



## A CONCEPTUAL STUDY OF GUDA AS A PRANAYATANA

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## ABSTRACT

Ayurveda is an ancient health science devoted to the cure for human suffering and for the care of the health of the people. Pranayata is a unique concept of ayurveda mentioned in Charak samhita. Guda is a very important segment of the gastrointestinal tract, present at its distal end, which serves the function of expulsion of mala and apana vayu, formed as residue after the metabolic transformation of the ingested food. It is the vital part of the body, the injury to which leads to fatal outcome. Ayurvedic classics describe that prana is made up of twelve components and their involvement in homeostatic function is responsible to sustain the life of an individual. There are ten such places in the body where prana is situated and are referred as pranayata. By observing the functional and structural vitality diagnosis these areas as marmasthana. Guda is one such pranayata mentioned in all acharya in their samhitas. It has been given much importance that it is mentioned both in the context of pranayata and marma. In these areas an attempt is made to understand and review guda in the context of pranayata.

**Keywords:** Guda, Prana, Pranayata, Marma.

## INTRODUCTION

The word pranayata is formed by two words prana and ayata. The word prana means breath of life and the word ayata means resting place or home, where

life is naturally and specially situated. Acharya referred to the concept of marma as well as Dashpranayata and said Guda pranayata in the list of

Dashpranayata. Guda is the region where prana is situated and as well as it is one among the fifteen Koshtangas as mentioned by acharya Charak. It has two parts- uttar guda (proximal part) and Adhar guda (terminal part). Uttara guda lies up to sigmoid colon and Adhar guda is considered as rectum & anal canal because faeces enter into rectum. Guda is also among pranayata, and it is a Sadya pranayata marma also.

## **MATERIALS AND METHODS**

For this conceptual study, literary materials had been compiled as need of the topic from the various Samhitas like Charak Samhita, Sushruta samhita, Ash-tanga Sangraha, kashyapsa Samhita, and also from the commentaries of these texts. Information collected from modern text and internet sources.

## **OBSERVATION**

Different Acharyas of Ayurveda have described Guda among Dashpranayata :-

- Charak samhita (Cha. Su. 7/9)

There are only ten seats of prana is called Pranayata, i.e., Murdha, Kantha, Hridaya, Nabhi, Guda, Basti, Ojas, Shukra, Shonit and Mamsa , among these, first six are known as marma.

- Sushruta Samhita (Su.Sha.4/3)

Agni, soma, vayu, satva, rajas, tamas, Panchendriya and bhutatma together constitute prana.

- Ashtanga Samgraha (A.S. Sha 5/32)

According to Asthaga Sangraha ten seats of prana (vital energy) are murdha, Jihva-bandhan, kantha, Hridya, Nabhi, Basti, Guda, shukra, Ojas, Rakta are the Dashpranayata.

- Kashyap Samhita (Ka.S.Sha.VA)

Dash pranayata of prana- there is Dashpranayata of prana such as Murdha, hridaya, Basti, Kantha, Ojas, Shukra, Shonit, Shankha and Guda.

- Charak Samhita (Cha.Chi.28/10)

Apanavayu is situated in guda. Testicles, urinary bladder and penis, Nabhi, guda – these are the seats of apana vayu.

**Anatomical and Physiological consideration of the Anal canal :-**

The Anal canal is the terminal part of large intestine, begins where rectal ampulla suddenly narrows, passing down and backward to the anus.

The anal canal is situated below the level of the pelvic diaphragm. It lies in the anal canal triangle of perineum in between the right and left Ischioanal fossae, which allow expansion during passage of the faeces.

The anal canal is 3.8 cm long. It extends from the anorectal junction to the anus. It is directed downwards and backwards. The anal canal is surrounded by inner involuntary and outer voluntary sphincters which keep the lumen closed in the form of an anteroposterior slit. The anus is the surface opening of the anal canal, situated about 4 cm below and in front of the tip of the coccyx in the cleft between the two buttocks. The surrounding skin is pigmented and thrown into radiating folds and contains a ring of large apocrine gland.

