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Nonconventional approach in diagnosing digestive disorders

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ABSTRACT

As we all know, the gastrointestinal tract extends from buccal cavity to anus. Beside main parts of G.I.T. its associated glands and other body organs has equal importance in causing, diagnosing and treating ailments. So, their functions, abnormalities and examinations should always be considered while thinking of gastroenterology. In Ayurveda we deal G.I. disorders under *Annavaha srotas vikaras*, while remaining associated organs aren't considered often. So, this is the demand of the present time to consider both simultaneously to achieve better results. Because this is well established fact, that supporting organs such as liver, gall bladder, pancreas etc. has very important role in performing proper digestive process as well as causing and curing associated diseases. In this paper we'll discuss different pathologies other than GIT which may present as gastrointestinal symptoms.

Keywords: Gastrointestinal tract, *Annavaha srotas*, Liver, Pancreas, Bile.

INTRODUCTION

The nonconventional approach in diagnosing digestive disorders includes pathologies other than the gastrointestinal tract. Starting from very common, indigestion i.e. *Ajeerna*, this is very important to think of brain function. As *Mansik karana*^[1] such as anxiety, tension, stress, insomnia, sad, anger etc. has proven role in causing digestive disorders, by the point of view of *Ayurveda* as well as modern science both. By these factors excess adrenaline secreted, causing over production of gastric acid, improper peristaltic movement, over relaxation of large intestine and rectum leading to habitual constipation. In *Ayurveda* we very well know that above *nidanans* causes *vata & pitta prakopa*, that causes different types of *ajeernas* and other diseases. The concept of *mano daihika vikar* or psychosomatic disorders is well acceptable. So during planning management and confirming diagnosis of such patients, this is very important to consider above fact and we should not only prescribe medicine acting on G.I.T but also to cure mental factors.

Anatomically upper G.I.T. starts from esophagus extending up to duodenum. Here common complaints of *amlo-dgar*, *tikto-dgar*, *hrit- kanth dah*, *amlapitta*, *vidagdhajeerna*, *udar shool* etc. are found. In the beginning course of these diseases, only functional abnormality is there. So, only symptomatic or short term therapy may be sufficient, but when they become chronic, definitely there is some sort of organic defect. So, therapy should always be continued for appropriate duration after relieving symptoms, so that organic defect may be cured. Pancreas, an important endocrine gland secretes so many enzymes, which has sure role in digestive process^[2]. Beside that we must think of insulin hormone which do not have any direct role in digestive problem, but causes very important diabetes. Gastropathy^[3] is an important complication of diabetes mellitus which has similar features of any other type of *ajeerna*. So until or unless we control diabetes we can only provide temporary relief to diabetics, we cannot cure them.

When we consider the middle G.I.T. i.e. small intestine, this is very common site for infection. Here basic action of bile is performed. Well known function of bile for digesting fat is mark able thing. *Parinama shool*, *pattik shool*, *atisar*, *grahani* etc. a lot of diseases are related with these parts and bile. As we know bile is produced in liver, and is only collected in gall bladder. So, liver has more important role in causing physiology or pathology of bile in relation to G.B. that means when there is pathology of intestine, related to bile, we should definitely think of liver's status. In *Ayurveda* during description of enteric pathology and treatment most of the time liver is spared. Because here, liver is related with other *srotas*, rather than *annavah*. But we know very well that if liver is not functioning properly, bile will not be produced

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sufficiently leading to poor digestion of fat and other substances. Or over production may cause many enteropathies and certain other disorder e.g. jaundice etc.

Aruchi is very common and important symptom cum disease of srotas. And it is described that this is due to *agnimadhya*. It's not very clear that from where actually this *jatharagni* comes? But now we know that directly or as a consequence of certain infections, metabolic disorders, liver has important role in causing loss of appetite. Practically we see that when hepato-protective or active drugs are given then appetite improves. So in addition to *deepan* drugs *yakritottejak* drugs must be given to the patient of *aruchi* along with other specific medicines.

Some other metabolic, hormonal, immunological disorders also manifests some features related to G.I.T. such as Hyper or Hypothyroidism causes increase or decrease of appetite and digestive process respectively^[4]. Chronic renal impairment diseases causes hyperacidity, anaemia, hypocalcaemia, hypoprotienemia etc^[5]. Prolonged, sub-acute and chronic cardiovascular diseases also cause hyperacidity^[6]. Rheumatism always creates anorexia, indigestion, constipation with other sign & symptoms^[7]. So, during dealing with these symptoms, if they are not relieved by general measures, then above consideration should be made.

Coming to lower G.I.T. **constipation** and **loose motion** are common symptoms of Hypo and Hyperthyroidism respectively. *Hikka* i.e. **hiccough** is supposed to be most of the time due to G.I. disturbances, but it may also be caused by uremia, cerebral infarct etc^[8]. Some psycho-physical disorders like irritable bowel syndrome are the conditions which have actual etiology related to brain, although manifested in G.I.T^[9]. That means if we going and going on treating G.I.T. we could not get proper response, until and unless we treat psyche by giving anxiolytics, antistress, nervine tonic etc.

Abdominal pain i.e. *Udar shool*, very important problem often caused by G.I. disturbances. And we think of that because patient first complaints like that he/she is having pain in abdomen. But we know that pain originated from kidneys, gall bladder, liver, ureters, fallopian tubes, urinary bladder, pancreas may also be presented or referred in abdomen. So, their consideration is must.

Nausea and vomiting i.e. *Utklesh* and *Vaman* are mostly treated as digestive disorders. But they may also caused by a big list of pathologies. Hyper or Hypotension many times causes these symptoms^[10]. I have heard about some patients, who expired with manifesting only vomiting. Doctors were giving them only antiemetics, antacids etc. but patient expired due to hypertension leading to brain haemorrhage, coma and death. Hepatic and renal insufficiency also causes nausea & vomiting. During acute gastroenteritis, vomiting is often due to dehydration and electrolyte imbalance i.e. until we don't check the dehydration and electrolyte imbalance, we cannot stop vomiting by giving antiemetics. In the same way we can think of *Trishna*, which is also due to diabetes.

These are few important illnesses and symptoms we can observe and think of more than G.I.T. pathology, when symptoms are associated with this system. So that we can diagnose the cause more literately and provide them better and suitable treatment. Our *Ayurveda* is having holistic approach, so we should think holistically i.e. of whole body simultaneously, rather than considering one symptom at one time, that can misdiagnose the case and create complications.

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