IJAPC

VOLUME 9 ISSUE 2 2018

www.ijapc.com E ISSN 2350-0204

GREENTREE GROUP PUBLISHERS



REVIEW ARTICLE

www.ijapc.com e-ISSN 2350-0204

An Appraisal on Physiological and Pathological Aspects of Avasthapaka

Vinay Kumar H S^{1*}, Gopikrishna S² and Ajantha³

¹⁻³Department of Roga Nidana Evam Vikruti Vigyana, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India

ABSTRACT

Ahara containing Shad Rasa undergo Pachana (digestion) at different levels in order to nourish the Dhatu. In Ayurveda, the process of digestion take place in two stages, namely, Avastapaka and Nisthapaka. Avasthapaka is the stage in the state or form of Ahara in the Amashaya and Pakvashaya in the course of digestion. This includes three stages i.e. Madhura Avasthapaka, Amla Avasthapaka and Katu Avasthapaka. Nisthapaka or Vipaka is conversion of Ahara Rasa into state of assimilation. Jataragni initiates and maintains Pachana of Ahara into Ahara Rasa. The Ahararasa then gets absorbed to respective dhatu by the action of Dhatwagni and Bhutagni. Variations in this process lead to various diseases. Hence, the stages and process of Ahara Pachana karma plays a vital role in maintaining the state of health.

KEYWORDS

Avastapaka, Agni, Digestion





INTRODUCTION

In Ayurveda, Ahara is considered as one the *Trayopastambha*¹. Ahara among maintains and supports Deha Dhatus, Ojas, *Bala* and *Varna* with the help of $Agni^2$. The ingested Ahara has to get digested to undergo absorption. Every food particles should undergo different stages of digestion in order to convert macro nutrients into micro particles to aid easy absorption. Factors like Agni, Ahara Parinamakara Bhavas, Ahara Vidhi Visheshayatana and Ahara Sevana Vidhi contributes to this process. Hence. all these factors collectively maintain the process of digestion leading to Utpatti of Prakruta Dosha thereby achieving Dhatu Poshana. In contemporary science, digestion and absorption of carbohydrates, proteins, fats, electrolytes, vitamins, minerals etc occur at different levels in GIT along with the formation of metabolic end products. This complete process involves secretions from endocrine glands, enzymes, acids etc. Variation in these alters the normal physiological process and paves way for manifestation of pathological conditions. Avastapaka is synonymously referred as Prapaka, whereas, Nistapaka as Vipaka or Visistapaka.

AIMS AND OBJECTIVES

To understand physiological and pathological implication of *Avasthapaka* in the light of contemporary knowledge of digestion.

MATERIALS AND METHODS

Concept of *Avasthapaka* explained in *Charaka Samhitas, Sushruta Samhitas, Astanga Hrudaya* and *Madhava Nidana,* with commentary is reviewed in consideration to physiological and pathological aspects in the light of contemporary science.

DISCUSSION

The act of digestion is bestowed by Agni instigating function of Pachana. Factors like Ahara Parinamakara Bhavas³ namely Ushma activates enzymatic action essential for digestion. Vayu drags food to abode of Agni by movement of food in GIT and further divides the food particle. Kledata helps in disintegrating coarse food material into finer particles. Sneha softens food, Kala contributes by retaining food for the purpose of admixture with the enzyme and allied appropriate movements of GIT, Samyoga contributes to proper combination of food articles. Outcome of digestion depends on Ahara Vidhi Visheshavatana⁴ such as Prakruti (nature of the food e.g.,



Guru/ Laghu), *Karana* (processing method), *Samyoga* (combination of the food), *Rashi* (quantity of food), *Desha* (habitat), *Kala* (time, season and age), *Upayoga* (dietric rules), *Upayokta* (consumer) and *Ahara Sevana Vidhi*⁵.

The concept of *Avasthaapaka* is explained in *Charaka Samhita*, *Grahani Chikitsa Adhyaya*. Initial stages of digestion are referred to as *Avasthapaka* or *Prapaka*⁶.

