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आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

AYURVED MAHAVIDYALAYA & RUGNALAYA

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**Research Article published in National/ International Peer review Journal  
1<sup>st</sup> June 2023 to 31 May 2024**

Sr. No.	Title of Research Paper/Article	Name of the authors	Department of the Teacher	Name of Journal	Month & Year of Publication	ISSN. No.	Hyperlink of Published Research Paper/Article
1	Eka Kushtha (Psoriasis) Treated With Ayurvedic Treatment –A Pediatric Case Report	Dr. P.V. Bulbule & Dr. K.G. Bhojraj	Kaumarbritya Department	Aayushi international interdisciplinary research journal (aiirj)	June 2023	ISSN - 2349-638X	<a href="https://www.aiirjournal.com/Issue.php?Issue=122">https://www.aiirjournal.com/Issue.php?Issue=122</a>
2	Ancient Review on Lepa Chikista	Dr. Karuna Ratnaparkhi	Kaumarbritya Department	International Journal of All Research Education & Scientific Methods	June 2023	ISSN: 2455-6211	<a href="https://www.ijaresm.com/ancient-review-on-lepa-chikista">https://www.ijaresm.com/ancient-review-on-lepa-chikista</a>
3	Efficacy of Kushmanda avaleha in Karshya	Dr.Lalita patole	Kaumarbhitya	International journal of Herbal Medicine	June-23	ISSN: 2394-0514	<a href="https://www.florajournal.com/archives/?year=2023&amp;vol=11&amp;issue=4&amp;part=A&amp;ArticleId=875">https://www.florajournal.com/archives/?year=2023&amp;vol=11&amp;issue=4&amp;part=A&amp;ArticleId=875</a>
4	Complications of covid-19 in garbhini [pregnancy] w.s.r. to pre-turm labour	Shraddha Dilip Kapadi, Sandhya M Yennawar and Deshmukh JS	Prasruti Tantra & Stree Roga Department	International Journal of Herbal Medicine	June-23	ISSN - 2321-2187	<a href="https://doi.org/10.22271/flora.2023.v11.i4a.871">https://doi.org/10.22271/flora.2023.v11.i4a.871</a>
5	Management of gridhrasi (sciatica) through raktamokshana by using	DR..megha survase, Dr..Neralkar uk	Panchkarma department	Ijrap	Jul-23	Issn-2229-3566	<a href="https://ijrap.net/index.php/login/archiveissue?issueid=91">https://ijrap.net/index.php/login/archiveissue?issueid=91</a>

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	ghati yantra: a case study						
6	A critical review of padabhyanga in visual pathway	Dr.megha survase, 3.neralkar uk	Panchkarma department	Ijrap	Jul-23	Issn-2229-3566	<a href="https://ijrap.net/index.php/login/archiveissue?issueid=91">https://ijrap.net/index.php/login/archiveissue?issueid=91</a>
7	Effect of Agnikarma therapy on heel pain associated with Calcaneal Spur: A case study	Babasaheb Gadve, Kanchan Yadav and Rajesh N Gundre	Shalyatantra Department	International Journal of Herbal Medicine	Jul-23	ISSN-2394-0514	<a href="https://doi.org/10.22271/flora.2023.v11.i5a.886">https://doi.org/10.22271/flora.2023.v11.i5a.886</a>
8	Effect of jalaukavacharana in thrombosed haemorrhoid: a case study	Babasaheb n. Gadve 1, bhagyashri b. Ghune 2	Shalyatantra department	Www.ijrap.net	Jul-23	Issn-2277-4343	<a href="https://ijrap.net/index.php/login/abstract?id=2971">https://ijrap.net/index.php/login/abstract?id=2971</a>
9	Clinical Evaluation of Ksharsutra Ligation in Recurrent Case of Aural Keloid (Vranagranthi) – A Case Study	Dr. Pratibha vishnu bochare, dr. ankita a sulkekar	Shalyatantra department	Aayushi international interdisciplinary research journal (aiirj)	Jul-23	Issn 2349-638x	<a href="https://www.aiirjournal.com/Issue.php?issue=123">https://www.aiirjournal.com/Issue.php?issue=123</a>
10	Role of medovaha strotas in sthaulya with special reference to strotodushti	1Vd. Neeru R. Yadav, 2Vd. Avinash M. Deshmukh, 3Vd. Deepali J. Amale	Rognidan & Vikruti Vigyan	International Journal of Current Science (IJCPUB)	Jul-23	ISSN: 2250-1770	<a href="https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1069">https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1069</a>
11	A literature review on understanding pittaj pandu vyadhi and its association with megaloblastic anemia.	Vd. Madhavi Dattatray Gaikwad, Vd. Anant Ramesh Patil, Vd. Deepali j. Amale	Rognidan & Vikruti Vigyan	International Journal of Current Science (IJCPUB)	Jul-23	ISSN: 2250-1770	<a href="https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1078">https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1078</a>
12	Observational study of rasavaha strotas dushti in	Dr.d.j. amale , dr.sagar devidas	Rognidan & vikruti vigyan	International journal of current science	Jul-23	Issn: 2250-1770	<a href="https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1110">https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1110</a>

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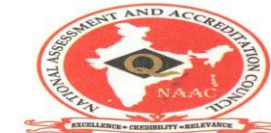
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	amavata	gore		(ijcspub)			
13	An overview of vikalpa samprati in atisar vyadhi with speral reference to diarrhoea.	Vd. Madhavi Dattatray Gaikwad , Vd. Pushpak Laxman Pawar , Vd. Deepali j. Amale	Rognidan & Vikruti Vigyan	International Journal of Current Science (IJCPUB)	Jul-23	ISSN: 2250-1770	<a href="https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1123">https://rjpn.org/ijcspub/viewpaperforall.php?paper=IJCSP23C1123</a>
14	Management of Pandu with Darvyadi leha: A case study	Dr. Meenal Prakash Pawar and Dr. Shrikant Deshmukh	Kayachikitsa	International Journal of Herbal Medicine	Jul-23	P-ISSN: 2394-0514	<a href="https://www.florajournal.com/archives/?year=2023&amp;vol=11&amp;issue=5&amp;part=C">https://www.florajournal.com/archives/?year=2023&amp;vol=11&amp;issue=5&amp;part=C</a>
15	A Review Article of Chickenpox Management Via Ayurveda	Patole, Lalita Nivrutti; Hend, Apoorwa Kishor	Kaumarbhritya	International ayurvedic journal	Jul-2023	ISSN -2949-6594	<a href="https://journals.lww.com/jpdt/fulltext/2023/02030/a_review_article_of_chickenpox_management_via.2.aspx">https://journals.lww.com/jpdt/fulltext/2023/02030/a_review_article_of_chickenpox_management_via.2.aspx</a>

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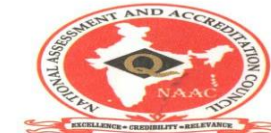
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16	Examination of the Newborn Baby According to Ayurveda and Modern Science	Patole, Lalita Nivrutti; Hend, Apoorwa Kishor	Kaumarbhryta	Journal of Preventive, Diagnostics and Treatment Strategies in Medicine	July-23	ISSN-2949-6594	<a href="https://journals.lww.com/jpdt/fulltext/2023/02030/examination_of_the_newborn_baby_according_to.1.aspx">https://journals.lww.com/jpdt/fulltext/2023/02030/examination_of_the_newborn_baby_according_to.1.aspx</a>
17	Study of Hrudrog Samprapti – Viguna Hrudaya Gata w.s.r to Myocardial Infarction by Interpreting Angiography.	Dr.deepali amale, supekar suhas	Rognidan & vikruti vigyan	International journal of research and analytical reviews (ijrar)	Aug-23	E-issn 2348-1269	<a href="https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23C2036">https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23C2036</a>
18	A comparative study of visarpa and herpes zoster: unraveling correlations and clinical insights.	1vd. Anant ramesh patil, 2vd. Madhavi dattatray gaikwad, 3vd. Deepali j. Amale	Rognidan & vikruti vigyan	International journal of research and analytical reviews (ijrar)	Aug-23	E-issn 2348-1269	<a href="https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23C1911">https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23C1911</a>
19	Conceptual study of " so alpa rakta alpa medasa" in pandu.	Vd.neeru r. Yadav, vd.avinash m, deshमुख, vd.deepali j. Amale	Rognidan & vikruti vigyan	International journal of research and analytical reviews (ijrar)	Aug-23	E-issn 2348-1269	<a href="https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23C2073">https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23C2073</a>
20	Ayurvedic review of agni	Chaitali bharat pawar,ujawala divekar	Samhita and siddhant department	International journal of research in ayurveda and pharmacy	Aug-23	Issn-2394-0514	<a href="https://www.florajournal.com/search/?q=ayurvedic+review+of+agni">https://www.florajournal.com/search/?q=ayurvedic+review+of+agni</a>

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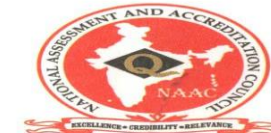
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21	Tantrayukti-significance of tantrayukti in literary research	Vd.amit vaishnav,dr.pritam rathi,dr.s.v.dhurde	Samhita and siddhant department	International journal ofnovel research and development	Aug-23	Issn-2456-4184	<a href="https://doi.one/10.1729/Journal.36367">https://doi.one/10.1729/Journal.36367</a>
22	Ayurvedic management of Amavata: A case report	Priyanka Erulkar, Anil K Burley and SG Deshmukh	Kayachikitsa	International Journal of Herbal Medicine	Aug-23	E-ISSN: 2321-2187https://doi.org/10.22271/flora.2023.v11.i5 b.892	<a href="https://www.florajournal.com/archives/2023/vol11issue5/PartB/9-3-80-909.pdf">https://www.florajournal.com/archives/2023/vol11issue5/PartB/9-3-80-909.pdf</a>
23	Ayurvedic management of Gridhrasi with special reference to sciatica: A case report	Pooja Janrao, Yashashri Vitonde and Shrikant Deshmukh	Kayachikitsa	International Journal of Herbal Medicine	Aug-23	E-ISSN: 2321-2187	<a href="https://doi.org/10.22271/flora.2023.v11.i5b.898">https://doi.org/10.22271/flora.2023.v11.i5b.898</a>
24	Professional negligence & professional misconduct in relation to medical practice	1. Dr. Bhalsing N.B. 2. Dr. Upadhyay R.S. 3. Dr. Shirsath U.D.	Agad Tantra Department	Aayushi International Interdisciplinary Research Journal (AIIRJ)	Sep-23	ISSN -2349-638x	<a href="https://www.aiirjournal.com/Issue.php?Issue=125">https://www.aiirjournal.com/Issue.php?Issue=125</a>
25	A case study on the role of tikta ksheera basti in the management of katigata	1.kalpna gaikwad, 2.ramesh sonwane, 3.neralkar uk	Panchkarma department	Ijrap	Sep-23	Issn-2229-3566	<a href="https://ijrap.net/index.php/login/archiveissue?issueid=92">https://ijrap.net/index.php/login/archiveissue?issueid=92</a>

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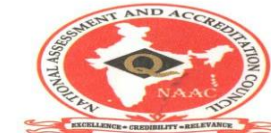
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	vata with special reference to lumbar spondylosis						
26	A critical review of the applied aspect of shadvidhupakrama	Madhuri waghmare,anjalihi ngne,smitadhurde	Samhita and siddhant department	International journal of research in ayurveda and pharmacy	Sep-23	Issn-2277-4343	<a href="https://DOI:10.7897/2277-4343.1406161">https://DOI:10.7897/2277-4343.1406161</a>
27	The scope of daivapurushakarvadain ayurveda:a review	Kadam kanchan,s.v.dhurde	Samhita and siddhant department	Journal of pharmacognosy and phytochemistry	Sep-23	Issn-2278-8234	<a href="https://dx.doi.org/10.22271/phyto.2023.v12.i5b.14709">https://dx.doi.org/10.22271/phyto.2023.v12.i5b.14709</a>
28	Ayurvedic management of madhumeha– a case report	1dipak pungle,2n . R. Nimabalkar,3s.g. deshमुख	Kayachikitsa	International journal of research and analytical reviews	Sep-23	E-issn 2348-1269,	<a href="http://www.ijrar.org/papers/IJRAR23C2908.pdf">http://www.ijrar.org/papers/IJRAR23C2908.pdf</a>
29	A Ayurvedic Management of Vatarakta:	1dr.girish khurpe, 2dr.n. R. Nimabalkar, 3dr.s.g. deshमुख	Kayachikitsa	International journal of research and analytical reviews	Sep-23	E-issn 2348-1269,	<a href="https://www.ijrar.org/papers/IJRAR23C2897.pdf">https://www.ijrar.org/papers/IJRAR23C2897.pdf</a>
30	Sira kautilya: a review article	B.n. gadve1 kul dip sanap2*	Shalyatantra department	Journal of ayurveda & holistic medicine	Oct-23	Issn-2321-1563	<a href="http://www.jahm.co.in/index.php/jahm/article/view/1056/711">http://www.jahm.co.in/index.php/jahm/article/view/1056/711</a>
31	Conceptual study of med-dhatwagni by evaluating role of lipid profile	Dr.sagar devidas gore, guide & hod-dr.d.j. amale	Rognidan & vikruti vigyan	International journal of research and analytical reviews (ijrar)	Oct-23	E-issn 2348-1269	<a href="https://ijrar.org/viewfull.php?&amp;p_id=IJRAR23D1495">https://ijrar.org/viewfull.php?&amp;p_id=IJRAR23D1495</a>
32	Exploring The Conceptual Dimensions of Rog Marg	Vd. Shreya r. Chandak, vd. Deepali j. Amale,	Rognidan & vikruti vigyan	Ayurved patrika	Oct-23	Issn 2278-0726	<a href="#">Physical Copy – offline journal</a>

