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Correlation between *Nidana* (etiological factors) and symptoms of *Purishavaha Strotodushti* - A cross sectional survey study

Research Article

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Abstract

Introduction: *Strotasa* a unique concept explained in *Ayurveda* are the channels (micro/macro) through which constituents for nourishment of *Sharira bhava*(body constituents)are constantly circulated. Functioning of *Purishvaha Strotasa* (channels for feces transportation and transformation) deals with the formation, retention and evacuation of feces. Symptoms caused by vitiation of *Purishvaha Strotasa* are primarily concerned with defecation. For prevention and treatment of diseases related to *Purishvaha Strotasa* one must account for *Nidana*(causative factors) those vitiates the *Strotasa.* Aim of study: To survey correlation if any between causative factors stated for vitiation of *Purishvaha Strotasa* and symptoms of *Purishvaha Stroto dushti* observed in patients. Material and methods: A cross sectional survey was carried out on 120 patients suffering from vitiation of *Purishvaha Strotasa* above age of 60 years irrespective of sex, religion and diet pattern. Patients were surveyed with help of questionnaire designed to evaluate *Strotasa Parikshana* (examination), *Nidana* for *Purishvaha Stroto dushti*. Observation and results: 66.66% of participants had mixed type of diet, 95% of patients had passage of sticky foul smelling stool. Bristol Stool Chart observations revealed80 % of patient were having hard stool. All (100%) patients had modified ODS (Obstructive Defecation System) Longo score more than 16. One or more causative factors stated in *Charaka Samhita* for vitiation of *Purishvaha Strotasa* were observed in all surveyed patients with *Purishvega Sandharana*-suppression of an urge to defecate (66.66%) and *Adhyashana*– overeating when previous food is undigested (62.5%)being more prevalent. Conclusion: Outcome of study asserts a strong correlation between *Nidana* (etiological factors) and symptoms of *Purishvaha stroto dushti.*

Key Words: *Strotasa, Purishvaha Strotasa, Nidana, Purishvaha Strotodushti Lakshana.*

Introduction

Strotasa: a unique concept described in *Ayurveda* are the channels(micro/macro) through which constituents needed for nourishment of '*Sharira Bhava*'(body constituents) are constantly circulated(1).These circulating constituents are continually under transformation and are responsible for particular functions with respect to specific organ system. As per *Ayurveda* system of medicine *Dosha* (three elements) – *Dhatu* (body building seven elements) –*Mala* (excrete) functions through their respective *Strotasa*(2). In *Ayurvedic* text detailed description with regards to anatomical and physiological aspects of *Strotasa* is observed. Though *Strotasa* have been termed as infinite based on to the particular functioning system they owe, these are classified as *Antarmukha Strotasa* (*Strotasa* having opening internally within body) they are thirteen in number and *Bahirmukha Strotasa* (*Strotasa* having opening on body, exterior) these are nine in number(3). Each *Strotasa* has been described with *Mulasthana* (root organ/governing site) which plays a pivotal role in physiological functioning of particular *Strotasa*. Disturbances in functioning of *Strotasa* or defects in *Mulasthana* (root organ/governing site)may lead to pathological events(4). Hence in order to achieve disease free life, normal functioning of *Strotasa* is prerequisite. Accordingly *Nidana* (causes) for disturbances in normal functioning of *Strotasa*, symptoms produced by vitiated *Strotasa* and line of treatment for the same has been described in detailed manner in *Ayurvedic* treatises for each *Strotasa* respectively. *Ayurveda* an ancient science of life deals with preventive as well as curative aspect of disease. In order to achieve healthy life amongst which prevention of disease is given of major importance. *Nidana Parivarjana* (abstinence from disease causing factors which may be correlated with etiological factors) plays a significant role in above stated perspective i.e. preventive as well as curative aspect. With help of *Nidana Parivarjana* (abstinence from disease causing factors) one may stay away from diseases as well as when succumbed to disease with the help of *Nidana*

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Parivarjana (abstinence from disease causing factors) complete eradication of root cause of disease and prevention of recurrence of disease can be achieved(5).

