

CONCEPT OF ABDOMINAL PAIN IN AYURVEDA AND ITS UTILITY IN MODERN ERA

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ABSTRACT

Nearly everyone independent of age, sex and social background has experienced abdominal pain, whether self-limiting or severe life-threatening as in perforation of peptic ulcer or cancer. About 7% of patients visiting the emergency department is of acute abdominal pain with vomiting, nausea, distension and variety of associated symptoms. In the treatises of Ayurveda a vivid explanation has been given about the etiology, symptoms and treatment of abdominal pain (*udarashoola*) in *Udaranidan* and *udara chikitsa* of Sushruta Samhita. These ancient concepts of pain abdomen in Ayurveda can be re-evaluated to adopt specific treatment modalities in modern era.

KEYWORDS: *Udaranidan* and *udara chikitsa* of Sushruta Samhita.

INTRODUCTION

Pain comes from the Latin word 'poena' meaning punishment, penalty or torment. It is the singular sensory experience that humans use to identify disease within themselves.^[1] In the gastrointestinal tract alterations in physiologic function affect secretion, absorption, motility, synthesis, digestion, and transport. The resultant symptoms include abdominal (or extra abdominal) pain, dysphagia, odynophagia, anorexia, weight loss, nausea and vomiting, bloating or distension, constipation, flatulence and diarrhoea. The case history remains one of the most useful tools in diagnosis of digestive diseases, the art of physical examination is also of great importance in the diagnosis of abdominal pain. A brief knowledge of abdominal embryology and pain physiology will help in evaluating abdominal pain which is acute or chronic. Abdominal pain has been described in the Ayurveda as *udararoga* in all the great

treatises viz Charak Samhita, Sushruta Samhita, Astanga Sangraha and by *udararoga* various etiological factors are described which leads to enlargement of the abdomen. There is also concept of acute abdomen due to urogenital causes which is described in the context of *nidan* & *chikitsa* of types of *Mutraasmari*, *Mutrakriccha* and *Mutraghata*.

AIM & OBJECTIVES

- To evaluate the concept of *Udara Rogain* Ayurveda in the context of various acute or chronic abdominal pain.
- To reevaluate the features of various types of *udararoga* and understand its utility in modern era.

MATERIAL AND METHODS

1. A study on various features of *Udara Rogas* available in Charak Samhita, Sushruta Samhita & Astanga Sangraha has been made on this study.
2. The understanding of pain abdomen whether acute or chronic, and clinical presentations of various pain abdomen cases of modern medical science has been critically analysed to validate the Ayurvedic concept of pain abdomen.

TABLE OF UDARA ROGAS

In all the treatises of Ayurveda *udararogas* are classified into eight.

Charak (ref. Ch.Ci.13)	Sushruta (ref. Su.Ni.7)	Vagbhata(ref. As.Ah.Ni.12)
<i>Vataja</i>	<i>Vataja</i>	<i>Vataja</i>
<i>Pittaja</i>	<i>Pittaja</i>	<i>Pittaja</i>
<i>Kaphaja</i>	<i>Kaphaja</i>	<i>Kaphaja</i>
<i>Sannipataj</i>	<i>Sannipataj</i>	<i>Sannipataj</i>
<i>Plihodar</i>	<i>Plihodar</i>	<i>Plihodar</i>
<i>Baddhagudodara</i>	<i>Baddhagudodara</i>	<i>Baddhagudodara</i>
<i>Kshataudara</i>	<i>Agantujaudara</i>	<i>Kshatudara</i>
<i>Udakodar</i>	<i>Udakodar (Dakodar)</i>	<i>Udakodar</i>

Also in Madhav Nidan, in 35th Chapter

1. *Vataja*
2. *Pittaja*
3. *Kaphaja*
4. *Sannipataja*
5. *Plihodar*
6. *Baddhodar*
7. *Kshatodar*

8. *Udakodar*

So, in the all treatises, almost similar classification of *udararoga* are found.

DISCUSSION

The etiology of *udararoga* described in *Charaksamhita* is mainly due to *mandagni*. Due to *mandagni*, *ahara*, *pranavayu* and *apanvayu* gets vitiated causing obstruction, and *dosas* reach the *twak*(skin) and *mamsa* causing *adhmana*(distension of abdomen).^[2]

In *Sushruta Samhita* the prime cause is again *durbalagni*. Consumption of *viruddhabhojan*, *atirukshabhojan*, *mithya sodhan* karma and the *dosas* reaches the *amasaya* and *pakwasaya* causing *gulma*(distension of abdomen).^[3] While explaining the pathogenesis of *udararoga*, *Sushruta* explains that due to *durbalagni*, *amarasa* gets vitiated causing aggravation of *vata* to reach *kostha* & the *dusitaamarasa* reach the *tvak* causing severe abdominal pain.^[4] In modern era, it is mentioned that for abdominal pain to be recognized by the patient, nociceptors or pain receptors must be stimulated. The A-delta fibres distributed in the muscle & skin are involved with the somatic pain transmission through spinal nerves. C-fibres are slow transmitters located intramurally in hollow viscera, involved and visceral pain transmitted through autonomic nervous system.^[5]

Acharya *Vagbhata* is also in the same opinion of *Charaka* & *Sushruta*. But he specifies the involved *srotas* as *ambuvahinisrota*, which leads to vitiation of *prana*, *agni* & *apana* and location of pain in between *twaka* and *mamsa*.^[6]

The features of **VATAJA UDARA ROGA**.