Physiology of Madhura Avathapaka commences from oral cavity under the influence of Bodhaka Kapha. During this, the ingested Ahara is subjected to different initial phases of digestion. The first stage of digestion takes place in Mukha and Urdwa-Amashaya. The Ahara possessing Shad Rasa is subjected to digestion. Madhura Rasa is considered as Adhya Rasa undergoing digestion. Madhura Rasa is of Prithvi predominant and Jalamahabhuta⁷ thereby results in Udirana (excited/ elevated/ increased) of Phenabhuta Kapha, a physiological entity (Prakruta). This process is collectively known as *Madhuraavasthapaka*⁸.

In contemporary science, digestion begins from oral cavity by salivary enzymes secreted from parotid gland, eventually digesting carbohydrates. Starch breaks down into disaccharides and other small polymers of glucose. Probably 5% of starch gets hydrolyzed by the time the food is swallowed. Further, starch digestion continues in the fundus (*Urdwa-Amashaya*) and body of stomach as long as one hour before the food is mixed with the stomach secretions. Then activity of salivary amylase is blocked by the acidity of gastric secretion (pH-4), prior to which 30-40% of starch will be hydrolyzed and forms Maltose⁹.

of Pathophysiological contribution Madhura Avasthapaka is traced as follows. When a person excessively indulges in Kaphakara Ahara, Madhuravastapaka predominantes, compared to other two stages of Avasthapaka leading to formation of excessive Kapha. In Sthoulya indulgence in Ati Sampurna, Ati Madhura, Sheeta, Snigdha, Avyaayama, Divasvapna, *Shleshmakara Ahara, Achinta* etc¹⁰ leads to production of excess Kapha Dosha¹¹. As a consequence excessive nourishment of Dhatus like Rasa, Mamsa, Medas occurs inducing Vruddhi of these Dhatus. The Ativruddha Medo Dhatu causes Marga Avarana and results in Sthoulya.

Fasting followed by excessive eating, Vishamasana (irregular food habits), Asatmya Bhojana (unwholesome food), Guru (heavy), Seeta (cold), Snehadi Vibramat (improper oleation therapy). All these results in production of excess of Kapha during the Madhura Avasthapaka



resulting in *Agni Dushti* thereby manifest *Ajeerna Lakshana*¹².

Amla Avasthapaka: After completion of *Madhura Avasthapaka*, food undergoes second stage of digestion, *Amla Avasthapaka*. Food enters *Adho Amashaya*, undergoes *Amlapaka* with action of *Pachaka Pitta* and leads to formation of *Vidagdha Ahara*. This *Vidagdha Ahara* can be interpreted as *Pakva-Apakva Ahara*. The partly digested food evokes generation of *Accha-Pitta*¹³.

In contemporary science, the food after undergoing digestion in oral cavity and fundus of the stomach, attains semisolid form (chyme) in stomach and duodenum, here protein and fat digestion take place. When food enters body of the stomach the activation of Peptic enzymes (pepsin pH 2 and gastricsin pH 3) take place, these enzymes acts on protein in acidic environment, hence gastric glands secretes large amount of HCl (pH 0.8). By this time, food gets mixed with stomach contents, the pH ranges around 2-3 and is highly favorable range of acidity for pepsin and gastricsin activity, capable of digesting essentially all different types of proteins in the diet. One important features of pepsin digestion is its ability to digest collagen. Pepsin initiates the protein digestion, usually by providing only 10-20% of total protein digestion to convert the protein into

proteases, peptones and few polypeptides. Most protein digestion occur in upper small intestine i.e. duodenum, jejunum under the influence of pancreatic secretions (Trypsin, Chymotrypsin, Carboxypolypeptides) and form amino acids¹⁴. A small amount of triglycerides is digested in the stomach by lingual lipase. First step in the fat digestion is to break fat globules into smaller size so that the water soluble digestive enzymes can act on globule surface, this process is called emulsification of fats¹⁵. It is achieved under the influence of bile. Any variation in process of Amla Avasthapaka leads to manifestation of metabolic diseases. Such as Amlapitta, Vidagdhaajeerna, Chardhi etc

Patients with Amlapitta indulge in Viruddha Bhojana, Vikruta Bhojana, Atyadhika Amla and Vidhahi Anna resulting in digestion predominating with Amla Avasthapaka. Thus, Pitta Dosha predominates more, due to Amla Vipaka, leading to the formation of Vidghata Pitta, resulting in Amla Bhavata and Amlodgara, and finally causes the disease $Amlapitta^{16}$.

