

A Comprehensive Literature Review On The Assessment Of Strotodushti Lakshana In Clerical Bank Employees Due To Professional Hazards From An Ayurvedic Perspective

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Abstract

Background: The modern banking sector, characterized by a sedentary work environment, high psychological stress, and repetitive strain, presents significant occupational health challenges. Clerical bank employees are particularly susceptible to a range of musculoskeletal, gastrointestinal, metabolic, and stress-related disorders. Ayurveda, the ancient Indian system of medicine, offers a unique perspective on disease etiology through the concept of Strotas (bodily channels) and their impairment (Strotodushti). This review aims to systematically analyze the occupational hazards faced by clerical bank employees through the lens of Strotodushti Lakshana (symptoms of channel pathology).

Objective: To correlate the clinical manifestations of work-related illnesses in bank employees with specific Strotodushti Lakshana described in classical Ayurvedic texts, thereby providing a theoretical framework for Ayurvedic assessment and management.

Methods: A comprehensive literature search was conducted using electronic databases (PubMed, Scopus, AYUSHResearch Portal, DHARA) and classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya). Keywords included "occupational health," "bank employees," "sedentary lifestyle," "repetitive strain injury," "stress," combined with Ayurvedic terms like "Strotas," "Strotodushti," "Vikara," and "Nidana." Studies and texts describing clinical features of occupational diseases and Strotodushti were included.

Findings: The occupational hazards were mapped onto specific Strotas. Prolonged sitting and mental stress directly correlate with Annavaaha (food channel), Pranavaaha (respiratory/life force channel), and Manavaaha (mental channel) Strotodushti, manifesting as obesity, dyspepsia, hypertension, and anxiety. Repetitive computer work aligns with Rasavaaha (plasma channel) and Mamsavaaha (muscle channel) Strotodushti, leading to cervical spondylosis and carpal tunnel syndrome. Visual strain corresponds to Alochakapitta impairment.

Conclusion: The pathologies prevalent among clerical bank employees can be effectively understood and assessed using the principles of Strotodushti. This Ayurvedic framework facilitates a holistic, preventive, and personalized approach to managing occupational health, moving beyond symptomatic treatment to address root causes related to Agni (digestive fire), Ama (metabolic toxins), and Srotas dysfunction. Further clinical studies are warranted to validate this correlation and develop specific Ayurvedic protocols.

Keywords: Occupational Health, Bank Employees, Strotas, Strotodushti, Ayurveda, Sedentary Lifestyle, Repetitive Strain Injury, Vikara.

INTRODUCTION

The Modern Banking Work Environment

The banking sector is a cornerstone of the global economy, employing millions worldwide. Clerical bank employees form the backbone of this industry, engaged in tasks such as data entry, customer service, cash handling, and prolonged computer work (1). While technologically advanced, this work environment is replete with occupational hazards that predispose this population to a spectrum of non-communicable diseases. Key risk factors include prolonged static and sedentary postures, repetitive movements (e.g., typing, mouse use), high visual demand leading to computer vision syndrome, and significant psychological stress stemming from high workload, stringent targets, and customer interactions (2, 3). Epidemiological studies consistently report a high prevalence of musculoskeletal disorders (MSDs) like cervical spondylosis, low back pain, and carpal tunnel syndrome (4), alongside metabolic syndrome, obesity, dyslipidemia, hypertension, and mental health issues like anxiety and depression among this workforce (5, 6). Conventional occupational medicine often addresses these issues symptomatically, with

ergonomic interventions and pharmacotherapy. However, a holistic framework that addresses the interconnectedness of these pathologies is often lacking.

Ayurvedic Fundamentals: The Concept of Srotas and Strotodushti

Ayurveda, the science of life, provides a comprehensive model of human physiology and pathology centered on the concepts of *Doshas* (bio-energies), *Dhatu*s (tissues), *Malas* (waste products), and *Agni* (digestive and metabolic fire) (7). A critical component of this model is the system of *Srotas* (8). *Srotas* are defined as the microscopic or macroscopic channels that carry nutrients to the tissues and remove waste products from them. They are the conduits for the transportation of various materials throughout the body, from gross entities like food and water to subtle ones like thoughts and sensations (9). Acharya Sushruta and Charaka have described thirteen pairs of major *Srotas*, each responsible for a specific physiological function, such as *Pranavaha Srotas* (channels carrying *Prana* or life force), *Annavaha Srotas* (channels carrying food), and *Manovaha Srotas* (channels carrying mental impulses) (10).