Sushruta ^[7]	Vagbhata ^[8]
<ul style="list-style-type: none"> • <i>Sangrihya Parshwa, Udara, Pristha, Nabhi Bardhate</i> (pain in flanks, back, abdomen, around umbilicus) • <i>Krisna Sira Banadham</i> (having network of blackish veins) • <i>sashool, anaha, ugrashabda, satodabheda, pavanatmak</i>(flatulence, producing sound inside, pricking pain) 	<ul style="list-style-type: none"> • <i>Pani, pada, mushka and udarasotha</i> (swelling in hands, feet, scrotum and udara) • <i>Kukshiparshwaudarakatiprstharuka, parvabhedana</i> (pain in flanks, back, abdomen) • <i>Suskakasa, angamarda, adhoguruta, mala sangraha</i>, (dry cough, bodyache, fecal matter collection) • <i>Shyavaarunatwakadi</i>(skin discolouration) • <i>Satodabhedaudara</i>(pricking pain in udara) • <i>Adhamatadritishabdaprakaroti, sarukashabda</i>(producing sound in lower abdomen)

In modern science, intestinal motility disorders present with the similar features of abdominal discomfort, cramping, excessive gas and abdominal distension ranging from almost none to

equivalent of nine months pregnancy. An audible succession splash & loud borborygni may be present. Predominant colonic involvement usually results in constipation, megacolon, or both. Patients with both type of involvement may cycle from diarrhoea to constipation.

PITTAJA UDARA ROGA

Sushruta ^[9]	Vagbhatta ^[10]
<i>Trishna, daha, jwara, pita sira, pita akshi, vinmutra, nakhanasya, chiraabivridhi</i> (mild heat, thirst, burning sensation, yellow colour of eyes, face, urine, nails, abdominal enlargement).	<i>Jwar, Murcha, Daha, Trishna, Katuasyata, Bhrama Atisara, Pita Twak, UdaraHarita Varna, Pita Tamra Sira, Sweda Ushma Dahyate, Dhumayati Mridu Sparsha, Kshipra Paka.</i>

In modern era, the manifestation of *pittajaudara* can be said to mimic features of acute cholangitis. Acute cholangitis is a bacterial infection super imposed on an obstruction of the biliary tree most commonly from a gallstone, but may be associated with neoplasm or stricture. Symptoms include the Charcot's triad of fever, right upper quadrant pain and jaundice. Other symptoms may include jaundice, acholic or hypocholic stools, malaise, mildhepatomegaly.

KAPHAJA UDARA ROGA

Sushruta ^[11]	Vagbhatta ^[12]
<i>Sheetala, Shukla Sira, Guru, Sthira, Shuklanakha Asya, Snigdha Mahasopha Udara, Chira Abivridhi</i> (Cold, Covered with whitish veins, heaviness, discolouration of face, eyes, nails, enlargement of abdomen gradually)	<i>Angasadan, Swapa, Svayathu, Gauravam, Nidra, Utklesha, Aruchi, Swasa, Kasa, Shukla Twakadi, Slaksna, Shuklaraji, Mahata, Chira Abivridhi, Kathina, Shitasparsa, Guru, Sthiram.</i>

In modern era, it can be compared chronic inflammation of the peritoneum. Chronic peritonitis always develops insidiously, the symptoms in the earlier stages being more or less obscure. Disorders of digestion, adhesion restricts the common duct or portal vein, jaundice or ascites or both will be present.

SANNIPATUDARA/ DUSHYUDAR

Sushruta ^[13]	Vagbhatta ^[14]
<i>Ghora jatharan, daha, murchanti, pandu, krisha, sushyate trishnayati</i> (enlargement of abdomen vigorously along with burning sensation, fainting, anaemia, emaciation and thirst)	<i>Sosha, murcha, bhrama, udara shighrapaka sudarunam</i> (dryness, syncope, nausea, very painful)

In modern science, this can be relatable to abdominal pain caused due lead poisoning. Lead based paint and lead contaminated dust in older buildings, occupational hazards are some of

the most common causes of lead poisoning. Other sources include contaminated air, soil and water. The symptoms of lead poisoning may include loss of appetite, weight loss, fatigue, abdominal pain, vomiting, anaemia. Lead toxicity is an uncommon cause of abdominal pain in adults. The diagnosis is often delayed and abdominal pain is misdiagnosed for acute appendicitis, acute cholecystitis or other causes.