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		vd. Avinash m. Deshmukh					
33	Ayurvedic review article on pilonidal sinus	Dr. Kanchan R Yadav, Rajesh N Gundre and Dr. Babasaheb N Gadve	Shalyatantra Department	Journal of Pharmacognosy and Phytochemistry	Nov-23	ISSN: 2349-8234	<a href="https://doi.org/10.22271/phyto.2024.v13.i1d.14840">https://doi.org/10.22271/phyto.2024.v13.i1d.14840</a>
34	Fundamentals of Jalaukavacharan (Leech therapy) and its importance in clinical practice: A review article	Kiran Wagh, Rajesh Gundre and Babasaheb Gadve	Shalyatantra Department	Journal of Pharmacognosy and Phytochemistry	Nov-23	ISSN: 2349-8234	<a href="https://doi.org/10.22271/phyto.2024.v13.i1d.14835">https://doi.org/10.22271/phyto.2024.v13.i1d.14835</a>
35	Ayurvedic management of fistula in ano: A case study	Akshay Damodhar Girhe, SV More and BN Gadve	Shalyatantra Department	Journal of Pharmacognosy and Phytochemistry	Dec-23	ISSN: 2349-8234	<a href="https://doi.org/10.22271/phyto.2024.v13.i1c.14829">https://doi.org/10.22271/phyto.2024.v13.i1c.14829</a>
36	Ayurvedic management of renal calculus: A review article	Kuldip Daguji Sanap and BN Gadve	Shalyatantra Department	Journal of Pharmacognosy and Phytochemistry	Dec-23	ISSN: 2349-8234	<a href="https://doi.org/10.22271/phyto.2024.v13.i1b.14839">https://doi.org/10.22271/phyto.2024.v13.i1b.14839</a>
37	An ayurvedic review concept of Vatastheela mutraghat W.S.R TO BPH (Benign Prostatic Hyperplasia)	Priyanka Satish Tiwari and BN Gadve	Shalyatantra Department	Journal of Pharmacognosy and Phytochemistry	Dec-23	ISSN: 2349-8234	<a href="https://doi.org/10.22271/phyto.2024.v13.i1d.14845">https://doi.org/10.22271/phyto.2024.v13.i1d.14845</a>
38	Literary review of nidanpanchak of vicharchika w.s.r. to eczema.	1vd. Pushpak laxman pawar, 2vd. Madhavi dattatray gaikwad, 3vd. Deepali j. Amale	Rognidan & vikruti vigyan	International journal of research and analytical reviews (ijrar)	Dec-23	E-issn 2348-1269	<a href="https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23D2520">https://ijrar.org/viewfull.php?&amp;p_id=IJRA R23D2520</a>
39	Ayurveda review article on Pandu	Dr. Aishwarya Kolangde and Dr.	Kayachikitsa	Journal of Pharmacognosy and	Dec-23	E-ISSN: 2278-4136	<a href="https://doi.org/10.22271/phyto.2024.v13.i1c.14832">https://doi.org/10.22271/phyto.2024.v13.i1c.14832</a>

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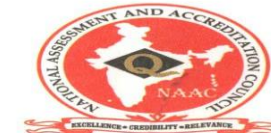
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# आयुर्वेद महाविद्यालय व रुग्णालय

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		Shrikant Deshmukh		Phytochemistry			
40	Role of Ativisha in Kaumarbhritya: A critical review	Dr. Kavita Kishor Fadanavis	Kaumarbhritya	Journal of Pharmacognosy and Phytochemistry	Jan-24	E-ISSN: 2278-4136	<a href="https://www.phytojournal.com/archives/2024/vol13issue1/PartD/13-1-59-121.pdf">https://www.phytojournal.com/archives/2024/vol13issue1/PartD/13-1-59-121.pdf</a>
41	The efficacy of lekhanigana siddha anuvasana basti on pcos	Ankita yelane 1 , jayshree s. Deshmukh 2 , sandhya yennawar	Prasruti tantra & stree roga department	International ayurvedic journal	Feb-24	Issn - 2320-5091	<a href="https://doi.org/10.46607/iamj2212022024">https://doi.org/10.46607/iamj2212022024</a>
42	Ayurvedic management of diabetic wound: a case study	Babasaheb n. Gadve, smita k. Cheke	Shalyatantra department	Journal of ayurveda & holistic medicine	Feb-24	ISSN-2321-1563	<a href="http://www.jahm.co.in/index.php/jahm/article/view/1260">http://www.jahm.co.in/index.php/jahm/article/view/1260</a>
43	A conceptual review of madhumeha according to ayurved and contemporary science	Dr. Neralkar and Deshmukh JS	Panchakarma Department	Journal of Ayurveda & Holistic Medicine	Feb-24	ISSN-2321-1563	<a href="https://jahm.co.in/index.php/jahm/article/view/1235#:~:text=Out%20of%20the%20four%20types,its%20prevalence%20day%20by%20day.">https://jahm.co.in/index.php/jahm/article/view/1235#:~:text=Out%20of%20the%20four%20types,its%20prevalence%20day%20by%20day.</a>
44	Amalaki rasayan in iron-deficiency anaemia in adolescent children	Rushali Bande and Dr. Lalita N. Patole	Kaumarbhritya	International journal of modern Pharmaceutical research	Feb-2024	ISSN – 2319-5878	<a href="https://ijmpronline.com/home/archive_show/2024/59/VOLUME-8-FEBRUARY-ISSUE-2">https://ijmpronline.com/home/archive_show/2024/59/VOLUME-8-FEBRUARY-ISSUE-2</a>
45	Ayurvedic management of Pama in Kaumarbhritya	Dr. Kavita Kishor Fadanavis and Dr. Karuna Ratnaparkhi	Kaumarbhritya	Journal of Pharmacognosy and Phytochemistry	March-2024	E-ISSN: 2278-4136	<a href="https://www.phytojournal.com/archives/2024/vol13issue2/PartC/13-2-19-422.pdf">https://www.phytojournal.com/archives/2024/vol13issue2/PartC/13-2-19-422.pdf</a>
46	Ayurvedic management of Ahiputna A single case	Dr. Karuna Ratnaparkhi	Kaumarbhritya	Journal of Pharmacognosy and Phytochemistry	March-2024	E-ISSN: 2278-4136	<a href="https://www.phytojournal.com/archives/2024/vol13issue2/PartC/13-2-25-242.pdf">https://www.phytojournal.com/archives/2024/vol13issue2/PartC/13-2-25-242.pdf</a>

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	study						
47	Review Article on Pranapratyaagaman (Resuscitation)	Dr. Karuna Ratnaparkhi	Kaumarbhritya	International Journal of Herbal Medicine	March-2024	E-ISSN: 2321-2187	<a href="https://www.florajournal.com/archives/2024/vol12issue3/PartA/9-4-56-633.pdf">https://www.florajournal.com/archives/2024/vol12issue3/PartA/9-4-56-633.pdf</a>
48	A case study on ayurvedic management of deviated nasal septum	Dr. Kavita Kishor Fadanavis	Kaumarbhritya	Journal of Ayurveda & Holistic Medicine	May-2024	eISSN-2321-1563	<a href="https://jahm.co.in/index.php/jahm/article/view/1364">https://jahm.co.in/index.php/jahm/article/view/1364</a>

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**Eka Kushtha (Psoriasis) Treated With Ayurvedic Treatment –A Pediatric Case Report****Dr. P.V. Bulbule<sup>1</sup>, Dr. K.G. Bhojraj**1. Assistant professor Kaumarbhritya department,  
Chhtrapati Shahu Maharaj Shikshan Sansta's, Chhtrapati Sambhaji Nagar.2. Assistant professor Samhita Siddhant & Sanskrit department,  
Chhtrapati Shahu Maharaj Shikshan Sansta's, Chhtrapati Sambhaji Nagar.**Abstract-**

Beauty is the first preference in present era and major part of the beauty is Skin, which is the vital organ of the body. Patient having more of the cosmetic value than morbidity and mortality. Kushtha explained in Ayurveda having similar features of psoriasis. Causative factors mention in Ayurveda and modern science are weak immunity, derangement in metabolic system tress, unhealthy food, packets food, sedmentary lifestyle and negative thinking. Ekakushtha is one of the Kshudra Kushtha described in Ayurvedic text like Charaka Samhita as well as other Samhitas. Described signs and symptoms i.e. aswedanam (absence of sweating), mahavastu (big size lesions), matsyashakalopamam (scaling) which can be compare with psoriasis. It is chronic Tridoshaj logical involvement of Rasa, Rakta, Twak, Lasika etc. Which is one of the most guilty loking and irritating disease.who have mandagni are more prone to get skin disease like psoriasis and other autoimmune disorders. For this Chikitsa like Shamana, Shodhana, explain according to chronicity in the ayurvedic text.

**Keywords-**Ekakusta, Shamana, Shodhana, Mandagni**Introduction-**

According to Ayurveda, skin plays great role in physical and mental wellbeing, as it is the one of the five "Gyanendriyas". A person handicap in society because of skin diseases like psoriasis, which turns to stress, loss of beauty and personality and again cause anxiety. Psoriasis is one the most dreadful dermatological condition which is a common autoimmune dermatological disorder in India. The overall incidence in India ranges from 0.44 to 2.2 %, with an overall prevalence<sup>1</sup> of 1.02%. Every year roughly 20000 children under 10 are diagnosed psoriasis. Upto 40% people with psoriasis have symptoms before they are 16 years old.

In Ayurveda, all the skin diseases discussed under the broad heading of "Kushtha", which are further divided in Mahakushtha & Ksudra Kushtha<sup>2</sup>. In present study Psoriasis has been taken as Eka Kushtha. Clinical features of Eka Kushtha described by Acharya Charka are very much similar to that of Psoriasis and the features explained by Acharya Kashyapa represent remission, relapse and seasonal variation, which are present in Psoriass<sup>3</sup>.

**Clinical Features of Eka Kushtha (Psoriasis)-**

Aswedanam	Mahavastu
Yasyamatsyahakalopamam	Tadakkushtha <sup>4</sup>
Aswedanam(absence of sweating),	Mahavastu
(extensive lesions on body),	Matsyashakalopam
(resembles scales of fish) are features of Eka Kushtha.	Eka Kushtha is a condition having
	dominancy of Vata & Kapha Dosha <sup>5</sup> .

**Case report-**

A fifteen years female child visited outpatient department of Kaumarbhritya at CSMSS Ayurvedic College, Aurangabad, with following

**Chief complaints-**

1. Silver colored patches on both (right and left) ankle joints and palm region
2. Itching in patches.
3. Scaling from patches. Patient had above complaints since 3 months.

**Associated complaints-**

- On and off constipation since 15 days
- Disturbed sleep since 2 months
- Loss of appetite since 2 months

**History of Present illness:**

She is apparently normal before 3 months. Then she started to have reddish patches Right and left Ankle region, Right and left Palm region gradually it turns in silvery with scaling and itching in these patches. Patient took treatment for this from local doctors, Ayurvedic but did not get relief. Then the symptoms got aggravating along with that she also suffered from disturbed sleep and loss of appetite since 2 months on and off constipation since 15 days. Severe itching and condition got worsen so she came to our Hospital for further ayurvedic management.

**Past History**-No any allergic history

**Personal History**

Diet –non-vegetarian

Appetite-poor

Bowel –disturbed (on and off constipation)

Sleep- disturbed because of itching

**Family History**- No any relevant family history related to skin disease

**General Examination:**

**Dashvidha pariksha:**

<b>Prakriti</b> (Constitutional status)	<i>Kapha dominant Vataja,</i>
<b>Vikriti</b> (abnormal status)	excessive consumption of <i>Drava, Snigdha</i> and <i>Guru Ahara, Pishanna, Kshir</i> and occasionally <i>Viruddhaahara</i> ,therefore <i>Tidosha, Rakta, Mamsa</i> and <i>Lasika</i> like <i>dushya</i> was present,
<b>Sara</b> (Status of tissue and its related system)	<i>madhyama</i>
<b>Samhanana</b> (Compactness of the body)	<i>madhyama</i>
<b>Pramana</b> (Body proportion)	<i>Madhyama</i>
<b>satmya</b>	<i>Avara</i> (she took very selective <i>Ahara</i> like <i>Kaphvardhaka</i> .)
<b>Satva</b>	<i>Madhyama</i> (because she was tolerate these from last 3 months)
<b>AharaShakti</b> (Digestive capacity)	medium/ avg,
<b>VyayamShakti</b> (physical capacity)	Normal
<b>Vaya</b> (age factor)	<i>Balavasta.</i>

**Ashtavidha pariksha:**

<b>Nadi(pulse)</b>	<i>Kapha dominant Vataja,</i>
<b>Mutra (urine).</b>	Frequency and color were normal.
<b>Mala (stool)</b>	Unsatisfactory (On and Off constipation)
<b>Jivha (Tongue)</b>	Sam
<b>sabda (speech)</b>	Normal
<b>Sparsha (touch)</b>	Dry and rough skin
<b>Dryuk (eyes)</b>	Normal, no specs, no pallor
<b>Akruti</b>	<i>Madhyama</i>

**Local Examination**

**Skin Inspection:**

Silvery white colored, scaly patches on Right and left ankle and palm region.