The impairment or vitiation of these channels is known as *Strotodushti* (11). According to Ayurvedic pathophysiology, *Strotodushti* is the fundamental precursor to any disease (*Vikara*). Acharya Charaka *Strotodushti*: *Atipravritti* (hyperfunction), *Sanga* (obstruction), *Sirāgranthi* (dilatation/aneurysm), and *Vimārga gamana* (diversion or perverted flow) (12). These pathological changes manifest through specific signs and symptoms known as *Strotodushti Lakshana* (13). For instance, *Sanga* in *Annavaha Srotas* may manifest as anorexia and indigestion, while *Vimārga gamana* in *Rasavaha Srotas* may lead to skin diseases.

Rationale and Objectives of the Review

The lifestyle of a clerical bank employee characterized by physical inactivity, mental stress, irregular dietary habits, and fixed postures closely mirrors the *Nidanas* (etiological factors) described in Ayurveda for various *Strotodushtis* (14). This presents a compelling opportunity to analyze their health problems not as isolated conditions but as interconnected manifestations of underlying channel pathologies. By applying the *Strotodushti* framework, a clinician can move beyond an organ-based diagnosis to a systemic, functional understanding of the disease process.

- Systematically identify and categorize the common occupational health hazards faced by clerical bank employees.
- Correlate these clinical manifestations with the specific *Strotodushti Lakshana* described in classical Ayurvedic texts.
- Develop a comprehensive Ayurvedic pathophysiological model (*Samprapti*) for work-related illnesses in this population.
- Propose a foundation for Ayurvedic assessment, preventive strategies (*Swasthavritta*), and potential management protocols.

METHODOLOGY

Literature Search Strategy

A systematic and extensive search of literature was conducted up to [Date]. Two broad categories of sources were utilized:

1. **Classical Ayurvedic Texts:** Primary sources included the *Brihatrayee* (the great trio) - *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* - along with their authoritative commentaries. Key chapters on *Srotas*, *Vimana Sthana* (chapter on specific knowledge), and *Nidana Sthana* (chapter on diagnosis) were scrutinized.
2. **Modern Scientific Databases:** Electronic databases including PubMed, Scopus, Google Scholar, and the AYUSH Research Portal were searched for relevant articles. Keywords and MeSH terms were used in combination: ("bank employees" OR "clerical workers" OR "white-collar workers") AND ("occupational diseases" OR "musculoskeletal diseases" OR "stress, psychological" OR "metabolic syndrome") AND ("Ayurveda" OR "Srotas" OR "Strotodushti" OR "Vikara" OR "Nidana").

Inclusion and Exclusion Criteria

Inclusion Criteria:

- Studies (observational, cross-sectional, case-control) reporting health issues in bank employees or similar sedentary workers.
- Review articles and books detailing the concept of *Srotas* and *Strotodushti*.

- Articles published in English or Sanskrit.
- Texts and commentaries from recognized Ayurvedic scholars.

Exclusion Criteria:

- Articles not focusing on occupational health or the banking sector.
- Studies with poor methodological quality or unclear results.
- Non-relevant medical conditions.

Data Synthesis and Analysis

The data extracted from both sets of literature were analyzed thematically. The health complaints identified from modern literature were mapped onto the closest corresponding *Srotas*. The *Nidana* (causes) and *Lakshana* (symptoms) from both domains were compared and contrasted to establish a correlation. This synthesis was used to construct a conceptual model linking occupational hazards to *Srotodushti* and subsequent disease manifestation.

Occupational Hazards in Clerical Banking: A Conventional Medical Overview

Clerical bank employees are exposed to a multitude of physical, chemical, ergonomic, and psychosocial hazards (15).

Musculoskeletal Disorders (MSDs)

MSDs are the most frequently reported occupational health problem in this group (4). The primary ergonomic risk factors include:

- **Prolonged Sitting:** Leads to static loading of the paraspinal muscles, reduced lumbar lordosis, and disc compression, causing chronic low back pain (16).
- **Repetitive Movements:** Continuous typing and mouse use can lead to Repetitive Strain Injuries (RSI) like carpal tunnel syndrome, tendonitis, and tenosynovitis (17).
- **Awkward Postures:** Poorly designed workstations cause neck flexion, shoulder elevation, and wrist deviation, contributing to cervical spondylosis, trapezius myalgia, and shoulder impingement syndromes (18).

