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Etiopathological and observational survey study of *Atisar*

Yasmeen Parveen¹, Namrata Khobragade²

¹Post Graduate Scholar, Dept. of Roga Nidana Evum Vikriti Vigyana, Shri NPA Govt. Ayurved College, Raipur, Chhattisgarh, India.

²Reader, Dept. of Roga Nidana Evum Vikriti Vigyana, Shri NPA Govt. Ayurved College, Raipur, Chhattisgarh, India.

ABSTRACT

Atisar in modern science is closely correlated with watery diarrhea. According to mythology, *Atisar* initially originated due to the consumption of *Mash* (Urad), *Tilpishti*, and *Gomansa* (cow meat).^[1] Due to their *Guru* and *Ushna Guna*, they cause *Agnimandya*. Some *Manasika Doshas*, like *Bhaya* and *Shoka*, also contribute to the development of *Atisar*. *Krimi* is an important causative factor of *Atisar*. In Ayurvedic science, the main cause of *Atisar* is *Agnimandya*, and the main site of *Agni* is *Grahani*, which is situated between *Amashaya* and *Pakwashaya*. In the condition of *Mandagni*, the digestion of food particles does not occur completely, leading to the formation of *Ama*. *Ama* is considered similar to toxins or pathogens, which are responsible for the etiology of all diseases. *Atisar* (Diarrhea) is a fairly prevalent condition in modern times. Although *Atisar* (Diarrhea) seldom poses a threat to health, it can persist and be quite painful. Due to the effects of Western eating habits, poor diets, and mental stress, the incidence of *Atisar* (Diarrhea) is rising day by day. Understanding the etiopathological and observational aspects of *Atisar* makes it easier to plan precise management and preventative actions.

Key words: *Atisar*, *Diarrhea*, *Agnimandya*, *Ama*, *Mandagni*, *Grahani*, *Ayurveda*

INTRODUCTION

According to *Acharya Charka-Nirukti*

Ati+ Sru+ Nich+ Ach

Ati = Prabhut matra (excessive quantity)

Sru = Saran, gati (Flow)

Atishayen Saaryati Malam eti Atisara

Clinical practise, Diarrhoea is the most often seen disease. Diarrhoea, one of the many lists of gastrointestinal disorders, holds a special place in

people's lives since everyone experiences it at least once in their lifetime. *Mandagni* is the most significant element in the aetiology of *Atisara* (Diarrhoea).

Ati and *Saranam* together make to the term *Atisara* (Diarrhoea), *Ati* denotes excess, whereas *Saranam* denotes flow. As a result, *Atisar* (Diarrhoea) is characterised by the frequent, excessive passing of watery stools via the *Guda*.

In *Brihatryee* and *Laghutrayee*, *Atisara* (Diarrhoea) is covered in great depth. There is a clear explanation for *Nidans*, clinical characteristics, and the kind of *Atisara* (diarrhoea).

The *Brihatrayees* list six different forms of *Atisara* (Diarrhoea). Six different varieties of *Atisara* (Diarrhoea) were mentioned by *Acharya Charka*, *Vagbhata*, and *Sushruta*: *Vataja*, *Pitaja*, *Kaphaja*, *Sannipataja*, *Bhayaja*, and *Shokaja* instead of mentioning the *Bhayaja* kind of *Atisara* (diarrhoea), *Acharya Sushruta* stated the *Amaja* form. In addition to adding one more kind each as *Raktaja* and *Bhayaja*, *Madhava Nidana* and *Sarangadhara* adopted *Acharya Sushruta's* interpretation, making a total of seven

Address for correspondence:

Dr. Yasmeen Parveen

Post Graduate Scholar, Dept. of Roga Nidana Evum Vikriti Vigyana, Shri NPA Govt. Ayurved College, Raipur, Chhattisgarh, India.

E-mail: yasmin.parveen07@gmail.com

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varieties. Only one type - *Jwara Atisara* is mentioned in *Hareeta Samhita*. In his *Sidhisthana*, *Acharya Charka* listed 36 different forms of *Atisara* (Diarrhoea).

OBJECTIVE OF THE STUDY

1. To study etiopathogenesis of *Atisara* according to various *Ayurvedic Samhitas*.
2. To study the etiopathogenesis of Diarrhoea according to modern science.
3. To prepare special research history sheet based on the classical sign, symptoms of *Atisara* and do research analysis and present conclusion.

MATERIALS AND METHODS

Source of data - Literary study and conceptual study related to *Atisara* were reviewed by referencing supportive literature in *Brihtrayees & Laghutrayees* other classical *Samhitas*.

Survey Study - It is a questionnaire-based survey study on 100 patients of *Atisara* with age group 18-70 yrs.

Study Type - Observational study and Literary analysis

Methodology

For this study, 100 patients of *Atisara* with age group 18-70 years were selected from the app and IPD of Shri Khudadad Dungaji Govt. Ayurvedic Hospital, Raipur (C.G.) irrespective of religion (*Dharma*), language (*Bhasha*), sex (*Linga*), socioeconomic status.