Discoloration of skin

**Palpation** Patches were felt dry with rough surface, normal in temperature, firm, minimally elevated from skin surface.

**Laboratory Investigation** - CBC, ESR, Urine routine and microscopic all were within normal limits.

**Diagnosis**- we conclude the disease by its lakshana as explained in the classics.

**Treatment advice-**

<b>1</b>	<i>Aampachak Vati</i>	<b>1 BD with lukewarm water for 5 days</b>
<b>2</b>	<i>Khadirarista</i>	5ml BD After Food
<b>3</b>	<i>Pancha-tiktaka Ghrita</i>	1 tsp with warm water Before Food for 15 days
<b>4</b>	<i>Erandabhrusta Haritaki</i>	1 tsp once at night with warm water daily for 15 days
<b>5</b>	<i>Mrudu sthanik Abhayanga</i>	Nimba taila twice in a day for 15 Days
<b>Advice diet-</b> Should eat ghee, vegetable, should avoid oily food, junk fast food, cold- drinks, beverages etc.		

**Follow up after 15 days**

<b>1</b>	<i>Aampachak Vati</i>	<b>1 BD with lukewarm water</b>
<b>2</b>	<i>Khadirarista</i>	5ml BD After Food
<b>3</b>	<i>Pancha-tiktaka Ghrita</i>	1 tsp with warm water Before Food for 15 days
<b>4</b>	<i>Mrudu sthanik Abhayanga</i>	Nimba taila twice in a day for 15 Days
<b>5.</b>	Sunthi siddha Jala	2 gm churna in 50 ml water

Advice diet-  
Should eat ghee, vegetable, should avoid oily food, junk fast food, cold- drinks, beverages etc.

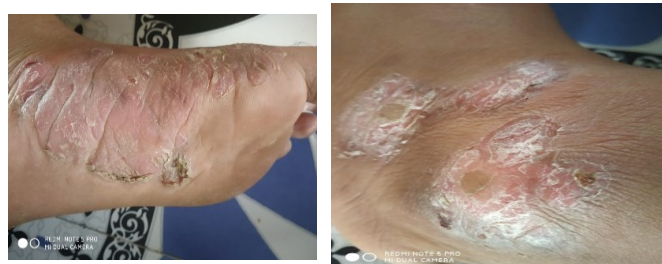
**Pathya-Apathya<sup>6</sup>**

Pathya	Apathya
<b>Meditation</b>	<i>Sharirik vegdharana</i>
<b>Vyayama and yoga</b>	Excessive sleep, <i>Diwaswap</i> (Day time sleep)
<b>Healthy food habits- Use of home made fresh food like moong dal, leafy veges etc Eat only Seasonal fruits. Use only rock salt as much as possible</b>	Packed food, maida food, Curd etc . <i>Viruddha ahara</i> like khichdi-milk, Fruit salad, shakes, salty, spicy food stop. Sour fruits, nonveg avoid.
<b>Positive thinking approach</b>	Avoid stress

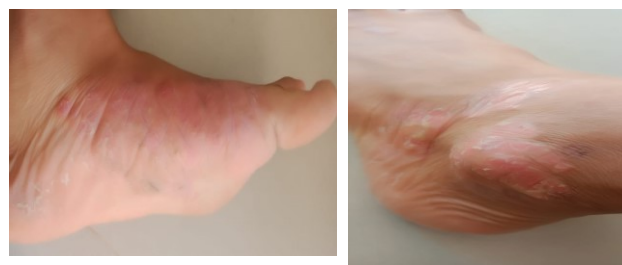
**Observation-**

Sr. No	Symptoms	Before T/t	After T/t	1 <sup>st</sup> follow up	2 <sup>nd</sup> follow up
	Dryness	Present	Mild reduced	Mild reduced	Complete reduced
	Severe Itching	Present	Mild reduced	reduced	Complete reduced
	Silvery patches with Scaling	Present	Mild reduced	Moderate reduced	reduced
	Vibandha (constipation)	Present	Moderate improvement	Relieve	Relieve
	disturbed sleep	Present	Mild reduced	Sufficient sleep	Sound sleep
	loss of appetite	Present	Relieve	Relieve	Relieve

**Before Treatment**



**After 15 days of treatment**



**Discussion-**

According to Charak Samhita the special identification is advice like *Matsyashalaka lopamam* and *kinakara sparsha* we observed and correlated. As per Samhitas *Kushtha* is *Shodhan Saadhya Roga<sup>7</sup>* and according to *doshas* involvement and chronicity of disease we can advise different *Shodhana* and *shamana* treatment<sup>8</sup>. First line of treatment is *Nidana parivarjana* and *Pathy* is the most important part.

**Nidana parivarjana:**

The factors which are mostly responsible to cause disease are *Nidana* like *Viruddha Ahara-Vihara* is the main causes of *Switra*.

So the first step to avoid the *Nidana* i.e. *Viruddha Ahara, Abhishyandi ahara, Ajir nabhojana, diwaswap*, etc. in this patient and correction of *ahara like* avoid packets food etc.

**Deepan and Pachana**

After examination of *Agnipariksha Sam Jivha* and hampered *Jaranshakti* found means *Dhatwagni Mandhya* and *Bhutagnimandhya* there is production and accumulation of *Aam<sup>9</sup>* which cause *Strotorodha* (blockage of body channels) by its *Guru, Abhishyandi*, and *Picchila* properties so nutrition of body parts congested so first corrected *agni* by giving *Deepan* and *Pachana* like *Aampachaka vati 250mg* twice daily, before Meal with *Koshna Jala* as *Anupana*, for 5 days.

**Khadirarista**

Mentioned by *Bhaishajya Ratnavali* in *Kustarogadhikar*. It contain *madhura, tikta* dravyas. It acts as antibacterial, eliminates blood toxins, microorganisms, also reduce *Aam* and detoxify the body by excreting toxins from the body.

**Pancha-tiktaka Ghrita**

Its *pitta* balancing and *snigdha guna* help to control dryness in the case. Also *Shothahara* (anti-inflammatory) property which helps provide relief from itching and irritation.

***Erandabhrusta Haritaki***

Act as a *anulomak* and balances tridosha. Helps for purgation and to relieve constipation. Keep digestive system healthy, natural purifier of blood.

***Mrudu sthanik Abhayanga- Nimba taila***

Nimba tail having *Kushthagha* Property and acts as *Pitta Vataghna* acting on *Daha, Raga, Kandu* and *rukshta*. Nimba has *kandughna* and *kustaghna* property which is useful in this case.

**Sunthi siddha Jala**

In Ayurveda Sunthi consider as Maha Aushadi. Sunthi has *ushna tikshna* properties so acts as vata-kphaghna. Have anti-inflammatory, antimicrobial, antioxidant etc.

**Conclusion**

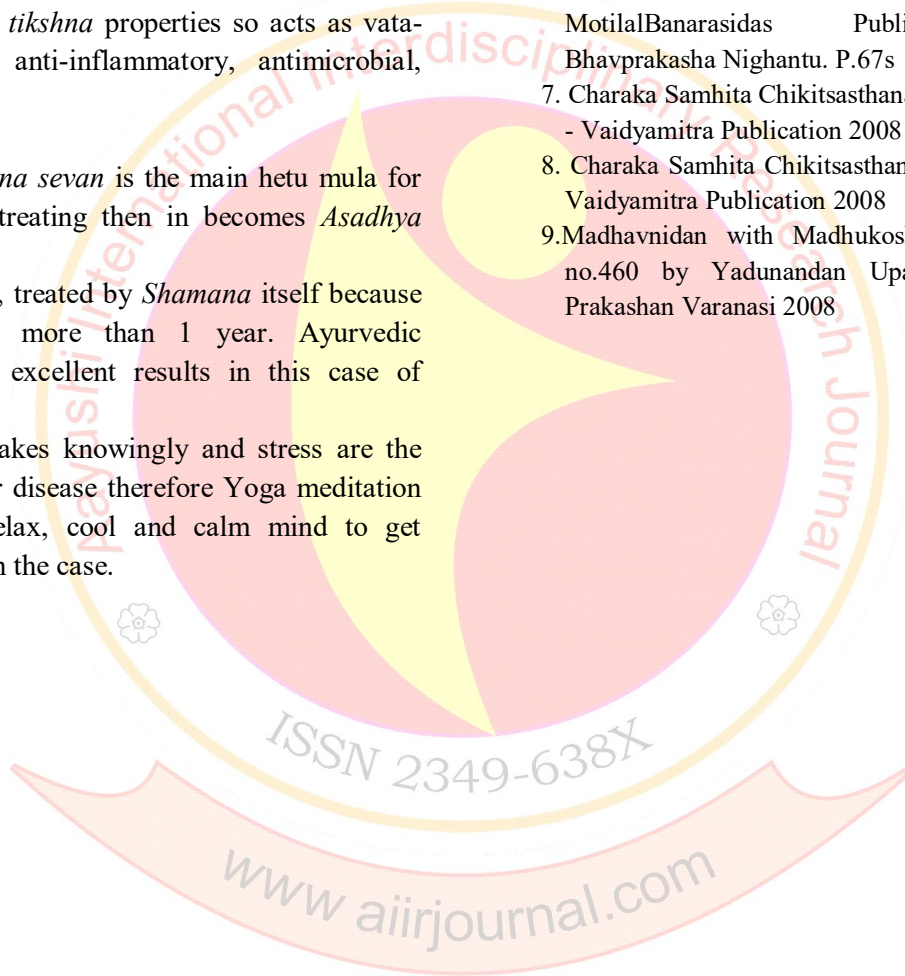
*Satata nidana sevan* is the main hetu mula for the roga. If not treating then in becomes *Asadhya vyadhi*.

In this case, treated by *Shamana* itself because it's not chronic more than 1 year. Ayurvedic treatment shown excellent results in this case of disease.

Doing mistakes knowingly and stress are the strong reasons for disease therefore Yoga meditation mandatory for relax, cool and calm mind to get maximum relief in the case.

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# Ancient Review on Lepa Chikista

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## ABSTRACT

This review article is the sincere attempt to summarize all the facts regarding Lepa Chikista of Ayurveda. In general, human body can receive the drug in two-ways. One through direct routes, i.e., through oral ways and another one is through the whole surface of the body. There is total 94 types of Lepa are mentioned in Sharangdhara and of which 26 Lepas are indicated in skin disorder and rest are indicated in different disorders like hair disorders, inflammation, wound etc. Lepa is prepared by addition of one or more herbs taken in fresh form and grounded to paste form. If the part of the plant is dry, small amount of liquid like water, milk can be added and grounded to paste form. Use of various Lepa on skin can be useful to treat various type of disorders. Sharangdhara Samhita contributes a very significant part in the world of Ayurveda. Sharangdhara samhita has a separate chapter on lepa, it defines importance of the same.

**Keywords:** Lepa Chikista, Lepa Chikista, Ayurveda, Skin, Sushruta, Sharangdhara Samhita.

## INTRODUCTION

In general, human body can receive the drug in two-ways. One through direct routes, i.e., through oral ways and another one is through the whole surface of the body. Though several medications are available for the treatment of diseases in the form of tablets, syrups etc, external applications play a very prominent role not only treating the physical appearance of body but provides psychological satisfaction for the suffering person. Absorption of drugs through body surface deserves special care for its optimum delivery. Ayurvedic Lepas do exist from the time immemorial from Vedas to Samhitas and in practice in a concurrent era too. There is total 94 types of Lepa are mentioned in Sharangdhara and of which 26 Lepas are indicated in skin disorder and rest are indicated in different disorders like hair disorders, inflammation, wound etc.<sup>1</sup> Several external applications are mentioned in Ayurvedic classics by various acharyas in the name of 'lepakalpana' for the treatment of not only skin diseases but also for several various ailments. The lepas include the present-day exploration in terms of therapeutics, cosmaceutics & neutraceutics mentioned in schedule I of Drugs & Cosmetics Act, 1940. (Purpose of) lepa was formulated with the intention of localized action of the herb. The thickness of various types of lepa is told to enable the active principles present in the lepa to be absorbed into the skin and do the desired action when the lepa is in wet condition and before it dries.<sup>2</sup> In some of the diseases, along with lepa, internal medications are also needed.