Purishvaha Strotasa (channels for feces transportation and transformation) is one of the *Antarmukha Strotasa* with *Pakwashaya* (large intestine) and *Guda* (anal canal) as its *Mulasthana* (6).Primary function of *Purishvaha Strotasa* described in *Ayurvedic* text is to form *Purisha* (feces), retain it for certain duration and excrete it through anus. It retains fecal matter for certain period so that it can perform its function of *Avshtambhanam.* i.e. support the body in general and *Vayu* and *Agni* in particular(7). This is important function carried out by *Purishvaha Strotasa.* When the functions of fecal matter are over, it is thrown out of the body via anal canal, without any significant pathology. Hence the functioning of *Purishvaha Strotasa* deals with three facets, formation, retention and evacuation of fecal matter. Disturbances in physiological functioning of *Purishvaha Strotasa* may affect one or more above stated mechanisms. *Charaka* has described symptoms caused by vitiation of *Purishvaha Strotasa* which are primarily defects concerned with defecation – viz. *Kruchchen* (defecation with efforts/ strain), *Alpalpa* (defecation in small quantity and in recurrent manner), *Sashabda* (defecation with bowel sounds), *Sashula* (defecation with abdominal pain), *Atidrava* (defecation with passage of watery stool), *Atigrathita* (defecation with hard stool), *Atibahu* (defecation associated with bulky amount of stool.), *Upavishanti* (defecation associated with prolonged time needed for evacuation of stool)(8). These symptoms can be seen in various alimentary canal related disorders. An insight of symptoms of vitiation of *Purishvaha Strotasa* reveals that the daily wellbeing of an individual depends upon normal functioning of *Purishvaha Strotasa*. Even if one or the symptoms viz. constipation is taken into consideration, it is a major problem in the society. Average 2 to 20 % of the society is suffering from constipation (9).As far as prevention and treatment of diseases related to *Purishvaha Strotasa* is concerned one must account for *Nidana* (causative factors)those vitiates the *Strotasa.* Awareness of these *Nidana* (causative factors) will help in complete treatment as well as to prevent recurrence of disease in future. Hence considering significance of this particular subject an observational study has been designed to figure out correlation if any between causative factors stated for vitiation of *Purishvaha Strotasa* and *Purishvaha Stroto dushti Lakshana* observed in patients.

Aim of study

To survey *Niadana* (etiological factors) stated for *Purishvaha Stroto dushti* in older patients suffering from bowel disorders.

Type of study: A cross sectional survey study.

Materials and Methods

- Questionnaire for *Stroto Parikshana* (Examination of *Strotasa)* (Annexure 1)
- Assessment of *Purishvaha Stroto Dushti Lakshana* with help of special designed criteria and modified ODS (Obstructive Defecation System) Longo Score. (Annexure 2)
- Questionnaire to find etiological factors described for vitiation of *Purishvaha Strotasa* in text and their duration in selected participants. (Annexure 3)

Selection of participants

An observational study was carried out on 120 patients in total after institutional ethical committee approval (Ph.D./RNVU/01/17-18). Only patients suffering from *Purishvaha Stroto dushti* screened by questionnaire designed for evaluation of *Stroto dushti* were selected for study. Written informed consent was taken from the participants after offering sufficient information and aim of study in a language best understood by them.

Inclusion criteria

Patients suffering from one or more symptoms of *Purishvaha Stroto dushti* above age of 60 years irrespective of sex, religion, diet pattern were selected for study.

Exclusion criteria

Patients below 60 years, known patients of Crohns disorder, diagnosed cancer patients, patients in bed ridden state and not willing to participate were excluded from survey study.

Place of work

Bharati Vidyapeeth deemed to be University College of Ayurveda, Ayurveda Hospital and Research Centre, Satara Road, Katraj, Pune -43.

Method of Assessment

Registered patients were screened for etiological factors stated in text for vitiation of *Purishvaha Strotasa* with the help of questionnaire, modified ODS(Obstructive Defecation System) Longo Score (10),and Bristol stool chart (11).Any other important factor other than described in text which was affecting functions of *Purishvaha Strotasa* was noted by expert. Assessment was done by analysis of data obtained from questionnaire. Post analysis data was presented in the form of tables.

