

## AYURVEDIC METHODOLOGY FOR DIAGNOSIS OF GUDAROGA (ANORECTAL DISEASES)

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### ABSTRACT

In Ayurveda, both disease and patient are examined as a separate entity in order to understand the exact pathogenesis, so that the disease should be eliminated from the root. Patient examination included three-fold examination of Vagbhata, Six-fold examination of Sushruta and three-fold with ten-fold examination of Charaka. Apart from these, eight-fold examination of yogratanakar is also mentioned. History taking is an integral part of the patient examination and followed by physical examination by using five senses. Inspection and palpation have been mentioned by all Acharya. All ancient authors have given utmost importance to clinical diagnosis prior to prescribing any

treatment. Critical analyses of symptoms, physical examination and investigations by instruments have been mentioned in the process of clinical diagnosis making. In the context of diagnosis of pathogenesis of diseases two methodologies have been described. The first one is Nidanapanchaka and another one is shatkriyakala. By applying these principles, one can diagnose the diseases perfectly.

**KEYWORDS:** Guda, Gudaroga, Gudaroga Nidana, Gudapariksha, Arshoyantra.

### INTRODUCTION

Clinical methods for making proper diagnosis have been described in details in ancient classics. Rogipariksha (examination of patient) and rogapariksha (analysis of pathogenesis) are done to evaluate the disease in toto. Vagbhata, the author of Ashtanga Hridaya, has mentioned three-fold examination of the patient e.g. Prashna pariksha (interrogation), darshana pariksha (inspection) and sparshana pariksha (palpation).<sup>[1]</sup> This three-fold examination is probably most vital to arrive at a diagnosis. Charaka has mentioned trividha pariksha<sup>[2]</sup> and dashavidha pariksha<sup>[3]</sup> in Charaka Samhita. Sushruta has mentioned shadvidha

pariksha instead of trividha pariksha as he gave emphasis on using all five senses along with interrogation of the patient.<sup>[4]</sup> It is pertaining to mention that prashna pariksha or detailed clinical history is very much important and all acharyas have mentioned its importance in clinical diagnosis. Clinical diagnosis is an art and interrogation is all important to extract the information regarding present or previous diseases of the patient. It requires good communication skills. Charaka has emphasized the importance of detailed history taking and he said that if a physician was not able to enter in the soul of the patient by applying his knowledge, wisdom and communication skills, the diseases wouldn't be treated.<sup>[5]</sup> besides these three acharyas, ashtvidha pariksha (octa-fold examination) has also been mentioned in Yogratnakara.<sup>[6]</sup> It is up to a clinician how he use these examinations to arrive at a correct diagnosis.

After history taking, darshana and sparshana pariksha should be carried out and it is followed by the examination of interior of Guda by specially designed instrument such as Arshoyantra<sup>[7]</sup> and bhagandarayantra.<sup>[8]</sup> Sushruta and Vagbhata both have described the positioning of the patient during examination as well as procedure. By careful application of all of these parameters, a disease can be diagnosed properly and a physician would be able to cure his patients; otherwise, without reckoning himself with a proper history and thorough examination, the judgment of physician may mislead him.<sup>[9]</sup>

## MATERIAL AND METHODS

### Rogi pariksha (Examination of patient)

#### *Prashna pariksha (Interrogation)*

A careful history taking is a mainstay of clinical diagnosis making.<sup>[1]</sup> It is performed to obtain detailed case history for making differential diagnosis. Patient should be asked the questions consisting of course of disease, intensity and other associated features besides particulars such as age, sex, residence etc. Leading questions should not be asked and let the patient says whatever he wants to say as it helps in making an emotional bridge between patient and doctor. Charaka has said that a physician should enter in the soul of the patient by making an emotional touch to obtain the information from the patient by applying wisdom and knowledge.<sup>[2]</sup> Sushruta says that history taking and clinical examination is a must as false diagnosis may lead a physician in a difficult situation.<sup>[10]</sup>

Hence, it is necessary for every physician to be convinced of the thorough history of the patient and the symptoms through clinical examination and interrogation respectively. The

effective communication skills are required to a physician for extracting the useful information regarding the disease from the patients.

#### ***Darshana pariksha (inspection)***

The inspection of the anal opening and perianal area should be performed after interrogation of the patient. The probable differential diagnosis on the base of interrogation should be assessed by inspection. If patient explains on and off pains; then, by inspecting vatika Arsha, the provisional diagnosis of vatika arsha can be made.<sup>[11]</sup> The pain and swelling in the perianal area may be inspected and a physician can see Bhagandara pidika or pittaja Arsha. The discharge from a Bhagandara may also be noticed. Vatika Arsha has a typical site at anterior and posterior aspect of anal canal in the form of tags. Arsha and guda bhramsha may also be noticed in normal situation or during straining. Krimi may be noticed in Bhagandara opening in case of unmargi Bhagandara.<sup>[12]</sup> Gudarbuda may also be seen if protruding outside the anus or situated outside.

#### ***Sparshana pariksha (palpation)***

Sparshana pariksha is the most important among all examinations to diagnose Gudaroga. Prior to performing digital rectal examination, perianal area should be inspected for any tenderness, track of fistula or abscess. Bhagandara gati or track of fistula is noticed by palpation as a firm cord beneath palpating finger. After palpating the perianal area, the anointed finger should be inserted inside the guda. The important landmarks are anorectal ring, dentate line, intersphincteric groove and walls of the anus. The internal opening of the Bhagandara, fibrosed piles, polyps, arbuda, and fissure bed are palpated to come to a diagnosis.

