

## Applied anatomy of Guda as per ayurveda

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### Abstract :-

To evaluate the importance of applied anatomy of Guda as described in Charaka, Sushruta and Vagbhata Methods: The three major books of Ayurveda namely Charaka, Sushruta and Vagbhata were included as reference books. DISCUSSION: Guda has been enumerated as one among 15 viscera of the abdominal cavity. It is a vital point of the body, the injury to which leads to fatal outcome. It is a principal organ of excretion of atus and faeces. It contains three obliquely placed muscular structures known as sphincters which help in the process of defecation. In that way, Sushruta has given a scientific view about the act of defecation. Guda or ano-rectum has a rich blood supply by dhamani (artery) and sira (Veins). The Guda is developed from the maternal genetic component of the foetus. The Arsha in a patient may be carried in the generations. Sushruta has also given the dimensions of Guda, which has been given utmost importance in understanding anatomy and various diseases associated with it.

KEYWORDS: Guda, Anus, Rectum, Anatomy, Gudaval, Gudarcarma

In the recent times, we the specialists of surgical discipline of Ayurveda gained much limelight in the management of disorders of rectum and anus. The innovations in the field of proctology have enabled us to treat the suffering humanity with ease.

### GENERAL CONSIDERATIONS:

It is one among the fifteen koshdjongs (abdominal visceral is mentioned by Acharya Charaka. it has two parts Uttara guda (proximal part and adhara guda (distal or terminal part). Chakrapon mentator of Charako, explained, Uttaragada is the seat of faecal material collection and Adharquda is the evacuator, It suggests that the extent of uttaroguda lies up to pelvic colon and adfanguxia is rectum and anus, because as soon as faeces enters in to rectum, there is desireta defecate manma of Guda is also one among Pranayatana and sadyopranuhurai resulting in deathiveriety, Sushrutuhas described that Gude is a terminal portion of Sthalantra (Large intestine) in vicinity to bastii urinary bladder). Its physiological action is to excrete the faeces and flatus. Susfruta has categorized it as Bohyoworaso external opening channel."

### METHODS AND DISCUSSIONS:

EMBRYOLOGICAL CONCEPTOF GUDAAS PERAYURVEDA: Regarding the embryology in Ayurveda, it is said that parts of body are formed from the predominance of matemal, paternal and other genetic aspects. Gudo is Matrija in origin, means, it is developed in pregnancy with best part of maternal ge nes. Its physic al composition occurs in intrauterine life from the best part of Rakta and Kapha being digested by Pitta and penetrated by Vayu. The above description suggests the complex anatomy of anus and rectum containing specific formation of muscles.

### RELATIONSOFGUDA:

Sushruta has said that Guda is situated in Gudasthivivara (pelvic cavity) in vicinity to bastishira (bladder neck), paurusha iprostate). Sushruta directed to put a finger into anus during the operation of vesical calculus for fixation in perineum thus quite justified that Gudas anorgan which is terminal part of large intestine situated in pelvic cavity anterior to gudasthi (sacrum) and posterior to basti (urinary bladder)

**MEASUREMENTS OF GUDA:**

Guda as atmapanitala. palmof palmot handi Dalhana, the commentator of Sushruta Samhita considered one angula as maximum width of thumo. This is practically equal to two centimetres. Therefore, the total length of Gudo is about 9cm. As per the anatomy, the length of anus is 3 to 4 cm and total length of anorectal canal from recto sigmoid junction to anal verge is 16.5 cm. Keeping in view the above points, it is concluded that Guda is anal canal with a 1 distal 5 to 6 cm of rectum that means up to middle Houston valve.

**INTERNAL STRUCTURE OF GUDA:**

Sushruta and Vagbhata have described the presence of three valis (folds) inside Guda from proximal to distal, These are Pravahini, Visarjani and Samvarni. These are situated one over the other inside Guda at a distance of one and a half angula from each other. All of them are obliquely projectile in one angulis, Shanthavartanibha (spiral like conch), and chi, and resembling colour of Gajatalu (palate of elephant) as reddish black. Gudaustha is situated at a distance of one and a half yava from romanta (hairy margin) The first vali is at a distance of one angula from anal verge.

Dalhana, while dealing with the above context clarified that three yavas are equal to one angula length and specified that Gudaustha distance is about half angula (one and a half yava) from romanta. Now the entire description of valis can be interpreted in the light of modern anatomy. Some authors have enumerated these valis are sphincters. Gananath Sen Gananath assumed the distal two Houston valves as Pravahini and Visarjani, the area of external and internal anal sphincters collectively as samvani. Sharma et al in 1966 described Pravahini, Visarjani and Samvarni as lower Houston valve, column of Morgagni and dentate line respectively.

Let us see the exact meastctum and anal canal in the view of Ayurvedic concepts. As per Sushruta, Gudaustha is situated half angula from romanta and distal most vali Samvarni is at one angula distance from Gudaustha. There're, the position of Samvarni is almost taken at the level of dentate line, as one angula is almost equal to 2cm. Visarjani is situated one and a half angula (1 cm) proximal to Samvarni; therefore, it may be at the level of anorectal ring and inferior Houston valve.

Pravahini is again at a distance of one and a half angula from Visarjani and it may be considered at the level of middle Houston valve.

**MUSCLES OF GUDA**

Sushruta has described the presence of three muscles in the Guda region. He categorized it as a mamsa predominating marma. He however not specified the names and location of these muscles. The muscles of anus and rectum are longitudinal and circular muscle.

**CONCLUSION :-**

By the above discussion, it is concluded that anatomy of anus and rectum has been explained in a very scientific way in ancient Ayurvedic classics such as Charaka, Sushruta and Vagbhata. It gives us away to understand the pathology of the disease and also throws the light regarding the surgical and para-surgical interventions in the region of anal canal. Since, it is a marma (vital point); therefore, surgical or para-surgical interventions should be carried out with utmost care. If the precautions are not taken, then fatal outcome may occur. It has been seen after performing the procedures on anal canal that bleeding from a very small area may become fatal to the patients. After the anaesthesia, it becomes very difficult to identify the areas from where exactly bleeding occurs.

The views of our acharya are very genuine regarding the understanding of the genesis of pile mass in the generations. It may be a defect in the genetic components of that region. It is noticed that piles may occur in the members of same family and it shows the genetic angle to that disease.

The treatment of the diseases should be carried out after proper understanding of the applied aspect of the anatomy of the Guda. If necessary instructions are followed, the complications may be avoided during and after the procedure. There is further need to understand the concepts of Ayurveda in relation to modern anatomy of Guda, so that new treatment methodologies could be evolved.

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