Observation and Results

Amongst registered participants (N=120), 66(%) were male (table no.1). 66.66% participants were following mixed type of diet (table no.2). 95% of patients were having *Saam Mala Pravrutti* (passage of sticky and foul smelling stool)(table no.3). As per observations from the Bristol Stool Chart 80 % of patient were having hard stool and 15% of patient shown watery stool (table no.4). Evaluation of modified ODS Longo score revealed that out of 120 patients,0 (0%) patients were having score 0 which is considered as best score, all the registered (100%) patients were having score more than 16 (table no.5). 80% of patients were suffering from *Krucha Malapravritti* (defecation

with efforts/ strain), while 23% of registered patients were having *Sashula* (defecation with abdominal pain), *Atibahu* (passage of stool in bulky amount) stated as symptom of vitiated *Purishvaha Strotasa* was not observed among surveyed patients (Table no.6).

Evaluation of *Nidana* -causative factors responsible for vitiation *Purishvaha Strotasa* revealed *Purishvega Sandharana* -suppression of an urge to defecate as a prominent causative factor (66.66%),which was closely followed by *Adhyashana* -overeating prior previous food is digested (62.5%). Rest of *Nidana* (Etio-pathological factors) responsible for vitiation of (table no.8) *Purishvaha Strotasa* were also observed in present study- *Atyashana* -eating in excess amount(33.33%), *Ajeernashana* -eating when previous food is not digested (27.5%), individuals with *Durbalagni* -little digestive power (22.5%) and individuals of *Krushasyata* -lean body built(14.6%) respectively (Table no.7).

Apart from the above causes other eating habits observed within patients were having food at irregular time, consuming spicy food more frequently and consuming mixed type of diet (Table no.2).

Table no. 1: Distribution of gender among registered patients. (n=120)

Gender	No. of patients	Percentage
Male	80	66
Female	40	34

Table no.2: Diet pattern observed in registered patients (n=120)

Diet	Frequency	Percentage
Vegetarian	40	33.33
Mixed	80	66.66

Table no.3: Details of *Purishapariksha* (stool examination) in registered patients (n=120)

Purisha	Frequency	Percentage
Sama	114	95
Nirama	6	5

Table no.4: Distribution of Bristol stool chart score in registered patients (n=120)

Bristol stool chart score	Frequency	Percentage
1	96	80
2	0	0
3	0	0
4	0	0
5	0	0
6	10	8
7	16	12

Table no.5: Distribution of Modified ODS Longo Score in registered patients (n=120)

Sco	No.	Perc
0	0	0
1-7	0	0
8-1	0	0
16-	120	100

Table no.6: Distribution of *Purishvaha Strotasa Dushti Lakshana* in registered patients (n=120)

Purishvaha Strotasa Dushti Lakashana	Frequency	Percentage
Kruchchrena	96	80
Alpalpa	24	20
Sashula	28	23
Atidrava	14	12
Atigrathita	17	14
Atibahu	0	0
Upavishanta	12	10

Table no. 7: Distribution of Nidana/ etio-pathological factors of vitiation of *Purishvaha Strotasa* in registered patients (n=120)

Purishvaha Strotasa Dushti Hetu	Frequency	Percentage
Purishvega Sandharana (suppression of an urge to defecate)	80	66.66
Atyashana (overeating)	40	33.33
Ajeernashan (eating when previous food is undigested)	33	27.5
Adhyashana (overeating when previous food is not completely digested)	75	62.5
Durbalagne (minimal digestive power)	27	22.5
Krushasya (individual of lean built)	17	14.16

Discussion and Conclusion

In all surveyed patients (n=120), one or more *Nidana* (etio-pathological factors) stated for vitiation of *Purishvaha Strotasa* were observed. *Purishvega Sandharana*- suppression of an urge to defecate *(*66.66%) and *Adhyashana*- overeating when previous food is undigested (62.5%) being more prevalent ones. Results of survey study designed to analyze the relation between *Nidana* (etiological factors) and symptoms of *Purishvaha Stroto dushti* imply that there is strong correlation between them. So line of treatment for disorders related to *Purishvaha Strotasa* must comprise of tracing out one or more *Nidana* /etiological factors related to vitiation of this particular *Strotasa* from patient's history and staying away from these factors, which may be manageable by modification in lifestyle and food habits.