Gastrointestinal and Metabolic Disorders

The sedentary nature of the job significantly reduces daily energy expenditure, predisposing to weight gain and obesity (19). Coupled with irregular eating patterns, often involving fast food due to time constraints, this leads to dyspepsia, irritable bowel syndrome, and acid reflux (20). This lifestyle is a direct precursor to metabolic syndrome, encompassing hypertension, dyslipidemia, insulin resistance, and type 2 diabetes mellitus (5).

Ocular and Visual Problems

Prolonged exposure to computer screens leads to Computer Vision Syndrome (CVS), characterized by symptoms like eye strain, dryness, redness, blurred vision, headache, and photophobia (21). This is attributed to reduced blink rate, glare, and improper screen contrast.

Psychosomatic and Stress-Related Disorders

The banking sector is highly demanding, with pressure to meet targets, handle difficult customers, and ensure zero errors. This results in chronic psychological stress (22). The physiological sequelae of stress include elevated cortisol levels, sympathetic dominance, hypertension, and immune suppression (23). Mentally, this manifests as anxiety, depression, burnout, and sleep disturbances (6).

Ayurvedic Pathophysiology: The Concept of Srotodushti

The Thirteen Srotas: A Brief Overview

As described by Acharya Sushruta, the thirteen *Srotas* are:

Pranavaha (respiratory), *Annavaha* (food), *Udakavaha* (water), *Rasavaha* (plasma), *Raktavaha* (blood), *Mamsavaha* (muscle), *Medovaha* (adipose), *Asthivaha* (bone), *Majjavaha* (marrow), *Shukravaha* (reproductive), *Mutravaha* (urine), *Purishavaha* (feces), and *Svedavaha* (sweat) (10). Each *Srotas* has a root (*Mula*) and is responsible for the formation and nourishment of a specific *Dhatu*.

Etiological Factors (Nidana) for Srotodushti

The causes are broadly classified into *Heena* (deficient), *Mithya* (improper), and *Ati* (excessive) use of time, intellectual faculties, and objects of sense organs (24). Specific to this review, the following *Nidanas* are highly relevant:

- *Vegavidharanam* (suppression of natural urges): Suppressing urges like thirst, sleep, and defecation due to work pressure (25).
- *Adhyashana* (eating before previous meal is digested): Common with irregular lunch breaks.

- *Guru* (heavy), *Abhishyandi* (channel-blocking) diet: Junk food and sugary beverages.
- *Dinacharya* and *Ritucharya Viparyaya* (disregard for daily and seasonal regimens).
- *Manasika Nidanas*: *Chinta* (worry), *Shoka* (grief), *Bhaya* (fear) – all related to job stress (26).

General and Specific Features of Srotodushti (Lakshana)

Acharya Sushruta provides the general symptoms of *Srotodushti* as *Atipravritti* (excessive flow), *Sanga* (obstruction), *Sirāgranthi* (circumscribed swelling), *Vimārga Gamana* (flow in wrong direction), along with *Paragunam* (qualitative deterioration) and *Pramana* (quantitative changes) of the transported material (27). Each *Srotas* has its own specific symptoms of vitiation. For example, *Sanga* in *Medovaha Srotas* leads to excessive fat deposition, while *Vimārga Gamana* in *Rasavaha Srotas* causes skin diseases (13).

Correlation of Occupational Hazards with Specific Srotodushti

This section forms the core of the review, directly linking the occupational hazards to specific *Srotas* impairment.

Annavaaha Srotodushti: The Impact of Dietary Habits and Sedentary Work

The *Annavaaha Srotas*, originating from the stomach and duodenum, is responsible for the ingestion and initial digestion of food (28). The dietary habits of bank employees—*Viruddha Ahara* (incompatible food), *Adhyashana*, and consumption of *Guru* and *Abhishyandi* food—directly vitiate this *Srotas* (29). Prolonged sitting immediately after lunch (*Shayana* after *Snigdha Bhojana*) aggravates *Kapha* and *Meda*, leading to *Sanga* (obstruction) in *Annavaaha Srotas*. This manifests as *Aruchi* (anorexia), *Avipaka* (indigestion), *Chhardi* (vomiting), and *Gaurava* (heaviness in abdomen) (30), which are common dyspeptic symptoms reported by this population (20). This initial *Sanga* is the critical first step that impairs *Jatharagni* (digestive fire), leading to *Ama* (undigested toxic residue) formation.

