Editorial

Importance of Knowledge of Mahasrotas (Gastrointestinal Tract) in the Development of Diseases

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Agni Versus Gastrointestinal System Functions

Jatharagni is the bio-fire present in the Jathara (gastrointestinal tract) and its main seat is grahani (duodenum), so called because it withholds the food for a certain period of time inside the stomach and small intestine to facilitate the digestion. Agni is responsible for the longevity, health, valour, ojas (essence of the dhatus), provides strength to remaining agni's .i.e. bhutagni and dhatvagni. The strength of the grahani depends on status of Agni and the strength of Agni is dependent on status of grahani. When the Agni undergoes vitiation, grahani also gets vitiated and produces diseases and vice versa. Jatharagni is considered to be the chief agni among all agni's because entry of food into the gastrointestinal tract stimulates agni as a result secretion, absorption, motor activity, growth and differentiation of the gut functions takes place normally. According to modern science these are all modulated by a combination of neuronal and hormonal factors. GI diseases are manifestations of alterations in nutrient assimilation or waste evacuation or in the activities supporting these main functions and all these functions depend on agni and doshas. Hence Ayurveda mentioned most of the diseases arise due to disturbed functions of agni.[1]

The GI tract serves two main functions-assimilating nutrients and eliminating waste. In the mouth, food is processed, mixed with salivary amylase, and delivered to the gut lumen. The esophagus propels the bolus into the stomach; the lower esophageal sphincter prevents oral reflux of gastric contents. The stomach furthers food preparation by triturating and mixing the bolus with pepsin and acid. The small intestine serves most of the nutrient absorptive function of the gut. The colon prepares the waste material for controlled evacuation. GI function is modified by influences outside of the gut. Unlike other organ systems, the gut is in continuity with the outside environment. Thus, protective mechanisms are vigilant against deleterious effects of foods, medications, toxins, and infectious organisms. Mucosal immune mechanisms include chronic lymphocyte and plasma cell populations in the epithelial layer and lamina propria backed up by lymph node chains to prevent noxious agents from entering the circulation.[2,3]

GI diseases are manifestations of alterations in nutrient assimilation or waste evacuation or in the activities supporting these main functions. Diseases of the stomach, intestine, biliary tree, and pancreas can disrupt digestion and absorption. Selected GI diseases result from dysregulation of gut secretion. Impaired gut transit may be secondary to mechanical obstruction. Many inflammatory GI conditions are consequences of altered gut immune function. Different GI regions are at variable risk for ischemic damage from impaired blood flow. All GI regions are susceptible to malignant degeneration to varying degrees.

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The most common GI disorders show no abnormalities on biochemical or structural testing and include irritable bowel syndrome, functional dyspepsia, functional chest pain, and functional heartburn. Although many GI diseases result from environmental factors, others exhibit hereditary components.[2,3]

Nowadays most of the theories do support the role of gastrointestinal tract in the development of many diseases.

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