Procedure of data collection

Interview - A standard interview was conducted which included information of Socio demographic variable age, sex, occupation, religion, marital status behavioural factors like, diet, life style, addiction, etc.

Inclusion criteria

- 1) Patients with classical sign and symptoms of *Atisara*.
- 2) Age should be between 18-70 yrs of either sex.
- 3) Patients who were willing to participate in study

Exclusion criteria

- 1) Age group below 30 and above to 70 yrs.

- 2) Patients who were not willing to participate in this study.
- 3) Patients of *Atisara* with any types congenital abnormality.
- 4) Pregnant women
- 5) Any Cardiac diseases.
- 6) Any type of carcinoma or tumors.
- 7) TB, HIV positive patient
- 8) Hepatic failure
- 9) Liver cirrhosis

Assessment criteria

Diarrhoea

SN	Frequency of passing of stool / Day	Grade
1.	3-4 Times/day	0
2.	5-7 Times/day	I
3.	7-9 Times/day	II
4.	12 & above Times/day	III

SN	Consistency of stool	Grade
1.	Watery Stool	I
2.	Watery Stool with mucous	II
3.	Watery Stool with blood	III

SN	Colour of stool	Grade
1.	Pale Yellow	0
2.	Dark yellow	I
3.	Greenish	II
4.	Occult with Blood	III

SN	Abdominal pain	Grade
1.	Mild (Tolerable by the patient)	0

2.	Moderate (twisting pain in abdomen but not rolling type).	I
3.	Severe (intolerable and rolling type)	II

SN	Indigestion	Grade
1.	Food digests with 3 hours	0
2.	Food digests with 4-5 hours	I
3.	Indigestion occurs daily After each meal does not have hunger	II
4.	Never get hungry always heaviness in abdomen	III

SN	Weakness	Grade
1.	No Weakness	0
2.	mild weakness on exertion	I
3.	Weakness without exertion.	II
4.	Weakness feeling on heavy exertion exercise	III

OBSERVATIONS

On the basis of Personal history

1. The max 50% patients were belonging to the age group of 44-57 yrs
2. Max no. of patients i.e. 51% were female.
3. Max 87% patients belong to hindu religion.
4. Max 77% of patients reside in urban area.
5. Max 36% of patients belong to student class.
6. Max. 36%. patients were married.
7. Max 84%. patients belong to middle class.
8. Max 71% patients were non-vegetarian
9. Max 55% patient with irregular bowel habit
10. Max 87% patient were addicted to tea.

On the basis of *Nidana Sevana*

1. 45% patient were found to consuming *Urad Tilpishthi*.
2. 45% patient were found to be consuming 5-7 glasses of water.
3. 68% patient were found to be non-alcoholic.
4. 47% Patient digest their food properly.
5. 38%. Patients were found to be *Vegadharna* (Suppression of urges).
6. 39% patients were found to be awake at night (*Ratrijagrana*).

On the basis of *Poorvroopa* (prodromal symptoms)

1. 45% patients of Abdominal pain (*Kukshi Toda*).
2. 65% patients of Weakness (*Gatraavsad*)
3. 53% patient of *Apaanvayu Avorodha* were found.
4. 33% Patients of constipation (*Mal Pravriti Ka Abhav*)
5. 71% patients of *Aadhmaan* (flatulence)

On the basis of survey study

1. On the basis of frequency of stool, 72% patient were found to be in the 3-4 times/day group.
2. On the basis of colour of stool, 83%. patient were found to be in the pale yellow group
3. On the basis of Indigestion, 50% patient were found to be in the group of food digests with 4-5 hours.
4. On the basis of abdominal pain, 61% patients were found to be in the group of no abdominal pain.
5. On the basis of weakness, 61%. patients were found to be in the group of no weakness.

CONCLUSION

Based on the results obtained in this survey study and their analysis, it is concluded that there is *Mandagni* in *Atisara*, as described by various *Acharyas* in the ancient Ayurvedic Samhitas, is observed in the present era, then the symptoms arise in the patients in the same

way as described in the *Samhitas*. All the patients selected for the survey study were found to exhibit the *Nidana* (causes) of *Atisara* mentioned in the *Samhitas*, proving that these descriptions are practical even in modern times. Therefore, the survey study provides useful insights into the knowledge of *Mandagni* and *Lakshana* of *Atisara*.

Acharya Sushrut has mentioned that *Nidana Parivarjana* (i.e., eliminating the causes that give rise to the disease) is the main treatment for the disease. In fact, *Nidana Parivarjana* is the first step in treatment (*Chikitsa*). To stay healthy in the modern era, it is necessary to follow a proper diet (*Aahara*), lifestyle (*Vihara*), sleep (*Nidra*), daily routine (*Dincharya*), and seasonal routine (*Ritucharya*).

Additionally, the study concludes that the *Pathya Apathya Aahara & Vihara* of *Atisara Vyadhi* mentioned in the Ayurvedic *Samhitas* are beneficial even in the present era for the prevention of *Atisara Vyadhi*.

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