Pranavaaha and Manovaha Srotodushti: The Consequence of Chronic Stress and Poor Ergonomics

- **Pranavaaha Srotas:** This channel, rooted in the heart and respiratory system, carries *Prana Vayu* (31). Chronic mental stress (*Chinta*, *Bhaya*) and poor posture (slouching, which compresses the chest) directly cause *Sanga* in *Pranavaaha Srotas*. This impairs the normal flow of *Prana*, leading to *Shwasa* (dyspnea), *Hrillasa* (nausea), and *Kasa* (cough) (32). While overt dyspnea may not be common, a feeling of chest tightness, sighing, and hyperventilation during anxiety attacks are clear indicators of its impairment (33). Stress-induced hypertension can also be linked to the *Raktavaha Srotas* and its connection with the heart.

- **Manovaha Srotas:** This is the channel for the mind. The constant psychological pressure, target anxiety, and emotional labor of customer service are potent *Manasika Nidanas* that vitiate *Manovaha Srotas* (34). This can lead to *Vimārga Gamana* (perverted flow) of mental energy, manifesting as *Bhrama* (dizziness), *Moha* (confusion), *Anidra* (insomnia), and various psychological disorders like anxiety and depression (35), which are highly prevalent in this workforce (6).

Rasavaha, Raktavaha, and Mamsavaha Srotodushti: Manifestations of Repetitive Strain and Static Postures

- **Rasavaha Srotas:** Responsible for the circulation of *Rasa Dhatu* (plasma) throughout the body (36). Physical inactivity (*Avyayama*) causes *Sanga* in *Rasavaha Srotas*, leading to improper tissue perfusion. This can manifest as *Agnisada* (loss of appetite), *Aruchi* (tastelessness), and *Angamarda* (body ache) (37). The generalized fatigue and malaise reported by many employees can be attributed to this.

- **Mamsavaha Srotas:** This channel nourishes the muscle tissue (38). Repetitive strain and static postures cause *Sanga* (micro-trauma, inflammation) and *Vimārga Gamana* (referred pain) in the *Mamsavaha Srotas*. The specific symptoms include *Granthi* (nodules or swellings like in tendonitis), *Mamsakshaya* (muscle wasting in advanced stages), and *Mamsaada* (excessive muscle growth/hypertrophy in some areas as a compensatory mechanism) (39). This perfectly explains the pathology of cervical spondylosis (involving neck muscles) and trapezius myalgia.

Purishavaha and Medovaha Srotodushti: Link to Metabolic Syndrome

- **Medovaha Srotas:** Carries adipose tissue. The combination of sedentary lifestyle, *Guru* and *Madhura* diet, and impaired *Agni* (due to *Annavaaha Srotodushti*) leads to *Sanga* in *Medovaha Srotas* (40). This is characterized by *Ayasa Swaplutwa* (breathlessness on slight exertion), *Javoparodha* (sluggishness), and *Sthoolyangata* (obesity) (41), which are hallmarks of metabolic syndrome.

- **Purishavaha Srotas:** Responsible for the formation and evacuation of feces. Suppression of the urge for defecation (*Vega Dharana*) due to work pressure and decreased colonic motility from inactivity can cause *Sanga* in this channel, leading to constipation (*Vibandha*) (25), a common complaint.

Implication of Dhatvagni Mandya and Ama Formation

The initial impairment of *Jatharagni* by faulty dietary habits creates *Ama*. This *Ama*, when circulated through the *Srotas*, causes *Dhatvagni Mandya* (diminished tissue-level metabolism) (42). For instance, *Medodhatvagni Mandya* is central to the pathogenesis of obesity. The entire sequence from occupational *Nidana* to *Jatharagni Mandya*, *Ama* formation, *Srotodushti*, *Dhatvagni Mandya*, and finally *Dhatu Dushti* (vitiation of tissues) constitutes the complete *Samprapti* (pathogenesis) of work-related diseases in bank employees.

