



### Literature review of concept and importance of *Gudasharir*.

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#### ABSTRACT:

The Ayurveda is science of living of life. The Vedas are the basic source of information about life styles and thinking patterns. *Vedas* are also very rich in the information of medical science. After Veda there are *samhita* of various subject which are reflect knowledge of respected subject that is Sushrut Samhita is particularly for surgery, *Charaka* and *Vagbhata* are full of knowledge with medicinal treatment. In this this we are going to study about concept of *Guda*, Importance of *Guda* by *ayurveda* and Modern view. Due to modern lifestyle, stress there are many more psychosomatic diseases occurs. In lifestyle induced disorder we think about

*Arsha*, *Bhagadara*, *Parikartika* like diseases, hence we need to understand important *Guda*.

**KEYWORD:** *Guda*, *Guda marma*, *Uttara Guda*, *Adhara Guda*, *Ano-rectum*

#### INTRODUCTION:

*Guda* is an organ which can considered as terminal part of intestine. According to Acharya *Sushruta*, the entire length of *Guda* is four and a half fingers<sup>1</sup>. The word *Guda* is used by the *Acharyas* to notify an organ which performs the main function of defecation. According to “*Amarakosha*” the word *Guda* means that the organ which evacuates the *Apana Vayu* is called *Guda*. This definition is saying to us the physiology of *Guda*<sup>2</sup>.

Every Disease occurs when disturbance occurs in normal function that is physiology and to know physiology properly, anatomical study of organ is mandatory.

#### **AIM AND OBJECTIVES:**

- 1) To study the concept of *Gudasharir*.
- 2) To study management of *Gudasharir* as modern and Ayurved

#### **MATERIAL-METHOD:**

- 1) For this study we referred *Shushruta samhita* for various references of *Gudasharir*.
- 2) Related modern text books also referred for modern references

#### **REVIEW OF LITERATURE**

##### **Vyurpatti :**

As per *Shabda Kalpa Druma* word *Guda* is derived from Sanskrit term “*Gud + Egupadeti*”<sup>3</sup> that means the organ which does the function of *Apanavayu*<sup>3</sup>

##### **Embryology as Ayurveda :**

As per Acharya *Sushruta In Sushruta sharira sthana* mentioned that *Antra, Basti* and *Guda* of the *fetous* are formed from the *Prasada Bhaga of Rakta* and

*Kapha* after being digested by *Pitta* along with the active participation of *Vayu*<sup>4</sup>.

The *Guda* is a soft organ and it can be considered that, it originates from *Matrija Bhava* of *Garbha*.<sup>5</sup>

##### **Pramana :**

In Ayurveda *Pramana* of organ is measured by *Anguli Pramana*. As per Acharya length of *Guda* is 4.5 *Angula*<sup>6,7</sup>. *Guda* is attached with *Sthulaantra*<sup>7</sup> that is large intestine. As per *acharya Vagbhata* and *Bhavprakash* also have same aspect as *Charaka* and *Sushruta* about the length of *Guda*.

##### **GudaValies:**

As per Acharya *Sushruta* described the position of three circular ridges like structures called *Gudavalies* in the wall of *Guda*. These three *Valies* are arranged in a spiral manner like the ridges of conch shell and placed at an interval of one and half *Angula*<sup>8</sup>. *Gudavalies* from proximal to distal part are as<sup>9</sup>

1. *Pravahini*
2. *Visarjini*
3. *Samvarani*

##### **Function of three Valies**

Function of valves as follows<sup>10</sup>,

1. *Pravahini*- It pushes *malas* towards downwards side

2. *Visarjini*- It helps in relaxation of that part of *Guda* and thus assists in further propagation of *Malas*

3. *Samvarai*: -Discharges the function of contraction of anal orifice

### **SIRAS :**

As per Acharya *Sushruta*, in *Koshta* area there are 33 Vayu carrying *Siras* present out of these *Siras*, eight *Siras* are situated in the *Shroni* region, connected with *linga* and *Guda*.