One or more herbs are taken in fresh form and grounded to paste form. If the part of the plant is dry, small amount of liquid like water, milk can be added and grounded to paste form. The words Lipta, Lepana have been used as synonyms to Lepa. Formation of unique/ specific paste can be done by adding liquid media like madhu, ghrita, taila, gomutra or jala. Thickness should be of Ardra Mahisha Charma & should be applied in pratilomagati, For typical preparation of lepa, vishaghnadravyas like sirishatwak, yashtimadhu, tagara, khanda, Chandanamoola, elabeeja, jatamamsi etc. Varnya – Its applied in a thickness of ½ angula beneficial in pigment disorders as it imparts colour. It is prepared using drygs like Raktachandana, Manjishta, Lodhra etc.<sup>3</sup>

द्रव्यमाद्रं शिलापिष्टं शुष्कं वा सद्रवम् तनु ।  
देहे प्रलेपनार्थं तल्लेप इत्युच्यते बुधैः ॥

## MATERIALS AND METHODS

- Concept of Lepa kalpana from Ayurvedic texts.
- Lepa used in skin disorders are collected from Sharangdhara Samhita.
- Mode of action of lepa (external application) in skin disorders.
- Lepa kalpanā

**Synonyms:** Ālepa, Lipta, lepa, Lepana.

Medicines in the form of a paste used for external application are called lepas. Wet medicinal drugs are made into kalka (paste form), if drugs are in dry state, they are converted into kalka (paste) by adding little quantity of water and grinding. This kalka is used as external application and is called lepa kalpanā. Water, cow's urine, oil and ghee are some of the media used for mixing. <sup>4</sup>

Pharmaceutically lepa kalpanā is a form of kalka kalpanā. While clinically lepa kalpana is only meant for external application whereas kalka is very commonly used for internal administration.

Various classical literatures of Āyurveda have explained different types of lepas on the basis of the drugs used for preparation and mode of administration and its usage.

- According to Suśruta Samhītā Lepa is of 3 varieties.
- Śaraṅgadhara Samhītā categorises Lepa Kalpanā on the basis of the drugs used for the preparation and their action. Śaraṅgadhara Samhītā also categorises lepa kalpanā into varieties on the basis of mode of administration and its usage
- According to Aṣṭāṅga Saṁgraha lepas are of 10 types. Among these first five lepas are most useful formulations for the treatment of Vraṇa Śoṭha. Rest of the five lepas are useful for the treatment of secondary stage of vraṇa. <sup>5</sup>

**Table 1:- Different types of lepa<sup>6,7,8</sup>**

S.S	Sha.Sam		A.S	
Pralepa	Doṣaghna Lepa	Pralepa	Snaihika	Pācana,
Pradeha	Viṣaghna Lepa	Pradeha	Nirvāpaṇa	Pīḍana
Ālepa	Varnya Lepa		Prasādana	Śodhana
			Stambhana	Śoṣaṇa
			Vilayana	Savarṇīkaraṇa

- 1) **Doshagna:** This kind of Lepa includes such drugs which directly acts their alleviatory action on Doshas e.g. Pathyadi Lepa
- 2) **Vishagnalepa:** This kind of Lepa includes the drugs which directly acts as nullifying poisonous action on skin through its application e.g. Dashanaga Lepa
- 3) **Varnya:** This is a kind of lepa which acts as a cosmetic value. It improves the complexion of skin. Chandan, Manjistha, Ushira, Shakmali, Sariva, Masoor are some of the drugs which are attributed with this Varnya property.

According to *Sushruta* 'thickness of Lepa' is compared with the 'thickness of buffalo skin'<sup>5</sup>

Lepa	Thickness
Doṣaghna	1/4 <sup>th</sup> Anguli
Viṣaghna	1/3 <sup>rd</sup> Anguli
Varnya	1/2 anguli

1 angula= 1.95cm

**Table 2 Difference between Types of Lepa<sup>9,10,11</sup>**

Pralepa	Pradeha	Ālepa
Shīta lepa (with Shīta guṇa dravyas) without heating	Uṣṇa lepa (with Uṣṇa vīrya dravyas)	The action, thickness etc of this lepa will be moderate (Madhyama ālepa)
Tanu lepa (thin)	Bahala (thick)	Useful in Rakta and Pitta doṣa pradhāna twak vikāra.
May or may not be dry (Viśoṣī or Aviśoṣī)	Aviśoṣī (Remains moist for long ime)	
Indicated in Pittadoṣa Pradhāna Twak rogās		



### Rules of Application of lepa and Mechanism of its absorption<sup>12</sup> –

1. Lepas should always be applied in the opposite direction of the hair follicles. The drugs get absorbed through their hair roots, sweat glands and capillaries.
2. While applying the lepa Snehas are said to be added. Their quantity has to be decided as per the doṣa vitiated.
  - a. Vātaja vyādhi- 1/4<sup>th</sup> part of Sneha dravya
  - b. Pittaja Vyādhi-1/6<sup>th</sup> part of Sneha dravya
  - c. Kaphaja Vyādhi-1/8<sup>th</sup> part of Sneha dravya
3. The lepa should not be left in situ after drying. It must be removed as soon as it dries up. Because lepās in wet state help to cure the diseases, whereas on drying they lose their potency and irritate the skin.
4. Lepas should be prepared freshly and used.
5. They should be used only once.
6. Over the previous lepa fresh one should not be applied.
7. Lepas should not be applied at night. If applied, it causes skin diseases by suppressing the local temperature and disturbing the local circulatory system.
8. Pralepa should not be applied at nights nor should it be allowed to stay on after it dries up. Whereas Pradehas can be allowed to stay on in order to cause constriction or pressure over the part of the body.
9. The thickness of the lepa is said to be of that of wet skin of buffaloes.

Relevant literature of Lepa Kalpana is carried out from Sharangdhara Samhita. As lepa kalpana from Sharangdhara Samhita is classified into three categories under Mukhalepa heading as Doshaghna, Vishaghna and Varnyalepa The nomenclature of Lepas depend on either the prime ingredient or the total content in the lepa or disease it cures. Sharangdhara also mentioned various ingredients of plants, animals, mineral, marine origin such as Dhattura, Shankha, Hingula and Parada etc.

Lepa and Sneha Ratio. According to shushruta, Ghrita and taila are sneha dravyas should be added while preparing lepa. This is done according to predominance of doshas or disease condition as follows:<sup>13</sup>

Disease	Thickness of lepa
VatajaVyadhi	1/4 <sup>th</sup> part
Pittajavyadhis	1/6 <sup>th</sup> part
KaphajaVyadhi	1/8 <sup>th</sup> part

- Duration for lepa : Sharangdhara have stated that Lepa should not be applied at nights nor it should be allowed to stay on after it dries up.
- Direction of lepa:Lepa should be applied in Pratiloma Gati (against the direction of hair follicle) on the skin to make the action of application quicker and more effective.
- Important factors in lepa Kalpana: <sup>14</sup>
  1. The lepa material should be very fine.
  2. Previous lepa should never be covered with fresh one. If done so, it hampers the local temperature and leads to pain and numbness in the area.
  3. Application of lepa in night hours is prohibited because as night-time is naturally cool it helps in transfer of body temperature from hair follicle. When lepa is applied on the skin, transfers of this temperature will be hampered leading to vitiation of Dosha resulting in worsening of existing skin condition.
  4. If the Lepa is prepared with bad odour, some nonirritating, soothing aromatic material of herbal origin should be used to overcome the drawback of bad odour. 5. After applying Lepa on face, it should not be scrubbed vigorously, it may result eruption of acne and dark spots.

### Contraindication of Lepa:

It should not be applied to a person suffering from Pinasa (rhinorrhea), Ajirna (indigestion), Immediately after nasya karma, Arochaka, Hanugraha and after jagrana (keeping awake the previous night)



### General actions of Lepa –

1. Vraṇa Śodhaka
2. Vraṇa Ropaka
3. Dāha Śāmaka
4. Kaṇḍūhara
5. Sandhāna Kara
6. Śothahara
7. Śūlahara
8. Stambhaka (Ex-Niruddha lepana-A thick paste of drugs applied to check the bleeding).

### Possible mode of action of lepa:<sup>15</sup>

Lepas should be applied against the hair follicular direction, this facilitates the quicker absorption of the drugs through Romakupa (Hair roots), Swedavahini (sweat glands) and Siramukha (blood capillaries). In the chapter Dhamani vyakaranasadhyaya Sushruta explains Dhamanis which are Urdhwagata, Adhogata and Tiryakgata. Here he explains four Tiryakganisiras. Out of these four, each divide gradually hundred and thousand times and thus become innumerable; by these the body is covered like network, bound and pervaded their openings are attached to hair follicles which carry sweat and replenish rasa inside and outside through them only the Veerya of Abhyanga, Snana and Lepa Dravyas enter the body after being transformed in skin; the same also carry the sensation of touch pleasant. The function of Bhrajaka Pitta is said to metabolize the substance of drugs applied to the skin whereas one of its main functions is to manifest the colour and complexion of the Twak (skin). In function of metabolism the activities of Samanvayu supported by Vyana Vayu is of great importance.

Ayurveda also propagates the theory of ‘Strotomaya Purush’ indicating that the whole human body is porous. When the medication is applied in the form of Lepa or Pradeha, the minute particles of the substance penetrate the Twaka owing to the gravitational pull and the weight of the drug. The Upashoshana property of Vayu (Vyana and Samana especially) would play a major role in the penetration, and absorption of the medicaments applied over the Twak. After being absorbed in the Twak, the drugs would act upon the body, pertaining to its virya(active principle) and in some cases according to its Prabhava.

Sr.NO	Name of formulations	Indication	Ingredients	Liquid media/ Base
1	<i>Dashang Lepa</i>	<i>Visarpa</i> (Erysipelas), <i>Shoth</i> (Swelling), <i>Vrana</i> (Wound)	<i>Powder of Shirish (Albizialebeck)</i> <i>Yashtimadhu (Glycyrrhiza glabra)</i> <i>Ta-gar (Valerianawallinchii)</i> <i>Raktachandana (Pterocarpus santalinus)</i> <i>Ella (Elettaria cardamomum)</i> <i>Jatamansi (Nordostachys jatamansi)</i> <i>Haridra (Curcuma longa)</i> <i>Daruharidra (Berberis aristata)</i> <i>Kustha (Sassurealappa)</i>	<i>Goghrita</i> (cows' ghee)
2	<i>DahanashakaLepa</i>	<i>Daah</i> (Burning sensation)	<i>Seed pulp of Bhibhitaka (Terminalia bellirica)</i>	Not mentioned
3	<i>Langhyadilepa</i>	<i>Visphota</i> (Pustules)	<i>Langli (Gloriosa superba)</i> <i>Ativisha (Aconitum heterophyllum)</i> <i>Alabu (Lagenariasiceraria)</i> <i>Jalini (Luffa acutangula)</i> <i>Mulabeeja (Raphanus sativus)</i>	<i>Kanji (Dhanya Amla)</i>
4	<i>Raktachandanadilepa</i>	<i>Vyanga</i> (hyperpigmentation) <i>Mukhakantikara</i> (Glowing skin)	<i>Raktachandan (Pterocarpus santalinus)</i> <i>Manjistha (Rubiocordifolia)</i> <i>Lodhra (Symplocosracemosa)</i> <i>Kustha (Sassurealappa)</i> <i>Priyangu (Callicarpa macrophylla)</i> <i>Vatankur (Ficusbenghalensis)</i> <i>Masur daal (Lens culinaris)</i>	Not Mentioned
5	<i>Matulungadilepa</i>	<i>Pitika</i> (Pimples) <i>Vyanga</i> (Melasma)	<i>Matulunga (Citrus medica)</i> <i>Ghruta Manashila (Reagler)</i>	Not Mentioned
6	<i>Lodhradilepa</i>	Pimples	<i>L. Lodhra (Symplocosracemosa), Dhanyaka (Coriander sativum),</i>	Not mentioned

			<i>Vacha (Acorus calamus) mixed in equal quantity</i> 2. <i>Maricha (Piper nigrum) and Gorochana (cow's bile)</i>	
7	<i>Siddhartakalepa</i>	<i>Vyanga</i>	<i>Sarshapa, (Brassica campestris)</i> <i>Vacha, (Acorus calamus)</i> <i>Lodhra, (Symplocos racemosa)</i> <i>and Saindhava Lavana (Rock Salt)</i> <i>OR Bark of Arjuna (Terminalia arjuna), Manjistha (Rubiocordifolia)</i>	Not mentioned  <i>Madhu (Honey)</i>
8	<i>Vatapatratilepa</i>	<i>Vyanga (Melasma)</i> <i>Nilika (Hyperpigmentation)</i> <i>Tarunyapitika (pimples)</i>	<i>Vata Pandu Patra (ripened Banyan leaves), Malti Patra (Jasminum grandiflorum), Raktachandana (Pterocarpus santalinus), Kustha (Saussurealappa), and Kaliyaka (Berberis aristata)</i>	Not mentioned
9	<i>Arunshikalepa 1</i>	Papules on skin	<i>Purana Pinyaka (old sesame) and cock excreta</i>	<i>Gomutra (Cows urine)</i>
10	<i>Mukhakantikar lepa</i>	For glowing face	<i>Shweta ashwauharabhasma</i>	Navneet (butter)
11	<i>Arunshikalepa 2</i>	Papules on skin	<i>Khadira (Acacia catechu), Neem (Azadirachta indica), and Jambu (Syzygium jambulina) bark paste</i>	<i>Gomutra</i>
12	<i>Arunshikalepa 3</i>	Papules on skin	<i>Bark of kutaja (Holerrhea antidiysentrica) Saindhava (salt)</i>	Not mentioned
13	<i>Shwitraharalepa 1</i>	<i>Shwitra (Leucoderma)</i>	<i>Suvarna pushpi, Kasisa, Vidanga (Emblcaribes), Manahshila (Reagler) Gorochana, And Saindhava (Rock salt)</i>	Not mentioned
14	<i>Shwitraharalepa 2</i>	<i>Shwitra (Leucoderma)</i>	<i>Vayasi (Solamum indicum), chakramarda (Cassia tora), Kustha (Saussurealappa), and Krishna (Piper longum) mutra (goat's urine) and grounded with Avi mutra (goats urine) made into pills</i>	Goats urine
15	<i>Shwitraharalepa 3</i>	<i>Shwitra (Leucoderma)</i>	<i>Hartala and Bakuchi (Psoraleacoryli-folia)</i>	<i>Gomutra</i>

## DISCUSSION

### Common lepa and Uses:<sup>16,17</sup>

- Lepa prepared from haridra and honey is used to treat cut wounds and burn wounds.
- Triphala herbal powder and honey is mixed to make a paste and applied over mouth ulcer to treat it.
- Lepa prepared from either the root or leaves of Ishwari (*Aristolochia indica*) and black pepper is applied over the area bitten by snake, scorpion to treat its poison.
- The lepa prepared from the leaves of bitter gourd plant is applied to treat insect bite and bee bite pain.
- The paste of red sandalwood is applied over the area bitten by rat and scorpion to decrease the burning sensation.
- Paste prepared from powder of shell mixed with honey or jaggery is applied over swelling of the throat.
- Paste prepared from pepper (*Piper longum*) and leaves of drumstick (*Moringa olifera*) is applied over the forehead to reduce headache.