Table 1: Mapping of Common Health Complaints in Bank Employees to Specific Srotas and Strotodushti Lakshana

Common Health Complaint (Conventional)	Probable Involved Srotas	Type of Strotodushti	Corresponding Strotodushti Lakshana (Classical Symptoms)
Indigestion, Dyspepsia, Bloating	Annavaha	Sanga, Vimarga Gamana	Aruchi (anorexia), Avipaka (indigestion), Gaurava (heaviness), Chhardi (nausea/vomiting)
Obesity, Weight Gain	Medovaha, Annavaaha	Sanga, Atipravritti	Sthoolyangata (obesity), Ayasa Swaplutwa (breathlessness on exertion), Javoparodha (sluggishness)
Cervical Spondylosis, Neck Pain	Mamsavaha, Asthivaha, Rasavaha	Sanga, Vimarga Gamana	Greeva Stambha (neck stiffness), Shoola (pain), Spandanam (twitching)
Carpal Tunnel Syndrome, Wrist Pain	Mamsavaha, Snayuvaha (a sub-channel)	Sanga, Sirāgranthi	Shoola (pain), Stambha (stiffness), Granthi (swelling/nodule)
Hypertension, Palpitations	Raktavaha, Pranavaha	Sanga, Vimarga Gamana	Raktakshaya (deficiency) or Vriddhi (increase), Hritshoola (chest pain)
Anxiety, Depression, Burnout	Manovaha	Vimarga Gamana, Sanga	Bhrama (dizziness), Dourmanasya (depression), Anidra (insomnia)
Computer Vision Syndrome	Alochaka Pitta (located in eyes)	Dushti (vitiation)	Daha (burning sensation), Toda (pricking pain), Raga (redness)
Constipation	Purishavaha	Sanga	Vibandha (constipation), Anaha (bloating)

Figure 1: Conceptual Framework Linking Occupational Hazards to Samprapti (Pathogenesis) via Strotodushti

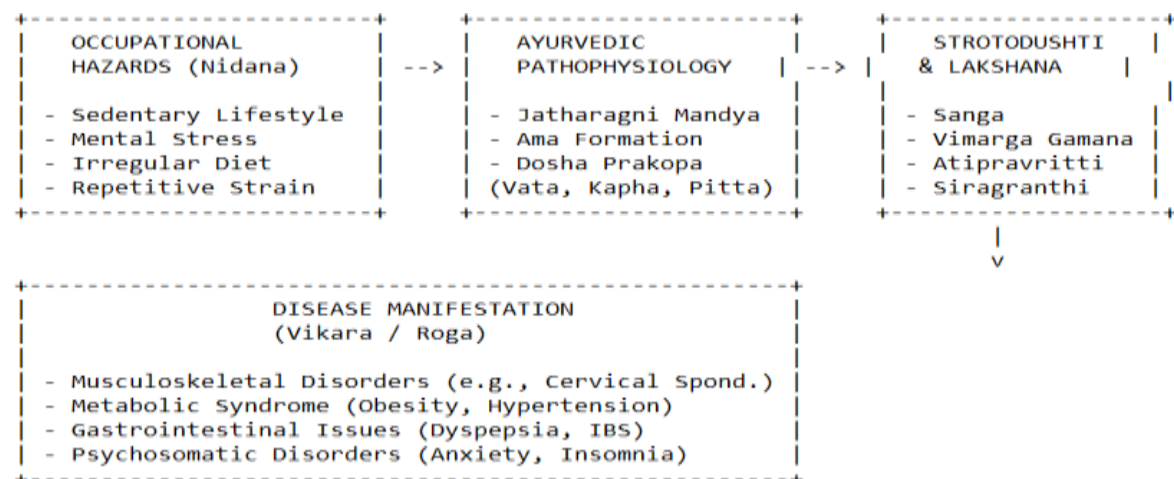


Table 2: Comparative Analysis of Risk Factors: Conventional vs. Ayurvedic (Nidana) Perspective

Conventional Medical Risk Factor	Ayurvedic Equivalent (Nidana)	Probable Dosha Involved	Probable Srotas Affected First
Prolonged Sitting, Physical Inactivity	Avyayama (lack of exercise), Chaya (stasis)	Vata (immobility), Kapha (accumulation)	Rasavaha, Medovaha, Purishavaha
Repetitive Movements, Awkward Posture	Vata Prakopa aggravating factors (Vega Dharana, Vishama Cheshta)	Vata	Mamsavaha, Asthivaha, Snayuvaha
High Psychological Stress, Job Strain	Manasika Nidana (Chinta, Shoka, Bhaya)	Raja (mental factor), Vata, Pitta	Manovaha, Pranavaha
Irregular Diet, Junk Food Consumption	Viruddha Ahara, Adhyashana, Guru Ahara	Tridosha (primarily Agnimandya)	Annavaha
Suppression of Natural Urges (due to work)	Vega Dharana	Vata	Multiple (Purishavaha, Mutravaha, etc.)
Continuous Visual Strain	Ati Drishti Prayoga (excessive use of eyes)	Alochaka Pitta	Drishti (vision) as a faculty