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Annexure 1

Strotas ParikShan	***Parikshanani***	***Lakshanani***
Pranvaha Strotasa (Respiratiory System)-	*Nasa* (Nose) -	
	*Fuffus (*Lungs)-	
Annavaha Strotasa (Digestive System)-	*Mukha (*Throat) -	
	*Danta (*Teeth)-	
	Kostha (Abdomen)-	
	Agni (Digestion power)-	
	*Amashaya (*Stomach) -	
Udakvaha Strotasa (Electrolyte System)-	*Talu* (Palat)-	
	Trushna(Thirst)-	
Rasavaha Strotasa (Lymphatic System)-	*Hridaya* (Heart)-	
	Nadi (Pulse)-	
Raktavaha Strotasa (Circulatory System)-	*Yakrut* (Liver)-	
	Pleeha (Spleen)-	
Maansavaha Strotasa (Muscular System)-	*Twacha* (Skin)-	
	Khamala (Unctuousness)-	
	Snayu (Muscle)-	
Medovaha Strotasa (Fat metabolic System)-	*Meda* (Fat)-	
	Sweda (Sweat)-	
Asthivaha Strotasa (Skeletal System)-	*Asthi* (Bones)-	
	Kesha (Hair)-	
	Nakha (Nail)-	
Majjavaha Strotrasa (Nervous System)-	*Sandhi* (Joint)-	
	Asthiparvani (Small Joints)-	
Artava-vaha Strotasa (Menstrual System)-	*Tryavarta yoni (*Uterus)-	
	Stana (Breast)-	
Mutravaha Strotasa (Urinary System)-	*Gavinya* (Ureters)-	
	Basti (Bladder)-	
	Mutra (Urine)-	
Swedvaha Strotasa (Perspiratory System)-	*Gandha* *Meda* (Sweat Smell)	
	*Lomakup(*Sweat Gland)-	
Purishavaha Strotasa (Defecation System)-	*Pakwashaya* (Large Intestine)-	
	Guda (Anal Canal)-	

Purishvaha Stroto dushti Lakshana

No.	*Dushti Lakshna*	Presence	
		Yes	No
Kruchchhrena (Difficulty to evacuate)	3-Medication to evacuate		
	2-Digitations to evacuate		
	1-Straining to evacuate		
	0-With ease without pain during evacuation		
Alpalp (Small quantity of stool)	3-Feeling incomplete evacuation after 5 times		
	2-Return to toilet to evacuate 4 times a day		
	1-Return to toilet to evacuate 4 times a day		
	0-Return to toilet to evacuate 2 times a day		
Sashula (With pain)	3-Pain in abdomen and anal canal		
	2-Pain lasts for 3-4 hours after evacuation		
	1- Pain lasts for 1-2 hours after evacuation		
	0-With ease without pain		
Atidrava (Watery Stool)	3-Watery, no solid pieces, entirely liquid		
	2-Fluffy pieces with ragged edges, a musty stool		
	1- Soft blots with clear cut edges		
	0-Like sausage of snake smooth and soft		
Atigrathita (Hard stools)	3- Separate hard lump like-nuts- hard to pass		
	2-Sausage shaped but lumpy,		
	1- Sausage like but with cracks on surface		
	0-Like sausage of snake smooth and soft		
Atibahu (Increased passage of stools)	3- Urge of defecation 4-5 times with increased quantity,		
	2- Urge of defecation 3-4 times with increased quantity,		
	1- Urge of defecation 2-3 times with increased quantity,		
	0-One time normal evacuation with normal quantity		
Upavishanta (Long time needed for evacuation)	3- Need more than 30 minutes to evacuate		
	2- Need more than 20 minutes to evacuate		
	1- Need more than 10 minutes to evacuate		
	0- Need less than 10 minutes to evacuate		