The lining of the anal canal varies along its course. The upper half (15 mm) of the anal canal is also lined by mucosa, plum-red in colour due to blood in the subjacent internal rectal venous plexus. In the lower half, this gives way to non-keratinized stratified squamous epithelium of the perianal epidermis. In this part of the canal are 6-10 vertical folds, the anal columns, well-marked in children but sometimes less defined in adults.

**IMPORTANCE OF PECTINATE LINE:** It forms the muco-cutaneous junction of the anal canal & divides the anal canal into upper & lower area which is different in development, blood supply, and lymph drainage & in nerve supply. About 85% of the Ano-Rectal diseases start primarily at this line.

**MUSCULATURE OF THE ANAL CANAL:** The anal walls are surrounded by a complex tube of sphincters which tightly occlude the anal canal except during defecation. The muscular components are divisible into the internal and external anal sphincters (sphincter ani internus and sphincter ani externus) and the puborectalis muscle which is part of levator ani. There are also longitudinal muscle components forming the conjoint longitudinal coat.

**ANORECTAL RING:** This is muscular ring present at the anorectal junction. It is formed by the fusion of puborectalis, uppermost fibers of external sphincter and internal sphincter. Surgical incision of this ring results in incontinence of faeces.

**DEFECATION:** Normally the rectum is empty. During defecation a number of coordinated actions occur in the muscles of the pelvic floor including the internal and external sphincters, levator ani, and other perineal muscles. These have been studied using various imaging techniques including radiography, these have been studied ultrasonography and magnetic resonance imaging (MRI). When faecal matter enters rectum defecation reflex is set up. The reflex consists of principally, development of peristalsis waves in the sigmoid colon & rectum, pushed the faeces to the anal region & relation of the internal sphincter of anus. Now, if the environment is suitable, the person squats & the external anal sphincter relaxes voluntarily faeces expelled. This expulsion of faeces is aided by straining which consists of violent eniratory efforts with the glottis closed, this raises the intra-abdominal pressure. The center of the defecation reflex is in the spinal cord, but higher centres can control the center. Parasympathetic fibers intensify the defecation reflex. Sympathetic fibers have practically no effect.

## DISCUSSION

Maharshi Sushruta describes that Prasad bhag of Ashrik together combine with shleshma while under-

Agni	present in the form of energy essential for cellular metabolism
Soma	mucous for proper lubrication & smoothness
Vayu	apana vayu to perform the function of organs of lower abdomen area
Satva	natural urges of defecation
Raja	frequency of defecation
Tama	in the form of their shape & hydration
Panchindriya	Sensation
Atma	Life

## CONCLUSION

In view of the above discussion, we can conclude that Dwadashprana are specially seated in Guda Pradesh, which is one of the Pranayatana among ten.

going biotransformation (pachana) is manifested by vayu and to formation of guda. In Sushruta sharira sthan describe the portion that is attached to Sthoolantra (large intestine) which is four angula known as guda. There are three walls, situated at intervals of one and half angula in between them as Pravahani, visharjani and sanvarani together cover four angula in length and one angula above the anal orifice. These folds are like the sankhavartanibha (spiral or conch), situated one above the other and color resemble as gajatalunibham (palate of elephant). The area of one & half yava above the line of hair known as gudasthan and the first villi is situated at one angula above the gudostha. The portion which is attached to sthulantra identified as marma as well as pranayatana which does the elimination of flatus and faeces called guda marma, injury to this causes sudden death. There is presence of dwadashprana in guda Pradesh: Agni(present in the form of energy essential for cellular metabolism), soma(mucous for proper lubrication & smoothness). Vayu(apana vayu to perform the function of organs of lower abdomen area), satva(natural urges of defecation), raja(frequency of defecation), tama(in the form of their shape & hydration), Panchendriya(sensation), atma(life). So that we can understand that Dwadasha prana is present all over the body, but it is especially present in the places of Dashpranayatana.

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