The above said examples are very few of the paste told in the Ayurvedic texts. There are many more formulations of lepa mentioned for different diseases in different texts and folklore practice.

## CONCLUSION

The skin is not only important for studying the structure and function, but also application of the same in understanding the disorders arise out of it. So, it has ample of importance in physical and mental wellbeing of an individual. Use of various Lepa on skin can be useful to treat various types of disorders. Sharangdhara Samhita contributes a very significant part in the world of Ayurveda. Sharangdhar samhita has a separate chapter on lepa, it defines importance of beauty and lepa. There is a huge scope of research as a drug discovery and development in the context of lepa formulations. However new dosage form as a cream or ointment can be a further scope for study and scientific database can be created with help of clinical study for establishment of effectiveness of lepa.



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## Efficacy of Kushmanda avaleha in Karshya

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**Abstract**

Undernutrition (Kaarshya), despite various rational global corrective initiatives to provide nutrition, continues to be one of the most urgent problems. The majority of children's in developing countries are malnourished. It is a significant contributor to morbidity and mortality in both children and adults. The promotion of a healthy diet is one of the eight basic health care elements in the global health for all initiative. A malnourished individual is prone to a variety of issues. The body's reserves of fat and muscle are depleted in this situation. Because of this, it is essential to treat in order to get the body back to normal. With its distinctive strategy for pharmaceutical therapy and lifestyle management. Ayurveda can help with this condition thanks to its holistic approach.

**Keywords:** Ayurveda, Karshya, Under Nutrition, Kushmanda Avaleha

**1. Introduction**

Diseases and health are interrelated on a continuum. It is evident that health varies from a state of optimal well-being to different degrees of dysfunction. Under nutrition is to blame for about half of all fatalities in children under the age of five. This results in the needless death of around 3 million young people each year <sup>[1]</sup>. There may be a need for BMI cut-off points tailored to particular populations, according to several reports from Asia population <sup>[2-5]</sup>. For the same age, sex, and BMI, Polynesians have a lower body fat percentage than do white individuals <sup>[6]</sup>. According to studies conducted in India, nutritional inadequacies are a widespread problem among adolescents, which causes them to lose weight (Krusha) and become physically and intellectually feeble (Durbala) Because of increased social stress, lifestyle changes have a negative impact on the adolescent population (Atichinta). The same is to blame for inappropriate food consumption. Over 40% of children are estimated to receive less food than they should, and almost a third of Indians are thought to be malnourished. In order to solve this issue, the Indian government is increasing food subsidies, yet problems still persist due to the fast increasing population in most of Northern India <sup>[7]</sup>.

**2. Case**

Report a 6-year-old male child came with complaints of loss of weight for 2 months and associated complaints include loss of appetite, general weakness for 15 days. The patient was healthy 3 months back. Gradually he developed loss of appetite & general weakness in the body. For that he consulted local doctor and took allopathic treatment but could not get any relief. Se for further management patient was admitted to Ayurveda hospital for further treatment.

**2.1 General Examination - Built**

Under-weight, Pallor: Absent, Icterus: Absent, Clubbing: Absent, Cyanosis: Absent, Lymphadenopathy: Absent, Edema: Absent

**2.2 Systemic Examination**

**Cardiovascular System:** S1S2 Normal

**Respiratory System:** Air Entry Bilaterally Equal,

**Gastro-Intestinal System:** P/A Soft, No Organomegaly felt.

**Central Nervous System:** Conscious and Oriented,

**Cranial Nerves:** Within normal limits

**2.3 Treatment plan**

Kushmanda Avaleha 5 gm BD for 60 days

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### 3. Observation

Significantly increased in weight 3 Kg was observed after two months of regular intake of Kushmand avaleha. Also BMI increased.

### 4. Discussions

The majority of children's in impoverished nations have Kaarshya, which is a Rasapradoshaja Vikara. This happens as a result of poor nutrient intake and a lack of understanding of its significance. The emergence of the Kaarshya also caused by poverty and a lack of personal cleanliness. According to a historical Ayurvedic literature, Karshya is a Rasapradoshaja Vikara, meaning that the majority of adult populations in underdeveloped nations experience Dhatupusti, a change in metabolism that causes low body weight or underweight. Insufficient consumption of nutrient-rich foods and a lack of awareness of their significance are shown to be the primary causes. Other contributing variables that contribute to the emergence of underweight include poverty and poor personal cleanliness (Karshya). Since India is a developing nation with a low socioeconomic position for the vast majority of its citizens, nutrition dictates quality of life. On a global scale, the three main nutritional deficiency disorders that are being recorded as the highest priority actions are kwashiorkor, marasmus, and nutritional anaemia.

Avaleha is semi-solid dosage<sup>[8]</sup> form, that have a longer shelf-life<sup>[9]</sup> than primary dosage forms and is suitable for all three age groups, i.e., children (Bala), young (Yuva), and old (Vridhdha)<sup>[10]</sup>. In total, ten different methods for the preparation of avaleha including both with heat (Saagni) and without heat (Niragni) have been documented in our classical texts. The fundamental components of this dosage form comprise liquid substance (Drava Dravya), sweet substance (Madhura Dravya), condiments (Prakshepa Dravya), and paste of drugs (Kalka Dravya). Kushmanda (Benincasa hispida Thumb.) is widely utilized vegetable crop particularly in Asian communities for both nutritional and therapeutic benefits. Its fruits have long been used as a nootropic (Medhya), diuretic (Mutravirechana), laxative (Malasodhaka) aphrodisiac (Vrisya), cardiogenic (Hridya) and in treatment for several respiratory, urinary, gastrointestinal ailments, etc.<sup>[11-13]</sup>. The seeds and fruit juice of Kushmanda is claimed to be nootropic (Medhya) and Balya, it is recommended in Ayurveda for enhancing memory and other cognitive functions.

### 5. Conclusion

From this single case study we conclude Regular intake of Kushmanda avaleha significantly increases weight and body mass index in Karshya. Further study required for more details.

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## Complications of COVID-19 in Garbh-Ini [Pregnancy] W.S.R. to pre-turm labour

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### Abstract

Ayurveda is an ancient science, which deals with prevention of various diseases and also cured from disease. The main aim of *Ayurveda* is 'Prevention is better than cure'. Prasuti Tantra and Streeroga is one of the important subjects in *Ayurveda*, as it is not mentioned in the *Ashtanga Ayurveda*, but it comes under this Kaumarbhritya. Streeroga deals with identification, diagnosis, pathology & treatment of various diseases related to women. *Garbha* is important aspect in women's life. *Garbha* is formed by the fusion of *Shukra* and *Shonita* according to *Ayurveda*. During pregnancy there is progressive anatomical, physiological and biochemical change not only confined to the genital organs but also to all systems of the body. In COVID era, it is causing harm to the human beings; also it is important for Garbh-Ini (pregnancy). Pre-term labor is one of the complications developed due to the COVID-19 in Pregnancy.

**Keywords:** Garbh-Ini, Pre-term labor, Ayurveda

### 1. Introduction

Ayurveda is an ancient Indian medical science. Development of foetus is a continuous process of maturation of structures during the different periods of gestation. *Garbhadhana* term in Ayurveda indicates the changes that occur during gestation<sup>[1]</sup>. Pregnancy is important phase in every woman's life. For the proper development and growth of the foetus we need to prevent the complications during pregnancy. In today's era, we are facing huge problems around the world. The world is under the threat of COVID-19 infection. Though various effects are being made all over the world, this is still uncontrollable. Pregnant women are at higher risk of morbidity and mortality developed due to COVID-19. It leads to reduce the immune power and also decreased the lung capacity. Therefore, Garbh-Ini avastha (Pregnancy) should be considered important during the time period of COVID. It is reported that COVID-19 development during pregnancy can leads to Preterm birth and stillbirth. According to latest findings of pregnant women with COVID-19 infection, that has existing medical conditions like Diabetes mellitus, Hypertension, Overweight etc, more likely to suffer complications from Covid-19 infection<sup>[2]</sup>. *Acharya Charaka* has mentioned Prajasthapana Gana in the *Sutrasthana* of *Charaka Samhita*, for the management of Garbhasthapana. To avoid premature labour this Garbhasthapaka Dravyas are helps to prevent this condition. Here in this case study, this all 10 drugs of Prajasthapana Gana are used in the form of Ksheerapaka for the management of premature labour in Garbh-Ini.

### 2. Materials & Methods

#### Case study

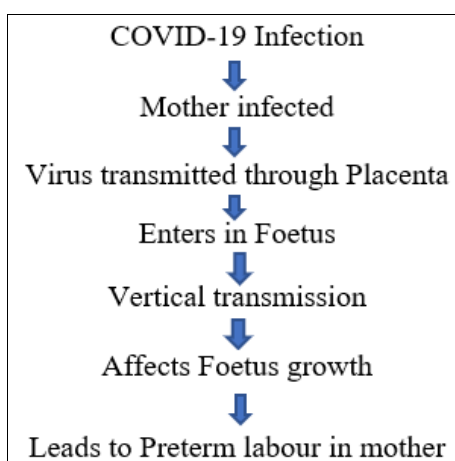
Two Female patients visited department of Streeroga & Prasuti Tantra with complaints of pain in abdomen, lower back pain since from 10-12 days.

#### Chief complaints

- Pain in abdomen
- Lower back pain

Patient details		
Age	32 years	28 years
Weeks	36 weeks of gestation	35 weeks of gestation
Past history	H/O – Covid-19 [before 5 months]	H/O – Covid-19 [Before 4 months]
Family history	No maternal / paternal history	No maternal / paternal history
Menstrual / Obstetric history	Age of Menarche - 12 years Menstrual cycle - 3-5 days/28-30 days Regularity of menses - Regular Pain during menses - Present LMP - 4/9/20 EDD [USG] - 12/6/21 Married life - G <sub>3</sub> P <sub>1</sub> L <sub>1</sub> A <sub>1</sub>	Age of Menarche – 12 years Menstrual cycle – 4-5 cycle/28-30 days Regularity of menses – Irregular Pain during menses – Present LMP – 22/8/20 EDD [USG] – 30/5/21 Married life – G <sub>2</sub> P <sub>1</sub> L <sub>1</sub> A <sub>0</sub>
Contraceptive history	NAD	NAD
General examination	PR = 76/min BP = 130/90 mm of Hg RR = 18/min Height = 150 cm Weight = 56 kg Temp = 98.6 <sup>0</sup> F Pallor = Present	PR = 72/min BP = 120/80 mm of Hg RR = 18/min Height = 147 cm Weight = 71 kg Temp = 98.6 <sup>0</sup> F Pallor = Mild
Ashtavidha Pariksha	Nadi = 76/min Mala = Samyaka Mutra = Samyaka Jivha = Alpa Sama Shabda = Prakruta Sparsha = Anushna Druka = Prakruta Akruti = Madhyam	Nadi = 72/min Mala = Samyaka Mutra = Samyaka Jivha = Nirama Shabda = Prakruta Sparsha = Anushna Druka = Prakruta Akruti = Madhyam
Dashavidha Pariksha	Prakruti = Vatapittaja Vikruti = Nasti Sara = Madhyam Samhanana = Madhyam Satva = Madhyam Satmya = Sarva rasa satmya Pramana = Prakruta Vaya = 32 years Aaharashakti = Madhyam Vyayama Shakti = Madhyam	Prakruti = Pittakaphaja Vikruti = Nasti Sara = Madhyam Samhanana = Madhyam Satva = Madhyam Satmya = Sarva rasa satmya Pramana = Prakruta Vaya = 32 years Aaharashakti = Madhyam Vyayama Shakti = Madhyam
Systemic examination	CVS = S <sub>1</sub> S <sub>2</sub> normal CNS = Conscious, Oriented RS = AE=BE, Clear	CVS = S <sub>1</sub> S <sub>2</sub> normal CNS = Conscious, Oriented RS = AE=BE, Clear
Antenatal examination	P/A – Inspection – Linea nigra, Striae gravida present Palpation – 36 weeks, Fetal parts palpable Auscultation – 154 bpm	P/A – Inspection – Linea nigra, Striae gravida present Palpation – 35 weeks, Fetal parts palpable Auscultation – 150 bpm
Laboratory examination	CBC - Hb = 10 gm/dl Blood group – O +ve HIV – Non reactive HbSag – Non reactive Urine examination – Appearance = Clear, Pus cells = Occasional USG – Single uterine intra-uterine pregnancy of 36 weeks	CBC - Hb = 12 gm/dl Blood group – B +ve HIV – Non reactive HbSag – Non reactive Urine examination – Appearance = Clear, Pus cells = Occasional USG – Single uterine intra-uterine pregnancy of 35 weeks

## Pathogenesis



## Management

For the management of complication of Covid-19 i.e. Pre-term labour in Garbh-Ini [Pregnancy] both patients were treated with Ksheerapaka of *Dravyas* from Prajasthapana like *Endri*, *Brahmi*, *Shatavirya*, *Sahastravirya*, *Amogha*, *Avyatha*, *Shiva*, *Kutaki*, *Vatyapushpi* & *Vishvakshenan* to avoid

premature labour given for 5 days. *Acharya Charaka* has mentioned +the Ksheerapaka of Prajasthapana Gana in *Sutrasthana* in *Shadavirechanashatashritiya Adhyaya* in which 10 *Dravyas* included for the management of *Prajastha v6pana* or Garbhasthapana.

