

CRITICAL ANALYSIS OF PRANAVAHASROTO MULA

Kamath Nagaraj Kulkarni Pratibha Chiplunkar Shivaprasad

Dept. of Kriya Sharira, SDM College of Ayurveda and hospital Hassan, Karnataka, India

ABSTRACT

Srotus (body channels) is considered as an important entity of the body and is responsible for the *Vahana* (transferring) of *Dosha*, *Dhatu* etc. Full body is considered as *Srotomaya* (made of *Srotus*). Among the types of *Srotus*, *Pranavaha Srotus* (which does *Prana Vahana*) is given prime importance. The root of *Pranavaha Srotus* is considered as *Hrudhaya* (heart) and *Mahasrotus* (gastro intestinal tract). The characteristic manifestation of the vitiation of *Pranavaha Srotus* is too long or too restricted, aggravated, shallow or frequent breathing associated with sounds and pain. Considering *Vayu* and *Anna* as *Prana*; heart (*Hrudhaya*) which is responsible for pumping oxygenated (*Vayu-Prana*) blood throughout the body and Gastrointestinal tract (*Mahasrotus*) which is responsible for the ingestion, digestion, absorption of the food (*Anna -Prana*) can establish the *Mula* of *Pranavaha Srotus* as *Hrudhaya* and *Mahasrotus*. The respiratory abnormalities like too long or too restricted, aggravated, shallow or frequent breathing associated with sounds and pain etc types of problems seen in the conditions like various respiratory and cardiac related disorders and also in malnutrition (leading to *Kshaya-Pranavaha Sroto Dusti Nidana*) and malabsorption (vitiation of *Mahasrotus*) cases also support in establishing that *Hrudhaya* and *Mahasrotus* as the *Mulasthana* of *Pranavaha Srotus*. Similarly *Srotomula* of each and every *Srotus* should be analyzed along with its *Mula*.

Keywords: *Srotus, Pranavaha, Hrudhaya, Mahasrotus*

INTRODUCTION

Dosha, *Dhatu*, *Mala* are considered as the basis of the body.¹ Other than these three entities *Srotus* is another important entity which is the basis for the body. *Purusha* is called as *Srotomaya* because *Srotus* are present all over the body and they are essential in the increase and decrease of the *Dosha*, even it carries *Dhatu* and leads to the formation of the *Dhatu*.² *Srotus* are the hollow channels which originating from root space and spreads in the body and carries specific entities.³ *Srotus* are the channels through which the various body entities flow.⁴ *Srotus* are the channels of circulation

that carry *Dhatu* undergoing transformation to their destination.⁵ Regarding the number/types of *Srotus* – as many substances having definite shape in this universe that many types of *Srotus* are there in the body. Some opine it is numerable and others opine it is innumerable.⁶

These channels have the color similar to that of the *Dhatu* that they carry; they are tubular, either large or small in size and either straight or reticular in shape. The reasons for the vitiation of the *Srotus* their pathological features and treatment for the same is mentioned. Increase or obstruction in the flow of the contents of the channels,

appearance of nodules in the channels and diversion in the flow of the contents to improper channels are the general signs of the vitiation of the *Srotus*.⁷

There are various number and types of *Srotus* mentioned by different authors. Among them prime importance is given to *Pranavaha Srotus*. The word meaning of *Pranavaha Srotus* signifies that, the channel through which *Prana* flows can be considered as the *Pranavaha Srotus*. The root of this *Srotus* is considered as the *Hrudhaya* (heart) and *Annavaha Srotus* (gastro intestinal tract). The characteristic manifestation of the vitiation of *Pranavaha Srotus* are too long or too restricted, aggravated, shallow or frequent breathing associated with sounds and pain.⁸ Suppression of urges, indulgence in ununctous things, performance of exercise while hungry and such other harmful regimens which effect other *Srotus* may lead to the vitiation of *Pranavaha Srotus*.