Katu Avathapaka: After *Amlaavashta Paka* food enters final stage of digestion in *Pakvashaya* with meager action of *Agni*, undergoes *Shoshana* and attains *Paripindita Rupa*, with predominant of Katu *Bhava*, thus generating *Vata Dosha*¹⁷.



In contemporary science after the digestion of protein and fat, digested food enters large intestine where the mucosa of large intestine is capable of absorbing sodium actively along with water and electrolytes. Abundant salts. insoluble calcium phosphates, high bicarbonate and water constitute the feces. Due to the movement of chloride and other negatively charged ions out of colon into intestinal fluid, little amount of water is also lost with the feces. Bacilli which are present in the absorbent colon helps in the digestion of small amount of cellulose. Other substances formed as result of bacterial activity are vitamins K, vitamin B12, thiamin, riboflavin and various gases that contributes to flatus¹⁸. Any variation in this stage leads to conditions where involvement of Vata Dosha is predominant, such as Udavarta, Vibanda, Grahani etc.

Examples-If the indulges person Ruksha excessively in Visamaasana, Atilanghana, Ratri Ahara, Alasya, Jagarana, Ati Vyavaya, Vegadharana, Chinta etc it leads to disturbance of Katu Avsthapaka leading to Dushana of Vata (apana) resulting in Vibanda¹⁹.

Excessive use of *Kashaya*, *Katu*, *Tikta*, *Ruksha Bhojana*, *Vegadharana*, *Langana* etc kindles digestion predominating with *Katu Avasthapka*, resulting in disease *Udvarta*²⁰ due to *Dushana* of *Apana Vata*.

Nidanas like. Ajeerna, Vishamasana, Asatmya Guru, Sheeta, Ati Ruksha, Abhojana Atibhojana, Samdushta Bhojana disturbance leads to the of Katu Avasthapaka resulting in Dushana of Vata (Samana) leading to Grahani $Roga^{21}$.

Indulgence in food article of *Atidrava* (excessive watery), *Snigdha* (unctuous), *Lavana* (salty), *Atimatra* (excess quantity), *Akala Bhojana* (untimely food habits) etc results in the predominance of *Madhura Avastahapaka* during the process of digestion. Thereby *Kapha Dosha* will generated excessively in this phase then physiological limit, with association other *Doshas* the excess *Kapha Dosha* is throughout forcefully causing disease *Chardi*²².

Overview on Avasthapaka in the light of commentaries of Samhitas²³: Rasa performs important function in Avasthapaka. In the initial stage of digestion, Kapha Dosha is generated due to Madhura Bhava. Because of Kapha Vruddhikara Guna, Madhura Avasthapaka predominates in stage. If the Guna in food are Katu, Laghu, Tikshna etc Copious Pitta is formed. If the food is predominated with qualities like Sheeta, Madhura, Guru etc only small amount of pitta is generated. Hence Guna of Ahara contributes in Udirana of Doshas in different stage of



digestion. This holds good for all the stages of *Avasthapaka*.

Ahara containing Shad Rasa, undergo digestion irrespective of the qualities such as Madhura, Amla, Lavana, Katu etc, Kapha dosha Udirana take place during the Madhura Avasthapaka, Pitta Dosha and Vata Dosha Udirana take place during Amla and Katu Avasthapaka respectively.

It is not necessary that food should come in contact with *Agni* to undergo *Avasthapaka*, default location of *Kapha* and other *Dosha* are fixed. *Bhava* like *Madhura Bhava*, *Amla Bhava etc* permanently exist in default location, these *Bhava* are responsible for food to turn into stages and generate *Kapha* and other *Doshas*.