## Drug details [7-9]

Drug	Latin name	Family	Rasa	Guna	Virya	Vipaka	Karya
<i>Endri</i>	<i>Centella asiatica</i>	Umbelliferae	<i>Kashaya Tikta</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittashamaka</i> , helps in <i>Aartavajanana</i> . Works on menstrual diseases thus helps in conception. It has <i>Balya</i> , <i>Prajasthapana</i> , <i>Vayasthapana</i> property.
<i>Brahmi</i>	<i>Bacopa monnieri</i>	Scrophulariaceae	<i>Tikta Kashaya Madhura</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Laghu guna</i> reduces <i>Kapha</i> , <i>Malas</i> and clear the channels of the body [ <i>Strotoshodhana</i> ]. Due to <i>Madhura rasa</i> acts as a <i>balya</i> , <i>vatahamaka</i> . <i>Kashaya</i> , <i>Madhura</i> , <i>Tikta Rasa</i> and <i>Shitavirya</i> acts as <i>Pittashamaka</i> so it is <i>Tridoshaghna</i> . <i>Brahmi</i> acts as <i>Rasayana</i> .
<i>Shatavirya</i>	<i>Asparagus racemosus</i>	Liliaceae	<i>Madhura Tikta Kashaya</i>	<i>Guru Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	Acts as <i>Vata pittashamaka</i> . It has oestrogenic effect works on female mammary gland & genital organs.
<i>Sahastravirya</i>	<i>Cynodon dactylon</i>	Graminae	<i>Kashaya Madhura</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Katu</i>	It acts as <i>Raktastambhaka</i> . It has <i>Pittashamana</i> , <i>Ropana</i> & <i>Kumar Rasayana</i> effect. Extract used in bleeding, strengthens uterus, averts abortion.
<i>Amogha</i>	<i>Stereospermum suaveolens</i>	Bignoniaceae	<i>Tikta Katu</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	Having <i>Tridoshaghna</i> property. Acts as <i>Hridya</i> , used in inflammations.
<i>Avyatha</i>	<i>Tinospora cordifolia</i>	Menispermaceae	<i>Tikta Katu Kashaya</i>	<i>Laghu Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	Acts as <i>Tridoshaghna</i> . It helps in all disorders which causes to infertility.
<i>Shiva</i>	<i>Terminalia chebula</i>	Combretaceae	<i>Panchrasa Lavana varjit</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Haritaki</i> acts as <i>Tridoshaghna</i> , also acts as <i>Rasayana</i> . Due to <i>Katu-Tikta</i> and <i>Kashaya rasa</i> it acts as <i>Kaphaghna</i> . Due to <i>Madhura</i> , <i>Tikta</i> , <i>Kashaya rasa</i> acts as <i>Pittaghna</i> and due to <i>Amla</i> , <i>Madhura</i> & <i>laghu guna</i> it acts as <i>Tridoshahara</i> . It acts as <i>Dipan</i> , <i>Pachan</i> and <i>Anulomana</i> . Also acts as <i>Shulaghna</i> & prevents pre-term labour. Due to <i>Kashaya Rasa</i> it reduces <i>Garbhashaithilya</i> & acts as <i>Prajasthapaka</i> .
<i>Arishta</i>	<i>Picrorhiza kurroa</i>	Solanaceae	<i>Tikta</i>	<i>Laghu Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Due to <i>Tikta Rasa</i> , <i>Katu Vipaka</i> , <i>Ruksha</i> , <i>Laghu Guna</i> it acts as <i>Kaphaghna</i> . Due to <i>Tikta Rasa</i> and <i>Sheeta Virya</i> it acts as a <i>Pittaghna</i> . <i>Kutaki</i> acts as <i>Vranashodhana</i> & <i>Kledashoshak</i> . Acts as <i>Hridya</i> . <i>Ruksha guna</i> prevents discharge from vagina and give mild dryness so that no premature ruptures membrane & there is no premature labour.
<i>Vatyapushpi</i>	<i>Sida cordifolia</i>	Malvaceae	<i>Madhura</i>	<i>Laghu Snigdha Picchila</i>	<i>Sheeta</i>	<i>Madhura</i>	It acts as <i>Balya</i> , <i>Brunhaniya</i> and <i>Pittashamaka</i> . Due to <i>Madhura rasa</i> and <i>snigdha guna</i> it acts as <i>Vataghna</i> . Due to <i>Madhura rasa</i> & <i>sheeta guna</i> it acts as <i>Pittaghna</i> . It give tone to the smooth muscle. Also acts as <i>Vedanashamak</i> . It reduces <i>Garbhastha dourbalya</i> & provide proper growth.
<i>Vishvakshenan</i>	<i>Callicarpa macrophylla</i>	Verbenaceae	<i>Tikta Kashaya Madhura</i>	<i>Laghu Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	It has action on <i>Vata</i> and <i>Pitta dosha</i> . It acts as anti-inflammatory, astringent & rejuvenating properties.

## Preparation of Ksheerapaka [10]

The ingredients of Prajasthapana Gana were boiled on moderate heat till only milk part remains. As per heating process is carried out for the short duration the water and fat soluble plant principles may not be extracted completely. Hence the preparation become less potent.

## Precautions

1. Drugs was used in the fine powder form.
2. Each drug was taken in amount of 10 gm, 80 ml milk was added in 320 ml water.
3. Heating was carried out on *Mandagni*.
4. Ksheerapaka was used in its fresh form; it should not be stored.

## General dose

- It can be decided after the consideration of Rogi and Rogabala.
- Not specified in the text.
- But according to *Kwatha Kalpana*, dose is 1 *Pala* = 48 ml. [~40 ml BD]

## Observations

The effect of treatment on Pain in abdomen, Lower back pain is as follows;

	Symptoms	Before treatment	After treatment
VAS Scale	Pain in abdomen	9	2
	Lower back pain	10	4

## Gradation of symptoms

1 - 3 = Mild; 4 - 6 = Moderate; 7 - 10 = Severe



## Discussion

In this case study observations was done before and after treatment based on symptoms.

### Kshirapaka of Prajasthapana Gana

Garbhasthapana *Dravyas* includes 10 different drugs which having action over uterus, *Aartava* and helps to cure complications related to the *Garbha* or *Garbh-Ini*. *Endri*, *Brahmi* used in menstrual disorders, acts as *Balya*, *Garbhasthapaka*. *Sahastravirya* and *Shatavirya* acts on *Pitta dosha*, helps in menstrual disorders. *Durva* is one of the important drug for the management of *Raktastrava*, which acts as a *Raktastambhaka*. It has *Madhura*, *Kashaya Rasa*, *Sheeta Virya*, balances *Kapha* and *Pitta Dosha*. *Patala* is one among *Dashamoola* group of herbs. It has *Tikta*, *Kashaya Rasa*, *Sheeta Virya* which acts as *Stambhaka*. *Haritaki* has *Tridoshaghna* effects, while *Kutki* has *Pittaghna* property which helps to cure premature labour. *Guduchi* is well known immune-modulator drug, *Kashaya*, *Tikta Rasa*, having *Shothaghna*, *Stambhaka*, *Sangrahaka*, *Rasayana*, etc. *Priyangu* has anti-inflammatory action used for various menstrual disorders.

## Conclusion

In this case study, all the symptoms like Pain in abdomen, Lower backpain, and also complication of Covid-19 like Preterm labour, are markedly prevent & reduced in 5 days of study duration. In conclusion, Ksheerapaka of *Dravyas* from Garbhasthapana like *Endri*, *Brahmi*, *Kutki*, *Shatavirya*, *Sahastravirya*, *Haritaki*, *Durva*, *Patala*, *Guduchi*, *Priyangu* is significantly effective, followed by proper *Pathya* & *Apathya*.

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## Case Study

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### MANAGEMENT OF GRIDHRASI (SCIATICA) THROUGH RAKTAMOKSHANA BY USING GHATI YANTRA: A CASE STUDY

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#### ABSTRACT

More than three-quarters of the world's population suffers from Gridhrasi (sciatica), which has a substantial incidence rate. It is characterized by the onset of ruja (pain), toda (pricking), and stambha (stiffness), initially in sphika (gluteal region) and then radiating distally to kati-prishtha (low back), janu (knee), jangha (thigh) till pada (feet). The patients suffering from Gridhrasi have restricted movements due to painful limbs, affecting their daily routine activities. It can be correlated with sciatica. Here is the case of 48 years old female suffering from pain in the lumbar region and radiating to right lower extremities along with tingling and numbness, difficulty walking, for the last 3 years with increasing severity. The patient was diagnosed with a case of Gridhrasi. The patient was treated with Ghati yantra raktamokshana shows a significant result. It can have a long-lasting result, a safe, cost-effective, and less invasive treatment modality in Gridhrasi may reduce the intensity of ruja, toda, sthambha and thereby it may improve the quality of life.

**Keywords:** Sciatica, Gridhrasi, Ghati yantra, Raktamokshana.

#### INTRODUCTION

In developed countries, human sedentary lifestyles have created several disharmonies in biological systems. Factors like improper sitting postures in work areas, jerky movements during travelling etc lead to low back pain. Low back pain is the most reported musculoskeletal problem in elderly adults. Sciatica has been reported to occur in 1 to 10 % of the population <sup>1</sup>. The recurrence rate is about 72-90 % within six months with non-surgical or conservative care and within a year, there is a 15-35% chance of recurrence of pain.<sup>2</sup> Sciatica prevalence from different studies ranged from 1.2% to 43%.<sup>3</sup>

#### Gridhrasi

In Ayurveda, Gridhrasi is one among the Vataja nanatmaja vyadhi according to Charaka.<sup>4</sup> The symptoms of Gridhrasi are pain starting from sphik to parshni prathyanguli and it is manifested by the affliction of two kandara in the leg. It is of two types, Vataja in which pain will be severe and Vata Kaphaja in which sthambha or stiffness is the predominant feature.

The line of management of Gridhrasi according to Ayurved is Basti karma, Siravedha and Agni karma (between kandara and gulpha) (Cha Chi 28 / 101) So Raktamokshana is choice of treatment as it involved snayu and Rakta dhatu.

#### Sciatica

Based on symptoms, Gridhrasi can be equated with the disease Sciatica in modern science. Sciatica is a type of radiculopathy. It

is a term often used to describe low back pain that spreads (radiates) through the hip, to the back of the thigh, and down the inside of the leg generally intensifying the suffering. Symptoms of sciatica include pain that spreads (radiates) along the sciatic nerve from the lower back, through the hip, into the thigh, down the inside of the leg, and to the foot. Sciatic pain can range from severe, sharp, shooting pain to a dull ache.<sup>5</sup> In modern medicine, conservative treatment provides short-term relief in pain whereas surgical intervention provides varying relief associated with significant side effects.

#### Raktamokshana

Raktamokshana is one of the shodhana procedures. It is less interventional, economical, provides immediate symptomatic relief, and is associated with the least adverse effects when compared to the prolonged usage of NSAIDs. Raktamokshana by Siravyadha has been explained by Acharya Sushruta in the treatment of Gridhrasi as vitiated dosha affects the kandara which is the upadhatu of Rakta and Ghati yantra is indicated in avaghadathara raktadushti.<sup>6</sup> Ghati yantra can be a simple and effective treatment and it may reduce the symptoms of Gridhrasi.<sup>7</sup>

#### CASE REPORT

A 48-year-old female patient visited Ayurveda college, panchakarma OPD presented with C/o of pain and tingling sensation in the right lower extremity, low back pain, and difficulty in walking for 3 years. Physical examination revealed stability of all vital functions. A straight leg raising test (SLRT) of the right leg was performed by the patient actively and it was

noticed painful at 55 degrees while for the left leg, it was not painful and can be raised to 90 degrees.

