and 7 patients were having *Avara Aaharshakti* and *vyayamashakti* and 9 patients were having *Pravara Aaharshakti* and *vyayamashakti*. In all 30 subjects, the maximum 26 subjects were having *Avara jaranshakti*. Due to *Avara jaranshakti* the food remains undigested only and *sara-kitta vibhajana* will not occur properly which leads to *Arsha*. And in chronic stage it acts a *nidana* and leads to Hypertension.

CONCLUSION-

In present study, it can be concluded as the *Arsha* is *nidanaarthakari roga* for hypertension. By following proper diet, exercise the *Arsha* can be controlled as well as completely. So it can't get converted into further dreadful complications like hypertension.

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