DISCUSSION

Synthesis of Findings: An Integrated View

This review successfully establishes a strong theoretical correlation between the occupational health profile of clerical bank employees and the Ayurvedic concept of *Strotodushti*. The modern, fragmented view of separate diseases (e.g., carpal tunnel syndrome, hypertension, anxiety) is integrated into a unified pathophysiological model where the primary insult is the occupational lifestyle (*Nidana*), which sequentially impairs *Agni*, generates *Ama*, causes *Strotodushti* in multiple channels, and finally manifests as diverse clinical conditions (*Vikara*). The key *Srotas* involved appear to be *Annavaha* (as the entry point), *Manovaha* (driven by stress), and *Mamsavaha/Medovaha* (affected by physical strain and inactivity). The entire process is predominantly *Santharpanajanya Vyadhi* (disease due to over-nourishment or metabolic congestion) rather than *Apatarpanajanya* (due to under-nourishment) (43).

Clinical Implications for Assessment and Diagnosis (Roga Pariksha)

This framework has direct clinical utility. An Ayurvedic physician assessing a bank employee should go beyond the local symptoms and conduct a thorough *Rogi Pariksha* (patient examination) and *Roga Pariksha* (disease examination) with a focus on:

- *Nidana Parivarjana*: Detailed history of work habits, diet, and stress levels.
- *Ashtavidha Pariksha*: Particularly *Mala* (to assess *Purishavaha*), *Jihva* (coating indicates *Ama*), and *Shabda* (voice to assess *Pranavaha*).
- *Srotas Pariksha*: Actively look for general and specific *Strotodushti Lakshana*. For example, palpating for *Granthi* in the trapezius or wrist, assessing for *Gaurava* in the abdomen, and inquiring about *Ayasa Swaplutwa*.

This approach allows for a *Prakriti* (constitution)-based and *Vyadhi* (disease)-specific diagnosis, paving the way for personalized treatment.

Preventive and Promotive Strategies (Swasthavritta)

The greatest strength of this Ayurvedic perspective is its emphasis on prevention (*Swasthavritta*). Interventions can be designed at the level of *Nidana Parivarjana* (avoiding causes) (44):

- **Workplace Interventions**: Promoting short, frequent breaks (*Kshana Vishram*) for stretching and walking to counteract *Sanga*. Ergonomic adjustments to prevent *Vata* aggravation from awkward postures.
- **Dietary Counselling**: Advice on *Laghu* (light) and *Saatmya* (compatible) diet, emphasizing regular meal timings to protect *Annavaha Srotas* and *Agni*.
- **Stress Management**: Incorporation of *Pranayama* (breathing exercises) to clear *Pranavaha Srotas*, and *Dhyana* (meditation) to calm *Manovaha Srotas*.
- **Lifestyle Regimens**: Encouraging *Vyayama* (appropriate exercise) to maintain *Srotas* patency and prevent *Sanga* in *Medovaha* and *Rasavaha Srotas*.

LIMITATIONS OF THE REVIEW

This review is primarily theoretical and based on literary analysis. The correlations drawn, while logical and grounded in classical principles, require validation through robust clinical studies. Future research should include observational studies to document the prevalence of specific *Doshic* imbalances and *Strotodushti Lakshana* in this population, followed by interventional trials to test the efficacy of Ayurvedic protocols designed on this framework.

CONCLUSION

The occupational hazards faced by clerical bank employees present a significant public health challenge. This review demonstrates that the Ayurvedic paradigm of *Strotodushti* provides a profound and holistic framework for understanding, assessing, and managing the multifaceted health issues prevalent in this group. By viewing conditions like cervical spondylosis, obesity, and anxiety not as isolated entities but as interconnected manifestations of underlying channel pathologies, Ayurveda offers a path toward root-cause management. The mapping of modern clinical features to classical *Strotodushti Lakshana* provides a valuable diagnostic tool for the clinician. The proposed model underscores the critical importance of *Agni* and *Ama* in the disease process, highlighting prevention through lifestyle modification as the cornerstone of health promotion. Future work must focus on operationalizing this theoretical model into validated assessment tools and evidence-based integrative treatment programs to improve the health and well-being of the banking workforce.

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