Madhura Rasa in Koshta located above Hrudaya, replenishes kapha dosha and contributes to Shareera Bala. Amla Rasa expressly located between Nabhi and Hrudaya and by default Pitta gets replenished there. Katu Rasa particularly located below Nabhi Pradesha and by default Vata gets replenished there.

Avasthapaka is established. Further in Madhura, Amla and Katu Avasthapaka Madhura, amla, Katu Rasas predominates and results in Udirana of Kapha, Pitta, Vata Doshas, respectively. These maintain physiological homeostasis. If this Physiological Homeostasis is disturbed then it leads to Vaishamya of Doshas, which play a definite role in the Samprapti (pathogenesis), leading to manifestation of Vyadhi. Hence all care should be taken to follow dietetic rules explained in Ayurveda Samhitas to maintain Physiological homeostasis and thereby avoid occurrence of disease.

CONCLUSION

Aharapaka Karma occurs in different stages of Avasthapaka. In each stage specific Bhava predominates leading to formation of Doshas. From this article clear contemporary understanding of



REFERENCES

1. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Sutrasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10th Edition, Page no.140 verse 52.

2. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.512 verse 3.

3. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta shareerasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.332 verse 14.

4. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta vimanasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.236 verse 22.

5.Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta shareerasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.237 verse 24. 6. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.512 verse 11.

7. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Sutrasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10th Edition, Page no.169 verse 20.

8. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Sutrasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10th Edition, Page no.184 verse 1.

 Guyton & Hall, textbook of medical physiology, 11th edition, New delhi India, Saunders Elsevier India private limited, 2008, Page no 808.

10. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta sutrasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.116 verse 4

Madhava nidanam of Sri Madhavakara
 with Madhukosa Sanskrit commentary by
 Srivijayarakshita and Srikanthadatta,



Prof.Yadunandana Upadhyaya, Chaukhambha Prakashan, 2008 Reprint edition, Vol 2, Page 5.

12. Madhava nidanam of Sri Madhavakara
with Madhukosa Sanskrit commentary by
Srivijayarakshita and Srikanthadatta,
Prof.Yadunandana Upadhyaya,
Chaukhambha Prakashan, 2008 Reprint
edition, Vol 228, Page.

13. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.512 verse 10.

14. Guyton & Hall, textbook of medical physiology, 11th edition, New delhi India, Saunders Elsevier India private limited, 2008, Page no 810.

 Guyton & Hall, textbook of medical physiology, 11th edition, New delhi India, Saunders Elsevier India private limited, 2008, page no 811.

16. Madhava nidanam of Sri Madhavakara
with Madhukosa Sanskrit commentary by
Srivijayarakshita and Srikanthadatta,
Prof.Yadunandana Upadhyaya,
Chaukhambha Prakashan, 2008 Reprint
edition, Vol 2, Page 202.

17. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.512 verse 11.

 Guyton & Hall, textbook of medical physiology, 11th edition, New delhi India, Saunders Elsevier India private limited, 2008, Page no 817.

19. Astanga Hrudaya of Vagbhata with commentaries Sarvangasundari of Arunadatta and Ayurvedarasayana of Hemadri Sutrasthana, Bhisagacharya Harishastri Paradkar Vaidya, Chaukhamba Orientalia 2014 Reprint 10th Edition, Page no.184 verse 29-31.

20. Susruta Samhita with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika *of Sri Gayadasacharya on Uttara sthana*, Yadavji Trikamji Acharya (ed). Chaukhamba Sanskrit Sansthan, Varanasi:; 2017 Reprint,2010.Page no.776. verse 6.

21. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.517 verse 42-44.

22. Madhava nidanam of Sri Madhavakara with Madhukosa Sanskrit commentary by Srivijayarakshita and Srikanthadatta, Prof.Yadunandana Upadhyaya, Chaukhambha Prakashan, 2008 Reprint edition, Vol 1, Page 346.



23. Charaka Samhita of Agnivesa revised by Charaka and Dridhbala with Ayurveda dipika commentary of Chakrapanidatta chikistasthana, Vaidya Jadavji Trikamji Acharya, Chaukhambha Orientalia 2015 Reprint Edition, Page no.513 verse 9-11.