During detailed history taking, it was found that she was a known case of hypertension for the last 4 years and taking treatment for the same. No other family history was found. She had worked as a social worker and had to travel long distances. All routine investigations were performed and found within normal limits.

Study was carried out per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. The study was carried out per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

### Diagnosis

Based on clinical presentation and SLR test, the patient was diagnosed with a case of sciatica. From the Ayurveda perspective, she was diagnosed as a case of Gridhrasi.

### MATERIALS AND METHODS

Apparatus used for cupping.

- Ghati yantra – according to size
- Hand gloves
- Surgical blade no.18
- Sterile dressing
- Duration of study: 10 days
- Raktamokshana was done on sphika (gluteal region) or kati (low back region) with the help of 18 no. surgical blade and appropriate size of Ghati yantra in 3 settings (0th, 5th,10th)
- Centre of study: OPD of Ayurved College
- The study was carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

### Procedure

Purva karma

- Informed consent was taken.
- The site of raktamokshana was selected and disinfected with spirit solution, and the vacuum was created with the appropriate size of Ghati yantra.

Pradhana karma

- On selected and disinfected areas 3–4 pricks were given with the help of 18 number needle which leads to pinpoint bleeding.
- Then, the Ghati yantra was wiped from the inside with spirit gauze and heated with matchstick which was then quickly placed on the bleeding points.
- As the Ghati yantra was flamed inside, it creates a vacuum because of the consumption of oxygen by the flame which raises the local area to form a bulge, and oozing of the blood occurs.
- It was kept in the same position till the blood flow stops and blood clots, after which Ghati yantra was removed and the area was cleaned with a sterile gauze piece.

Paschata karma

- A ring-shaped mark left by the removed Ghati yantra was massaged by a gentle hand, and the patient was instructed to take rest.
- The patient was called back twice, with a 5-day gap between visits, for follow-up. (On 5<sup>th</sup> and 10<sup>th</sup> days)
- During the follow-up appointments, patients were also checked to see if their SLR test results had improved since using the Ghati yantra.



Instruments



Cleaning the site



Pricking on site



Placing Ghata yantra (glass Jar)

### Assessment Criteria

- Subjective symptoms reported by the patients were scored and evaluated by Ghata yantra before and after they underwent Raktamokshana.
- A SLR test was conducted for objective metrics, and the angle using a goniometer was recorded for comparison.

**OBSERVATION**

**Table 1: Clinical features: Before and after treatment**

Criteria	Before Treatment	After Treatment
Ruka	+++	No pain
Toda	+++	++
Stambha	+++	+
SLRT	55 degree	80 degree



**SLRT Before Treatment**



**SLRT After Treatment**

**RESULT AND DISCUSSION**

From an Ayurvedic point of view, Vata dosha is a primary factor of pain in any type of disease. It becomes aggravated either due to dhatu kshaya or due to margavarodha. In case of Gridhrasi, Kapha dosha, in its vitiated form, obstructs in the minute channels causing srotabarodha. So Vata dosha is aggravated in the body, thereby increasing pain in the body. Acharya Charaka has described Siravyadha in the management of Gridhrasi. Acharya Sushruta has mentioned that diseases, which are not relieved by snehana, lepanadi therapeutic measures can be treated with Siravyadha as an emergency management. The researchers used Siravyadha to let out Rakta dhatu along with vitiated doshas and reported that Siravyadha gives spontaneous relief in the cardinal symptoms of Gridhrasi due to the release of impurities or doshas from the affected area. Similarly in the present study vitiated doshas along with Rakta dhatu were let out by pricking with a needle on the affected area, The vacuum created by the Ghati yantra helps the vitiated blood to ooze out. which gives spontaneous relief from symptoms of Gridhrasi due to the release of doshas with the blood from the body.

**Modern concept**

- Patho- physiological studies suggest that in case of (>100 ml) considerable blood loss, immediate Haemo dilution Stimulates the body's alert mechanism.
- Psycho-neuro-endocrinal mechanism mediated by Hypothalamus, pituitary and endocrine axis is triggered and responds with commanding actions through efferent signals to the vascular System. Local metabolism improved, drainage system improved, fresh RBC is produced which are active.

**Mode of action of Ghati yantra according to Modern Point of view**

Ghati yantra targets soft tissue by applying local pressure to pain points and areas of swelling. It helps extract blood from the body, which may be harmful, and overcome the potential adverse effects, leading to physiological well-being. Vitiated doshas responsible for the sciatica along with Rakta dhatu (blood) were let out by pricking with a needle on the affected area and the vacuum created by Ghati yantra helps the vitiated blood to ooze out which gives spontaneous relief from symptoms of Gridhrasi due to release of doshas through blood from the body.<sup>8,9</sup> It is thought to act mainly by increasing local blood circulation and

relieving painful muscle tension. It mainly involves improving microcirculation, promoting capillary endothelial cell repair, and accelerating granulation and angiogenesis in the regional tissues. This helps in normalizing the patient's functional state and progressive muscle relaxation.<sup>10</sup> Ghati yantra Raktamokshana has shown positive results in the pain management of Gridhrasi.

**CONCLUSION**

Sciatica is a major cause of morbidity that makes a person to be disabled from daily activities. This case study shows that the Ghati yantra Raktamokshana is very effective in the management of Gridhrasi. It has given significant improvements in subjective and objective parameters indicating that the patient has improved in presenting the features and significant improvement found in the patient's quality of life. With the use of Ghati yantra, there can be immediate and lasting pain relief until the forthcoming dosha dushti. It can have a long-lasting result, a safe, cost-effective, and less invasive treatment modality in Gridhrasi may reduce the intensity of ruja, toda, spandhana, sthambha and thereby it may improve the quality of life. To validate results, some randomized clinical studies with sizable sample sizes are conducted.

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## Review Article

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### A CRITICAL REVIEW OF PADABHYANGA IN VISUAL PATHWAY

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#### ABSTRACT

Traditional Ayurvedic therapy called padabhyanga involves massaging the foot with warm oil infused with herbs. It is claimed to be a component of the dinacharya (daily Ayurvedic routine) for sustaining good health. The health of the feet and foot care plays a significant role in the body's overall well-being. According to ancient Ayurvedic scriptures, "Diseases do not go near one who massages his feet before sleeping, just as snakes do not approach eagles." Worsening lifestyle changes and excessive use of screens on computers, TVs, and mobile devices worsen ocular clarity and generate different netra roga. Abhyanga (massage) to the feet makes the feet strong (sthairya) and induces sleep (nidra). According to Charaka and Vagbhata, padabhyanga is described as dristiprasadaka and according to Sushruta chakshushya. The chakshu gets benefits and shows its specific action over the visual pathway. Here, an attempt has been made to review the information on pada abhyanga in the visual pathway.

**Keywords:** Padabhyanga, foot massage, drishtiprasadan, visual pathway

#### INTRODUCTION

A kind of bahya snehana called padabhyanga involves applying medicinal sneha to the foot in various ways to provide local and systemic benefits. The Charaka Samhita and Sushruta Samhita both mentioned padabhyanga in the context of sadvritta as a preventative strategy. As a part of sarvanga abhyanga, padabhyanga to be carried out is mentioned in Ashtanga Hridaya and Yogaratnakar. Because of sneha and local absorption, padabhyanga may have a localized effect. It is quite helpful to massage the soles of the feet before bed.

According to ancient Ayurvedic scriptures: "Diseases do not go near one who massages his feet before sleeping, just as snakes do not approach eagles."<sup>1</sup> According to the science of reflexology, there are links between the body's organs and the soles of the feet. Therefore, a proper foot massage using particular oils, regardless of location, prevents and treats a variety of illnesses.<sup>2</sup> This study claims that massaging the foot can activate various organs, including the heart, lungs, kidneys, brain, and intestines.<sup>3</sup>

#### Padabhyanga

Padabhyanga is massaging the feet after applying oil or another sneha dravya. It falls under the category of bahya snehana. The words ang-dhatu (to smear) and abhi-upasarga are the roots of the word abhyanga. Lower body parts are described by the word pada. As a result, the term "padabhyanga" literally refers to the meticulous application of sneha dravya to the lower extremities, particularly the sole. The anuloma direction should be used while applying it. Ayurvedic texts have recommended it as a daily

regimen to enhance health since it shields people against ailments like netra, paada gridhrasi vata, sankocha of sira, and snayu. Padabhyanga is referred to as netra- prasadanaakara or dristiprasadanakara in Brihatrayee.<sup>4</sup>

#### Padabhyanga – The Foot Massage

The Vata dosha is located in pada, and its vitiation results in 80 different varieties of nanatmaja rogas. We can manage the Vata dosha by padabhyanga. The marma (vital spots) in the sole area are stimulated by padabhyanga. The marma points in the sole that are massaged during the padabhyanga method are kshipra, kurcha, talahridaya, kurchashira, and gulpha. The body's prana lives in the marmas or vital points. By activating marma, padabhyanga itself replenishes prana.

#### Importance of Pada Abhyanga

- Stabdata- cures stiffness,
- Rukshata – corrects excessive dryness of feet,
- Kharatwa - removes the soles' roughness,
- Sthairya - promotes strength of the feet of pada and improved
- Shrama – relieves exhaustion of feet,
- Drustiprasaadakara - nourishment to eyes. It prevents Grudrasi Vata, pada sputana, sirasnaayu sankocha.
- Suptata of Pada - cures the numbness of feet, bala <sup>5</sup>

#### Contraindication for Padabhyanga

- Fever, cold, flu, indigestion
- Toxin-induced trauma, lymphatic infection
- Acute trauma to the foot.
- Abnormal skin condition. <sup>6</sup>

## Methods of Padabhyanga

**The Hand Techniques:** This technique incorporates stroking and rubbing; by doing so, we can improve the foot's circulatory circulation. The friction also increases the energy flow, guiding it in the desired direction. Tila taila (sesame oil) is frequently used in this method.

**Marma Therapy:** This is the term used to describe foot massage and reflexology techniques. The total number of marmas, according to Ayurveda, is 107. Marmavijnana's philosophy of marma therapy is where acupressure, acupuncture, and reflexology first appeared. This means that when we perform acupressure, acupuncture, and reflexology therapies on patients, we are just addressing the marmas and attempting to calm them to restore the free flow of energy in all the body's energy channels. Our system is claimed to be cleansed and rejuvenated by marma therapy. By focusing on the marma points, we may control prana, allowing us to discharge negative energy and eventually control our complete mind-body complex, including our sensory and motor organs.

**The Kasa Bowl:** Kasa (or kansya, kansa, kasa) is derived from the Sanskrit word Kansya, which means 'bronze'. The bowl is traditionally meant to contain seven metals that relate to the various body tissues. However, it mainly comprises 2 metals - copper (major part) and tin (minor part) - a bronze bowl. This is also called Kansa vati foot massage. Massage with it balances the tridoshas. Kansa is useful in netra roga.

The Kasa bowl is made hot and dipped in medicated oil until its temperature drops to tolerable heat. The bowl is then brought in contact with the plantar surface of the foot (bottom of your feet) and massaged with circular motions and strokes.<sup>7</sup>

## CORELATIONS OF PADABHYANGA

**Padabhyanga And Nadi Vijnana:** Nadi Darpana has enumerated ten nadis in the head, among which Gandhari is related to the left eye, whereas Hastijihva is to the right eye. The colour of Gandhari is of peacock's neck surrounding Ida nadi, extends from pada and ends in the left netra. However, Hastijihva has a colour of blue lotus that covers the Pingala nadi, extends from the pada and ends in netra on the right side.<sup>8</sup> Netraprakasha has enumerated seven nadi from the foot, which in turn joins the Ida, and Pingalanadi has a relation with both eyes.<sup>9</sup> This relation signifies the role of padabhyanga with netra. Routine abhyanga over the feet will help to strengthen the visual activity.

**Padabhyanga with Reflexology:** Sage, vision reflexology, and reflexology, pressure is given to reflex sites on the feet that correspond to different organs. The eye's reflexology points are located on the second and third toes' undersides. By nourishing the eyes, massage therapy on these spots helps to preserve eye health and reduces symptoms of myopia, computer vision syndrome, dry eye, and other eye conditions.

According to the science of reflexology, there are links between the body's organs and the soles of the feet. On the bottom of the foot, right below the three middle toes, lies the foot's pressure point that directly influences the eyes and ears. Correct foot massage both prevents and treats several illnesses. It uses reflexology to ease eye strain. Aching eyes, headache, weariness, and blurriness are signs of eyestrain. Reflex points for the head, neck, and back are addressed in addition to the reflex points for the eyes because eyestrain can also impact these areas of the body. On both feet, the second toe has reflex points. Applying pressure

to the second toe, which corresponds to the eyes, will relax the muscles of the eye.<sup>10</sup>

**Padabhyanga and Acupressure for vision:** An alternative medical practice is acupressure. It is predicated on the idea that the life force travels along "meridians" within the body. Acupuncture points are physically compressed during treatment to unblock obstructions in these meridians. You can exert pressure with your hand, elbow, or several tools.