### **DHAMANI :-**

There are 24 *Dhamani* in the body, out of 20 *Dhamani* 10 *Dhamani* goes downwards and perform the functions of defecation, ejaculation of semen, micturition, menstruation.

### **Importance of *Gudasharir* :**

#### **1. *Marma* :**

*Guda* is a *Mamsa marma*. As per Acharya *Vagbhata* *Guda* comes under *Dhamani Marma*. Similarly Acharya *Sushruta* said that *Guda* as *Udara*

*marma*, while *Vagbhata* has included it in *Koshta Marma*.

#### **2. *Pranayatana* :**

*Pranayatan* are so helpful concept because their proper functioning is very important for proper functioning of the body. *Guda* is one of such “*Pranayatana*”

#### **3. *Srotasa* :**

As per *ayurvedic leaterature* *Guda* is a *Bahirmukha Srotasa*. *Sushrut Acharya* has put *Sthula guda* as the root of the *Purishavaha srotasa* and *Acharya Charaka* has mention *guda* as the same. It is an important ‘*Chhidra*’ that is Hole of the body and thus a valuable part too.

#### **4. *Karmendriya***

While enlisting the *Indriyas* *Guda* is categorized under *Karmendriya* group and the function designated to it is defecation and releasing of flatus.

### ***Gudasharir* as Modern Point of view:**

For modern point of view we can discuss about following points

- 1) Rectum
- 2) Anal canal
- 3) Pectinate line
- 4) Internal and external sphincter
- 5) Anal mucosa
- 6) *Heamorrhoidal* vessels

#### **1. Rectum**

It starts in front of third sacral vertebra as a continuation of sigmoid colon, it moves downward, then downward and forward closely applied to concavity of the sacrum and coccyx for 13-15 cm. It ends 2-3 cm in front of and below the top latter bone by piercing the pelvic diaphragm and becoming continuous with the anal canal. The lower part of rectum that lies immediately above the pelvic diaphragm is dilated to form the rectal ampulla.

- **The Rectal Wall** –The rectal wall consists of mucosa, submucosa and two complete muscular layer, inner circular and outer longitudinal. The rectum differs from the sigmoid colon in having no *sacculation*, appendices epiploice or mesenteries and taenia coli.

- **Relations of the Rectum**

1) **Behind** - Fascia of Waldeyer, Sacrum, Coccyx, levator ani muscle, middle sacral vessels & roots of sacral plexus on either side.

2) **Anterior** –

**Bladder wall- In male**

- Extraperitoneal rectum - Prostate, Seminal vesical, Vasa differentia, Ureters, Bladder wall

- Intra peritoneal Rectum - Loops of small gut, sigmoid colon upper part of seminal vesicles & bladder.

**In Female**

- Extra peritoneal Rectum - Posterior Vaginal wall

- Intra peritoneal rectum - Pouch of Douglas Upper part of Vagina. Uterus.

- Laterally Intra peritoneally - loops of small gut, uterine appendages, Sigmoid colon

**2. Anal canal**

The anal canal is the terminal portion of the intestinal tract; it begins at the ano-rectal junction, is 3-6 cm. in length, and terminates at the anal verge. This short passage though only 3 cm. long, it's of greatest surgical importance both because of its role in the mechanism of rectal incontinence and because it is prone to much diseases. In normal living subject the anal canal is completely collapsed owing to tonic contraction of anal sphincters and the anal orifice is represented by an antero-posterior slit in anal skin.

Relations of Anal canal are as follows:

1) Posteriorly: coccyx

2) Laterally: Ischiorectal fossa which contains fat

3) Inferior haemorrhoidal vessels and nerves.

4) Anteriorly :

- In male: Central point of the perineum, bulk of urethra.

- In female: Perineal body/ lowest border of posterior vaginal wall

### **1. Anal Mucosa and Pectinate line**

*Mucocutaneous* Lining of Anal Canal

This can be divided into 3 parts

#### **1. Upper Part:**

It extends from anorectal ring to the pectinate line approximately 15 mm long.