DISCUSSION

The root of *Pranavaha Srotus* is considered as the *Hrudhaya* (heart) and *Annavaha Srotus* (gastro intestinal tract). It means heart and gastro intestinal tract are the roots for the *Pranavahana*. In this context we can consider *Prana* as *Vayu*, even can consider *Prana* as *Anna*. When *Vayu* resides in the body it is called as *Jeevana* and the exit of *Vayu* from the body is called as *Marana*. Hence *Vayu* is responsible all the *Karma* taking place in the body and the *Chetana Anuvratti* is also is because of *Vayu*. *Hrudhaya* is an organ in which *Vyana Vata* is situated and it moves throughout the body and is responsible for all the *Karmas* in the body. *Anna* is considered as the *Prana* for *Prani* (living beings). *Mahasrotus* is the one through which *Anna* is ingested, digested, absorbed and waste products elimi-

nated out. Hence for *Dhatu Poshana* by this *Anna (Prana) Mahasrotus* is an important entity in which digestion and absorption takes place and *Dhatu poshana* is achieved in turn the *Chetana Anuvratti*. For the continuity of life *Vayu* and *Anna* are two important entities and the *Vahana* of these entities starts from the *Hrudhaya* and *Mahasrotus*. In respiratory disorders like *Tamaka Swasa* etc the major symptom observed is the variation in the pattern of breathing. In malabsorption and malnutrition conditions also we can see various problems related to pattern of breathing.

Various abnormalities related to breathing pattern are: Dyspnea - Difficult or labored breathing, normally requiring considerable exertion by the patient. Apnea - Temporary cessation of breathing. A period of apnea may last for 30-60 seconds. Tachypnea - Quick, shallow breathing. Bradypnea - Abnormally slow breathing. Hypoventilation- A state in which there is a reduced amount of air entering the pulmonary alveoli. Hyperventilation- A state in which there is an increased amount of air entering the pulmonary alveoli. Stertorous Respiration- Breathing accompanied by abnormal snoring sounds. Cheyne-Stokes Respiration- An irregular rhythmic breathing pattern that begins with slow, shallow respirations that increase in rate and depth and then gradually decline again. A period of apnea lasting 10-60 seconds follows, and the pattern then repeats itself. All these abnormalities are seen in various kinds of respiratory diseases and heart related diseases. Causes of Respiration abnormalities that are very common are Asthma, COPD. Causes of Respiration abnormalities that are common are Heart failure, Myocardial infarction, Pneumonia, Asthma, Bronchiolitis, Chemotherapy, Flail

chest, Foreign body, Heart failure, Myocardial infarction, Pleural effusion, Pneumonia, Pneumothorax, Pulmonary embolism. So in all these respiratory and cardiac diseases we find change in the respiratory pattern. It may be due to the improper inspiration, expiration or may be due to the failure of the heart to pump the blood to whole body through aorta. If there is pathology in functioning of the heart by which it can't pump the blood to lungs for oxygenation or pump the oxygenated blood to whole body then respiratory abnormalities like too long or too restricted, aggravated, shallow or frequent breathing associated with sounds and pain etc types of problems can be seen depending on the condition and cause.⁹

Malabsorption is a state arising from abnormality in absorption of food nutrients across the gastrointestinal tract. Weight loss can be significant despite increased oral intake of nutrients. Growth retardation, failure to thrive, delayed puberty in children, swelling or edema from loss of protein, anemia commonly from vitamin B₁₂, folic acid and iron deficiency presenting as fatigue and weakness, muscle cramp from decreased vitamin D, calcium absorption also lead to osteomalacia and osteoporosis, bleeding tendencies from vitamin K and other coagulation factor deficiencies.¹⁰ Among these anemia is most prominently seen. People with anemia suffer from feeling of weakness, or fatigue, general malaise, and sometimes poor concentration. They may also report dyspnea (shortness of breath) on exertion. In very severe anemia, the body may compensate for the lack of oxygen-carrying capability of the blood by increasing cardiac output. The patient may have symptoms related to this, such as palpitations, angina (if pre-existing heart disease is present),

intermittent claudication of the legs, and symptoms of heart failure. In severe anemia, there may be signs of a hyperdynamic circulation: tachycardia (a fast heart rate), bounding pulse, flow murmurs, and cardiac ventricular hypertrophy (enlargement). There may be signs of heart failure.¹¹

Malnutrition is a medical condition caused by an improper or insufficient diet. There are various symptoms seen in this condition, regarding to cardio respiratory system Bradycardia, hypotension, reduced cardiac output, difficulty in breathing can be seen.¹²

Malabsorption can be considered as the vitiation in the *Mahasrotus* and Malnutrition is a condition where the *Dhatu* are not getting proper *Poshana* leading to *Kshaya* which is the *Nidana* for *Pranavaha Sroto Dusti* and hence the respiratory abnormalities like too long or too restricted, aggravated, shallow or frequent breathing associated with sounds and pain etc types of problems can be seen depending on the condition and cause.