#### ***Trividha Pariksha of Charaka (Tri-fold examination)***<sup>[13]</sup>

Pratyaksha pariksha (Direct observation): It is a widely used most informative method of diagnosis. Inspection by eyes or by using instrument may be carried out to observe the underlying pathology. Each disease has its specific sign.

Anumana pariksha (inference): Analysis and synthesis of thoughts based upon observations and application to arrive at conclusion is the basic step of this examination. After collecting the information from the patient, it should be analyzed and in that way a diagnosis can be made.

Aptopadesha pariksha (textual references): If a disease is presented in an unexpected way and without conventional symptoms, then textual references may be of great help in diagnosis. In the same way, experiences of preceptors may be a great help for diagnosis.

Charaka has also mentioned the use of yukti in the diagnosis and management of the diseases.<sup>[14]</sup>

### ***Shadvidha pariksha***<sup>[15]</sup>

Sushruta has advocated the use of five senses along with interrogation for the examination of the patient.

Shravana pariksha (hearing): The sound of fluctuation of pus inside the cavity as well as careful listening to the patient and other sounds of the body.

Darshana pariksha (Inspection): The inspection of perianal and anal area for skin change and redness etc. should be done.

Sparshana pariksha (Palpation): palpation of the perianal and anal region for hardness, induration, discharge etc should be performed.

Ghrana pariksha (sense of smell): Smell of pus, faeces and flatus are specific to organisms and other pathological conditions. Smell of H<sub>2</sub>S in gangrene is noted.

Rasana pariksha (Taste): It is used to detect any change in the taste of the patients.

By using all five senses along with interrogation of the patient regarding proper history taking is essential to arrive at a diagnosis.

Apart from the above common methods of examination, Ashtavidha pariksha (Pulse, Urine, Faeces, tongue, hearing, palpation, eye and general body examination) of yogratnakar is also mentioned. Charaka has also mentioned dashavidha pariksha for the patient.<sup>[16]</sup>

### **Rogapariksha**<sup>[17]</sup>

In Ayurveda, Nidanapanchaka and Kriyakala are the two concepts which are useful in diagnosis as well as deciding treatment modality.

Nidanapanchaka: It has five entities namely Nidana (Etiology), Purvarupa (Prodromal symptoms), Rupa (clinical features), Samprapti (Pathogenesis) and Upashaya (therapeutic trial). Nidana are the causes in terms of diet and regime as well as dosha predominance. The importance of Purvarupa is that if we know them, the further progression of the disease is avoided. Each disease has its own clinical features. Therapeutic trials may be carried out in cases of ambiguity in the clinical features. The treatment should be started only after making the proper diagnosis.<sup>[18]</sup> Kriyakala should also be considered in the diagnostic aspects of the diseases.<sup>[19]</sup>

### Specific Investigations

The interior of the Guda should be inspected by the use of Arshoyantra and Bhagandara yantra. These are the types of Nadiyantra<sup>[20]</sup> with hollow cavity and openings to see the disease directly by eyes. The design should be carried out accordingly to the dimension of the cavity of the organ.<sup>[21]</sup> The actions of these yantras are extraction of Shalya, inspection of disease, suction and therapeutic procedures.<sup>[22]</sup>

### *Arshoyantra*<sup>[23]</sup>

It should be made of iron, tooth, horn, and wooden material. Its shape is like cow's udder; the size is 4 angula length and five angula breadths in males and 4 angula long and 6 angula breadths in females. It is a rod like instrument with one side opened. It has two openings in the sidewalls; one is for inspection and another is for application of kshar without touching healthy mucosa. Dalhana has described two types of Arshoyantra; first with one opening in side wall and it is used for ksharpatana, second one having two openings in side walls and it is used for inspection. Sushruta has clarified the size of the side wall openings. The opening should be 3 angula long and breadth should be equal to the thumb. Arshoyantra should have karnika protruded  $\frac{1}{2}$  angula and it is situated  $\frac{1}{2}$  angula above sidewall opening. The same description has also given by Acharya Vagbhat.<sup>[24]</sup>

### *Shamiyantra*<sup>[25]</sup>

The shape is similar to Arshoyantra with only difference is that it doesn't have any opening. It is used for prapidana of Arsha. It seems to be an anal dilator.

***Bhagandarayantra*<sup>[26]</sup>**

It is also designed like Arshoyantra with a difference that it doesn't have karnika. Dalhana has described two types of Bhagandara yantra; one has two openings and another has single opening.

***Positioning of the patient*<sup>[27,28]</sup>**

Sushruta has described a specific position for application of the instrument. The patient with his guda facing the sun should be laid on his back in the lap of another person on a table. The hip of the patient should be elevated by pad of cloth and thighs are bound with neck by means of long piece of cloth. It is similar to lithotomy position. The instrument is lubricated with ghee and it is gently introduced in to the anal canal. The patient is asked to strain as defecation. After getting the instrument in, it should be adjusted to permit entry of Arsha inside it. The colours, shapes, discharge such as Rakta, kapha etc should be noted. The shapes of arshas as described by the Sushruta and Vagbhata should also be noted.

**DISCUSSION AND RESULTS**

By the above description, it is very much clear that the methodology of Ayurveda in diagnosing the various anorectal disorders is very much scientific. The pathogenesis and various types of stages classification ensures the definite treatment to be provided to the patient. If a disease is correctly diagnosed, then treatment is very easy and flawless. The beauty of Kriyakala is that one can check the progression of a disease, if diagnosed in its early form even before the production of prodromal symptoms. It would be the base of future mode of diagnosis in modern era where one would be able to diagnose a disease prior to symptom production. By this mean, the morbidity and mortality would be minimized. The disease burden of the nation would also be minimized.

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