Annexure 2

Modified ODS Longo Score

Sr.No.	Question	Score¶
1	Medication to evacuate (Enemas' or suppository)	0 1 2 3
2	Difficulty to evacuate	0 1 2 3
3	Digitations during evacuation	0 1 2 3
4	Return to toilet to evacuate	0 1 2 3
5	Feeling of incomplete evacuation	0 1 2 3
6	Straining to evacuate	0 1 2 3
7	Time needed to evacuate	0 1 2 3
8	Life style alteration	0 1 2 3

Each point is scored according to frequency of symptom. Question 1-6: 0= Never, 1=Less than once a week, 2= 1-6 times weekly, 3= Everyday, Question 7: 0=Less than 5 minutes, 1= 6-10 minutes, 2=11-20 minutes, 3=More than 20 minutes. Question 8: 0=No alteration in lifestyle, 1=mild alteration, 2=Moderate alteration, 3=Significant alteration of lifestyle.

The total score is in the range of 0(Best) to 24.Currently MODS Longo Score most commonly used scoring system. Some authors have taken 9 as cut off score for intervention in ODS patients while others have taken 7 as cut off point. There is no consensus till date on cut off scores.

Annexure 3

Purishvaha Stroto dushti Hetusevana Pariksha-
Sandharana -

1. How frequently you with hold your urge for defecation?
   - 0 - Not at all
   - 1 - Rarely
   - 2 - Sometimes
   - 3 - Most of the times
2. For how long time you withhold your urge for defecation?
   - 0 – Not at all
   - 1 - Less than 10 minutes
   - 2 - Up to an hour

3 - More than an hour

Atyashana –

1. Whether you eat more frequently when compared to your age group?
   0 –Not at all
   1 - Rarely
   2 - Sometimes
   3 - Most of the times
2. Whether the quantity of food you are taking is more when compared to your age group?
   0 – Not at all
   1 - Rarely
   2 - Sometimes
   3 - Most of the times

Ajeernashana –

1. Whether you take your meal even if you feel that your previously taken meal is undigested?
   0 – Not at all
   1 - Rarely
   2 - Sometimes
   3 - Most of the times

Adhyashana –

1. The time interval between any two (food) intake is less than three hours –
   0 – Not at all
   1 - Rarely
   2 - Sometimes
   3 - Most of the times

Durbalagni-

Time taken for digestion of food
0- Within 3 hours,
1- Between 3-4 hours,
2- Between 4-5 hours,
3-Dosen't feels hungry even in evening.

Krushsya-

Calculation of BMI -
0- Between 23-25,
1- Between 22-23,
2- Between 21-22,
3- Below 21.

Total score = 0 to 6 = *Hetusevan* yes; 7 to 18 = *Hetusevan* no

Hetu	Found	Not Found
Sandharan		
Atyashan		
Ajeernashan		
Adhyasha		
Durbalagni		
Krushasyata		

Other *Hetu* -

Aharaja Hetu-(causes from food)

(A-Nil, B-1-2/wk, C-2-5/wk, D->5/wk, E->1/Day, F-Rarely; [Quantity-G+, H++, I+++])

Sweet	Quantity	Frequency		Quantity	Frequency
Rice			*Chapati*		
Bhakari			*Roti*		
Fulka			Sugar		
Guda			*Khira*		
Shira			Banana		
Jam/Jelly			Other Sweet Fruits		
Other Sweet if any					

Sour	Quantity	Frequency		Quantity	Frequency
Curd			Butter Milk		

Lemon			Other Sour		
Oranges			*Koshambeer*		
Tomato			*Chinch*		

(A-Nil, B-1-2/wk, C-2-5/wk, D->5/wk, E->1/Day, F-Rarely; [Quantity-G+, H++, I+++])

Salty	Quantity	Frequency		Quantity	Frequency
Salt Intake			Salt cheese		
Salted peanuts			*Farsan /Namkin*		
Lays/Salted wafers/*Kurkure* Etc.			*Papad*		
Pickles			Other		

Pungent	Quantity	Frequency		Quantity	Frequency
Chilly			*Simala Mirchi*		
Chatani			*Thecha*		
Other Pungent Food			Hot Spices		