It is lined by columnar epithelium of endodermal origin. The mucous membranes show anal valves, anal sinuses, anal papillae and pectinate line. Anal glands are 4-8 in number and each has direct opening into apex of anal crypt and occasionally two glands open into same crypt

#### **2. Middle part:**

The lining of anal canal consists of an upper mucosal and a lower cutaneous part

- **Pectinate line:** The junction of the two being marked by the line of anal

valves about 2 cm from the anal orifice and opposite the middle or the junction of middle & lower third of internal sphincter. This level is known as Pectinate line due to its serrated fringe produced by valves Above each anal valve is a little pit or pocket known as anal sinus or crypt or sinus of Morgagni. These sinuses may be of surgical significance as foreign material may lodge in them to cause resulting infection.

#### **I. Above Pectinate line:**

Above Pectinate line the mucosa is thrown into 8-14 longitudinal folds known as rectal columns or columns of Morgagni, each adjacent two columns being connected of rectal mucosa.

#### **II. Below the pectinate line**

Below pectinate line the anal canal is lined with a modified skin devoid of hair and sebaceous and sweat glands and closely adherent to the underlying tissue

#### **2. Internal and external sphincter**

##### **Anal internal sphincter:**

It is continuous with the circular muscle coat of the rectum and inferiorly it ends with a well- defined rounded edge 6.8 mm above the level of anal orifice and 12-8 mm below the level of anal valves. These are grouped into discrete elliptical

bundles which in the upper part of sphincter lie obliquely with their transverse axis running internally and downward. In lower part of the muscle the bundles lie horizontally and some of lower ones even incline slightly upward.

### **External Sphincter**

It is seen to extend further downward than the internal sphincter and lowermost portion curves medially to occupy a position below and lateral to lower rounded internal sphincter and close to skin of anal orifice. This lower most portion is traversed by fan shaped expansion of longitudinal muscle fibers of anal canal which split it up into 8-12 discrete muscle bundles.

### **Anal Ring**

Functionally important ring of muscles surrounds the junction of rectum & anal canal. This is composed of upper border of internal and external sphincters which completely encircle the junction and posterior & lateral aspect of strong *puborectlis* sling. The ring is stronger on posteriorly and laterally than it is anterior

### **3. Vessels:**

#### **Blood supply-**

lower sigmoid and terminal superior *haemorrhoidal* branches of inferior mesenteric artery.

Right and left middle *haemorrhoidal*, branches *internaliliac* artery.

Right & Left inferior *haemorrhoidal* arteries, branches of internal iliac vessels.

### **Venous Drainage**

- Superior *Haemorrhoidal* vein drains into inferior mesenteric and portal system. It lies in submucosa of upper part of anal canal and lower 2 cm of rectum
- Middle & inferior *haemorrhoidal* plexus enter systemic venous circulation via internal iliac vein.

Inferior *haemorrhoidal* vein drains external *haemorrhoidal* venous plexus

### **Nerve supply:**

1. Sympathetic supply-

Inferior mesenteric plexus – upper part of rectum.

*Presacral* or hypogastric nerve -lower rectum. This arises from 3 root, one central root from aortic plexus and 2 lateral root by junction of lumbar splanchnic nerve.

2. Parasympathetic supply-

This is derived from small twigs known as sacral autonomies which spring from

second, third, fourth sacral nerves on either side as they emerge from anterior sacral foramina

#### **Discussion:-**

Anal canal is highly muscular part. It has completed anatomy as well physiology too. For diagnosis and further treatment of any disease, particularly in surgical branch we should have sound knowledge of anatomy of that particular part. For *Guda shasharir* there are much more literature available in Ayurveda and modern science also. We discussed *Guda sharir* in this article by various point of view, it may helpful to further study related *Guda sharir*.

#### **Conclusion:-**

Now is the of life style induced disordered due factors like stress, strain , fast food and wrong sleeping habits. Anal canal always prone to lifestyle induced disorder like *Arsha* that is piles, *Bhagnadara* that is fissure. Anal canal is complex anatomical part. All acharya are discussed about disease of *Gudasharir* but before to study disease we must to know anatomy of Anal Canal. Thus this study may helpful to students to understanding anatomy of *Gudashatir*.

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