PLIHOUDAR

Sushruta ^[15]	Vagbhatta ^[16]
<i>Plihabivridhi, Manda Jwaragni, Kapha Pitta Linga Upadruta, Ksinabala Atipandutwa</i> (enlargement of Spleen, Weakness, Fever, Indigestion, Anaemic)	<i>Swasa, Kasa, Pippasa, Asyavairasya, Adhman, Jwara, Pandutwa, Murcha, Chardi, Abhidaha, Moha, Aruna, Vivarna, Nila Haridra Rajiman.</i>

In modern medical science, hepatosplenomegaly is a disorder where both liver and spleen increases in size beyond their normal limits. The symptoms presented by the patient may be severe abdominal pain in upper-right region, nausea, vomiting, swelling of abdomen, pernicious anaemia etc. There might be infectious causes like acute viral Hepatitis, haematological diseases like leukemia, sickle cell anemia, thalassemia, metabolic diseases like niemann-pick disease, gaucher's disease, hurler syndrome and other conditions like chronic liver disease, systemic lupus erythematosus, sarcoidosis.

BADDHO GUDA UDAR

Sushruta ^[17]	Vagbhatta ^[18]
<i>Niruddhyategudepurisha</i> (faeces get obstructed in rectum) <i>krichadalpaalpam</i> (evacuated in small quantities) <i>Hridaya Nabhimadhye Parivridhi Udara</i> (abdomen enlarges in the area between heart and umbilicus) <i>Vitsamagandhikprachardan</i> (vomit which smell like faeces)	<i>Daha, Jwara, Trishna, Kasa, Swasa, Urusadan, Shirahridyanabhipayuruka, Malasanga, Aruchi, Chardi, Udara Mudha Marutam, Sthira Nila Aruna Sira, Nabhi Upari Gopuchakriti.</i> (fever, thirst, sneezing, cough, dyspnoea, anorexia, vomiting)

In modern science, the features can be related to that found in small bowel obstruction, having symptoms like colicky abdominal pain, nausea, vomiting and obstipation. The character of vomitus is more feculent because of bacterial overgrowth. The signs also include abdominal distension, with hyperactive bowel initially and minimal or none later. There is intravascular volume depletion, haemoconcentration and electrolyte abnormalities producing features of hypokalaemia.

PARISRAVI /CHIDRODAR

Sushruta ^[19]	Vagbhatta ^[20]
<i>Nabhe Adho Udara Vriddhi, Nistudate Ativa Vidahyate</i> (foreign body mixed with food punctures the wall of intestine leading to release of fluids which accumulates in rectum and abdomen, enlargement of abdomen with severe pain)	<i>Kunapagandhena Picchila Pitalohita, Bardhayetadho Nabhi</i> (enlargement of abdomen below the umbilicus due to collection of undigested food material which smells like that of faeces, dead-body, slimy, yellowish-red in colour)

In modern era, the etiology and symptoms can be related to gastrointestinal perforation or ruptured bowel, where there is a hole in the wall part of the gastrointestinal tract. Symptoms include severe pain intensified by movement, nausea, vomiting and hematemesis. There is rigidity with rebound tenderness and distension of abdomen.

DAKOURARA

Sushruta ^[21]	Vagbhatta ^[22]
<i>Snigdhmahatasparivrittanabhi</i> (abdomen unctuous, big, umbilicus bulged out), <i>Driti Shuvyati Kampate Cha Shabdayate</i> (abdomen resembles a bag filled with water both in movement and sound)	<i>Trishna, Guda Srava Ruja, Kasa, Swasaaruchi, Nanavarnasiratam, Toyapurnadritishabda Sparsha Shobha Kampan, Sthiravrittanabhi.</i> (accumulation of fluid in abdomen, thirst, cough, dyspnoea, static, bulging umbilicus)

In modern era, it can be related to Ascites, where there is pathologic fluid collection within the abdominal cavity. Symptoms may include increased abdominal size, increased weight, abdominal discomfort and shortness of breath. Ascitic fluid can accumulate as a transudate or an exudate. Portal hypertension plays an important role in the production of ascites by raising capillary hydrostatic pressure within the splanchnic bed.

CONCLUSION

Udararoga is manifested as a result of aggravation of digestive and metabolic waste products because of defective digestive fire. Sushruta has given vivid and elaborate explanation about the types of *udararoga* which can be well correlated to the various diseases of gastrointestinal tract. The symptoms and disease manifestation where abdominal discomfort and pain is the main complaint has been also described by the Acharya. Sushruta has mentioned about surgical intervention in treatment of *chidroudar, baddhagudaudar, dakodar*. The various symptomatology described by Acharya Sushruta for the eight types of *Udara roga* can find its utility for diagnosis and management of abdominal diseases in modern era.

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