Bitter	Quantity	Frequency		Quantity	Frequency
Karela			*Methya*		
Waal			Other		

Astringent	Quantity	Frequency		Quantity	Frequency
Kawath			*Awala*		
Supari			Other		
Vegetables	Quantity	Frequency		Quantity	Frequency
Potato			*Chakawat*		
Tomato			*Karadai*		
Flower			*Bhendi*		
Tondale			*Methi*		
Vange			*Chuka*		
Kobee			*Ambadi*		
Gawar			*Palak*		
Bhopala			*Math*		
Ghosavale			*Padval*		
Dodaka			Other		
Cereals	Quantity	Frequency		Quantity	Frequency
Mataki			*Chole*		
Matar			*Pawata*		
Chavali			Other		

(A-Nil, B-1-2/wk, C-2-5/wk, D->5/wk, E->1/Day, F-Rarely; [Quantity-G+, H++, I+++])

Vidahi /Hotel Food	Quantity	Frequency		Quantity	Frequency
PavBhaji			*RagadaPatis*		
PaniPuri			*Bhel*		
Dhokala			South Indian Food		
Panjabi Dishes			Chinese		
Soups			*Biryani*		
Pulav			Bread		
Poha			*Vada/Bhaji*		
Misal			Corn Flakes		
Hulge			Carbonated Cold drinks viz. Coke		
Yogurts			Other		

Dairy Products	Quantity	Frequency		Quantity	Frequency
Cow Milk			Buffalo Milk		
Cheese			Soya Milk		
Paneer			Tofu		
Other			Ice creams		

Non-Veg	Quantity	Frequency		Quantity	Frequency
Chicken			Meat		
Fish			Eggs		
Beef/Pork			Other		

Viruddhanna	Quantity	Frequency		Quantity	Frequency
Banana +Milk			Milk +Rice +Salt		
Fruit Salad			Curd +Milk +Rice		
Milk Shakes			Butter Milk +Rice		
Water Before Tea			*Khichadi(Dal*+Rice) +Milk		
Milk +Fish			Toast/*Khari* +Milk		
Milk Intake			Other		

Paryushitanna	Quantity	Frequency		Quantity	Frequency
Rice			*Bhakari*		
Chapati			*Kadhi*/Curry		
Other					

(A-Nil, B-1-2/wk, C-2-5/wk, D->5/wk, E->1/Day, F-Rarely; [Quantity-G+, H++, I+++])

Upavasa	Quantity	Frequency		Quantity	Frequency
SabudanaKhichadi			*Bhagar*		
Sweet Potato			*Shingade*		
Shengdana			Other		

Bakery Products	Quantity	Frequency		Quantity	Frequency
Toast/*Khar*i			Biscuits		
Cake			Sandwich		
Pizza			Cream Roll		

Summary of Diet-	Veg- Non-Veg- Mix-
Daily Eating Habits -	
Meals -	Breakfast Evening Snacks Frequent Munching High Fat Diet
	Other
Meals Time-	Irregular Regular-(Time -___am/____am/____pm/_____pm)
Time Require to finish meals/food-	Slow>30min / Medium Up to 20 min. / Fast <10min.
Fat consumption -	Ghee - Cow Ghee Buffalo Ghee Vanaspati (Dalada) Ghee
Drinks -	Tea-___Cups/Day, Coffee-__ Cups/Day, Milk- Cow Buffalo Coco Chocolate Other
Likes More -	Sweet, Sour, Salty, Astringent, Pungent, Bitter, Hot, Cold, Dry, Oily, Other
Lifestyle (Present and History) -	Sedentary Work, Air conditioner , Exertion , Exposure to sunlight, Exposure to cold breeze, Travel, Shift duty hours, Late night work, Others
Sleep -	At night only, Daytime -____hrs Pattern - Calm, Disturbed,
Ratrijagarana-	If Y- then time of sleep-
Dreams -	If Y then Specify-
Other complains during sleep -	snoring etc.
***Viharaj Hetu (*Causes other than food like exercise, habits and mental)-**	
Exercise -	Daily/ ____Day per week Nature - Walking Jogging Running Other
Yogasan and Pranayam -	
Vegdharan-	*Vega* Occasionally /Habitual *Vyavay-*
Vyasan-	Tobacco *Gutkha* Smoking- Alcohol-
Manas Hetu-	*Lobha- Chinta- Krodha- Kaam- Shoka-*

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