CONCLUSION

Pranavaha Srotus is the one which does the *vahana*/carrying of *Prana*. *Pranavaha Sroto mula* is *Hrudhaya* and *Mahasrotus*. *Prana* in this context can be considered as the *Vayu* and *Anna*. *Vayu* is *sarvadehachara* and is responsible for all the functions especially the *Vyana Vata* which is mainly situated in the *Hrudhaya* and moves throughout the body and is responsible for all the functions. *Anna* is responsible for the formation of *Dosha*, nutrition to *Dhatu* and formation of the *Mala*. *Dosha*, *Dhatu*, *Mala* are the basis for the body and the *Anna* is ingested, Digested, Absorbed in *Mahasrotus* and excreted out of the body through *Mahasrotus*. Hence *Vayu* and *Anna* are the two

major entities which are responsible for the continuity of life.

Considering *Vayu* and *Anna* as *Prana*; heart (*Hrudhaya*) which is responsible for pumping oxygenated (*Vayu- Prana*) blood throughout the body and Gastrointestinal tract (*Mahasrotus*) which is responsible for the ingestion, digestion, absorption of the food (*Anna – Prana*) can establish the *Mula* of *Pranavaha Srotus* as *Hrudhaya* and *Mahasrotus*. The respiratory abnormalities like too long or too restricted, aggravated, shallow or frequent breathing associated with sounds and pain etc types of problems seen in the conditions like various respiratory and cardiac related disorders and also in malnutrition (leading to *Kshaya – Pranavaha Sroto Dusti Nidana*) and malabsorption (vitiation of *Mahasrotus*) cases also support in establishing that *Hrudhaya* and *Mahasrotus* as the *Mulasthana* of *Pranavaha Srotus*.

REFERENCES

1. Paradara HSS. Ashtanga Hrudaya with Sarvangasundara commentary of Arunadatta and Ayurvedarasayana commentary of Hemadri. 9th ed. Varanasi (India): Chaukambha Orientalia; 2005. p. 67.
2. Acharya JT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta. Reprint ed. Varanasi (India): Chaukambha Orientalia; 2007. p. 250.
3. Acharya JT. Susrutha Samhita with Nibandhasangraha commentary of Dalhana. Reprint ed. Varanasi (India): Chaukambha Sanskrit Sansthan; 2009. p. 385.
4. Acharya JT. Susrutha Samhita with Nibandhasangraha commentary of Dalhana. Reprint ed. Varanasi (India): Chaukambha Sanskrit Sansthan; 2009. p. 2.
5. Acharya JT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta. Reprint ed. Varanasi (India): Chaukambha Orientalia; 2007. p. 249.
6. Acharya JT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta. Reprint ed. Varanasi (India): Chaukambha Orientalia; 2007. p. 250.
7. Acharya JT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta. Reprint ed. Varanasi (India): Chaukambha Orientalia; 2007. p. 252.
8. Acharya JT. Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta. Reprint ed. Varanasi (India): Chaukambha Orientalia; 2007. p. 250.
9. www.localhealth.com/article/breathing-symptoms
10. en.wikipedia.org/wiki/Malabsorption
11. en.wikipedia.org/wiki/Anemia
12. <http://en.wikipedia.org/wiki/Malnutrition>

CORRESPONDING AUTHOR

Dr. Nagaraj Kamatha
Department of Kriya Sharira
SDM College of Ayurveda and Hospital
Hassan, Karnataka, India
Email: nagaraj.kamath1989@gmail.com

Source of support: Nil

Conflict of interest: None Declared