According to acupressure principles, massaging the tips of the toes and fingers strengthens vision. When we meticulously pressurize or massage this region, it improves vision and eye health. Furthermore, Baran points out that several eye acupressure spots are thought to help vision issues like nearsightedness and night blindness.

## DISCUSSION

Every Ayurvedic concept is written in sutra form. The classics of Ayurveda do not provide a thorough explanation of padabhyanga or its process. All three of Brihatrayee's works discuss the effects of padabhyanga, frequently referred to as dristiprasadana, netraprasadana, or chakashushya.<sup>11,12</sup>

Netra is a gyanendriya, and pada is a karmendriya. Pada and netra are said to have formed in the third month of intrauterine life in the description of masanumashik garbha vriddhi, the same month as the formation of pada. Aatmaja bhava encompasses both netra and pada. According to shruti utpatti karma, netra, and pada, both descended from vaikarik and rajashik ahankara. This implies that pada and netra share numerous similarities from an embryological point of view. Given this, we can say that abhyanga to the pada region will benefit netra in accordance with the samanya-vishesh siddhanta.

## PROBABLE MODE OF ACTION OF PADABHYANGA

According to Acharya Charaka, Vayu is said to predominate in the sparshanendriya, or tactile sensory organ embedded in the skin. Abhyanga balances Vata, which is extremely helpful to the skin. Since indriyas and minds are intimately connected, when indriyas are in good health, so is the mind. This will improve Chakshu Buddhi's accurate perception.

According to Vagbhata, 4 major nerves are in the centre of the feet, directly connected to both eyes. These nerves help maintain good vision and relieve eyestrain by transmitting the potency of medicine applied over the feet as padabhyanga.<sup>13</sup>

Padabhyanga is important for preventing eye illnesses and keeping excellent vision since, in Chakradatta's opinion, it is a component of Chakshushya Varga.<sup>14</sup>

Netra and Pada are the two extreme poles of our body, and siras serve as a bridge between them. Therefore, any medicine administered at one pole will impact the other pole, from the feet to the eyes. Yogashashtra claims that these siras, also known as Pusha and Gandhari, are two nadis that cannot be seen with the naked eye. Pusha and Gandhari link the right toe to the right eye and the left toe to the left eye, respectively, and Netra roga can use it.<sup>15</sup>

Acharya Dalhan, in Sushruta Samhita's commentary, has mentioned Padabhyanga as Vatashamak and having netraprasadana activity by improving the circulation of the eye. Padabhyanga is helpful for eye strain. It may be due to reflex action.<sup>15</sup>

According to Acharya Dalhana's commentary on Sushruta, during abhyanga, the medicinal oil given to the skin progressively moves through each dhatu level, reaching majja dhatu after 900 matra. Netra is majja dhatu's upadhatu. By nourishing majja dhatu, padabhyanga indirectly nourishes the netra.

Acharya Bhela has mentioned that the site of alochaka pitta is pada. Alochaka Pitta is responsible for rupa in the netra. Therefore, it clearly states that padabhyanga has a beneficial effect on drusti.

## CONCLUSION

Padabhyanga is commonly practised in Panchakarma therapy. Since the dawn of time, it has also been practised in numerous Indian communities. Foot massage is a common technique in many indigenous medical systems, including Traditional Chinese Medicine, Acupressure Therapy, Reflexology, Aromatherapy, etc. Both a local and a systemic positive effect are provided by padabhyanga. Padabhyanga is encouraged by Ayurveda as part of the regular morning ritual. However, we can employ it as a novel therapy to treat various local and systemic illnesses in both a preventative and curative capacity.

Along with helping to control multiple ocular problems, padabhyanga is beneficial for improving vision. Though many types of research are conducted on the padabhyanga shows even with gentle stimulation, distant areas "like the chakshu" get benefits. Thus, it may be concluded that this procedure has specific action over the visual pathway.

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## Effect of Agnikarma therapy on heel pain associated with Calcaneal Spur: A case study

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### Abstract

An essential Ayurvedic parasurgical treatment is agnikarma. Agnikarma, an Ayurvedic treatment, involves applying heat to a specific area of the body to lessen inflammation and, by extension, pain. Since diseases treated with agnikarma never recur, Agni karma are superior to kshara. By harmonising the local vata and kapha dosha, agnikarma delivers immediate, long-lasting, and sustainable relief from chronic or acute pain. The patient, a 45-year-old female, had localised, severe, intermittent heel discomfort that got worse when she exercised like walking or jogging. A big, distinct bony protrusion at the base of the calcaneus in both heels was visible on a lateral X-ray. Agnikarma is a traditional Ayurvedic surgical procedure from ancient India used to relieve ligament discomfort, joint pain.

**Keywords:** Calcaneal spur, agnikarma, pancha dhatu shalaka, parasurgical procedure

### 1. Introduction

An abnormal bone growth called a calcaneal spur causes mild to moderately severe persistent discomfort where the plantar fascia joins to the heel bone. The calcaneum, a significant component of the foot's skeleton, serves as the posterior support for bony arches. Additionally, it offers insertion for the tendons, ligaments, and muscles required for daily walking activity. Calcaneal spur and vatakantaka, a typical vatavyadhi, are connected in Ayurveda. Calcaneal spurs are diagnosed through physical examination and the use of the right imaging techniques, including X-ray, MRI, and ultrasound. Calcaneal spur pain might get so bad that it's challenging to carry on with your usual tasks. The most effective treatment for calcaneal spur control has been regarded as agnikarm. According Acharya to Sushruta, Agnikarma having its own importance in treating diseases among others. Diseases which are treated by agnikarma never return <sup>[1]</sup>. Agnikarma is done by different methods like Bindu, Vilekha, Pratisaran and Valay <sup>[2-3]</sup>. Different materials like Pipali, Aja Shakrut, Madhu, Tail, Panchadhatu shalaka, Suvrna shalaka, Loha shalaka and Mrutika shalaka <sup>[4]</sup>. So, in the patient of Calcaneal spur we decided to do agnikarma. Calcaneal spur is a condition in which Osteophytes (bone spur) are formed on calcareous bone and is characterized by pain during walking, swelling and tenderness over heel <sup>[6]</sup>. Agni karma treatment is carried out with a special instrument made of 5 metals (Copper, Iron, Zinc, Silver & Lead also contains gold in some special ones), thug is named as Pancha Dhatu Shalaka. While doing Agnikarmaprocedure one should not exert excessive pressure unless it will produce Atidagdha vrana. Number of sitting depends on chronicity and severity of pain.

### 2. Aims

The present study was carried out to find out the efficacy of agnikarma for the treatment of Calcaneal Spur.

### 3. Case report

A 45 year female patient Come to the OPD of shalya department having OPD no 4715 on 4.02.2023 having complaints of pain in left heel region, difficulty in walking and tenderness over left heel region for six months without having any major illness. The patient developed pain in left heel a standing long time and after excessive walking. She had taken analgesics drug for 3months but pain was not completely relieved so, she came to our hospital for further treatment.

#### 3.1 History of Past illness: NAD

### 3.2 Family History: Not Significant

**3.3 Chief complaints:** Left heel pain, difficulty in walking and tenderness over left heel from 6 months.

### 3.4 General examination:

**Bp** -110/90 **P**-74/min

**Bowel and Bladder Habits**-Normal

**Sleep**-Normal

### Systemic examination

**P/A**- soft

**CVS**-S1S2 normal

**CNS**-conscious, oriented

**RS**-AEBE clear

### X ray finding

Calcaneal spur extended forward

### 3.5 Procedure of Agnikarma

#### 3.5.1 Purvakarma

Patient's consent for Agnikarma procedure was taken. The point of maximum tenderness at left heel was selected. Selected site was cleaned with normal saline. Shalaka was heated.

#### 3.5.2 Pradhankarma

Agnikarma done with heated shalaka on maximum tenderness point at left heel.

Once the Shalaka gets red hot Bindutype Dagdha was done at the site marked till Samyak Dagdha Lakshana occurred i.e. Durgandhata, Twakasankoch etc [6].

After that alovera was applied to reduce burning sensation at that site.

**3.5.3 Pashchet Karma:** After Agnikarma Goghrit is applied at that site for Ropana Karma [7]. Vitals of patient checked before and after treatment.

### 3.6 Treatment

5 setting of Agnikarma given to patients.

#### 3.6.1 Oral medication

Mahayograj guggul 2 Bd

Dashmularishta 20 ml Bd

#### 3.6.2 Local application

Shatadhauta malahara

### 4. Observation

The symptoms are taken into consideration according to their gradations

#### 4.1 Table number 1 shows grade for pain

**Table 1:** Shows grade for pain

Grade	Grade no
No pain	0
Mild pain	1-3
Moderate pain	4-7
Severe pain	8-10

#### 4.2 Table number 2 shows observation during each sitting.

**Table 2:** Shows observation during each sitting.

Sr. No	Sign & Symptoms	Before Agnikarma	1 <sup>st</sup> sitting	2 <sup>nd</sup> sitting	3 <sup>rd</sup> sitting	4 <sup>th</sup> sitting	5 <sup>th</sup> sitting
1.	Heel Pain	8	7	5	3	1	0
2.	Tenderness over heel	5	4	3	3	1	0
3.	Difficulty in walking	6	6	5	5	3	2

### 4.3 Observation

As Agnikarma was started patient got relief from symptoms.

After 1<sup>st</sup> setting pain and tenderness reduced.

After 2<sup>nd</sup> setting walking tendency increased

As no of setting increases symptoms reduced

After 5<sup>th</sup> setting heel pain and tenderness totally reduced.

### 5. Discussion

In this case report, a 46-year-old woman who had three Agnikarma operations experienced total pain relief from her calcaneal spur and acute heel discomfort. Over the course of three years, a half-yearly follow-up was kept, and the effects of the Agnikarma treatment were kept. The subsequent X-ray also showed that the calcaneal spur's growth was stopped in its early phases. Despite the presence of a calcaneal spur, the patient did not report any pain. The Sushruta Samhita (800 BC) mentions agnikarma therapy. This treatment is in practicesince then for various acute and chronic disorders of joints, ligaments and bones [7]. The possible explanations for the effectiveness of Agnikarma treatment may be due to raised local temperature resulting in dilation of local blood vessels which caused efficient tissue perfusion, thereby reducing inflammation and pain [8]. Another explanation for reduced pain is that the raised local temperature of the heel forced the accumulated/trapped vata to move out to the respective channels, thus reducing the pain due to trapped vata. Further, increased Basal Metabolic Rate due to raised local temperature led to better perfusion and thus improved oxygenation of tissues at the site of pain. Improved blood circulation helps in flushing of pain-producing substances from the site of pain and reduces local inflammation. As per Acharya Charaka, Agni is the best treatment for pain. Ushna (hot) guna of Agni pacifies the Shita (cold) guna of Vayu and thus results in reduction of pain. Heat leads to vasodilatation, increase in WBC, antibodies and exudation of excessive fluids.

### 6. Conclusion

Agnikarma is one of the very effective treatments in reducing symptoms such as heel pain, swelling and tenderness of heel. Vata and Kapha Dosha are the causative factors for Shoola and Shotha in the heel [9]. Agnikarma is a parasurgical procedure which is useful in Vatajand Kaphaj Dushti. Agnikarma is a cost effective, easy to practice, less complicated, quick relief treatment that does not require surgeries or hospitalization. This study concludes that no of sitting depends on the severity of the disease.

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## Case Study

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### EFFECT OF JALAUKAVACHVARANA IN THROMBOSED HAEMORRHOID: A CASE STUDY

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#### ABSTRACT

Haemorrhoids are a prevalent anorectal condition. It is of two types: Internal and external. A thrombosed haemorrhoid is a variety of external haemorrhoids in which there is painful swelling in anal tissue caused by a clot in a small vein of the anal skin. Case presentation: A 35 year old male patient visited OPD with complaints of protrusion of mass outside the anal region, constipation and pain during defecation. Routine clinical examinations and investigations are done. Diagnosis and management: Based on clinical examination, the case was diagnosed as thrombosed haemorrhoids and suggested for Jalaukavacharana on an OPD basis. The treatment aims to relieve the pain and reduce the inflammation. Outcome: There is marked improvement in thrombosed haemorrhoids. The inflammation is reduced with relief from pain. Discussion: Satisfactory results were obtained with a decrease in the size of haemorrhoids and relief from pain. This case highlights that Jalaukavacharana is a very effective treatment for thrombosed haemorrhoids.

**Keywords:** Thrombosed haemorrhoid, Jalauka, Jalaukavacharana

#### INTRODUCTION

Haemorrhoid is abnormally downward sliding of anal cushions due to straining, or other causes<sup>1</sup>. Other causes are straining, diarrhoea, constipation, hard stool, low-fibre diet, carcinoma rectum, pregnancy, and portal hypertension.<sup>2</sup> Piles is the variety of external piles with painful swelling in the anal tissue due to clots in small anal veins. In Ayurveda, haemorrhoids correlated with Arsha.

Ayurveda, the Indian system of medicine, comprises eight different specialties in which Shalyatantra, the surgical school of thought, has prime importance. Acharya Sushruta, the father of surgery, has considered Arsha (Haemorrhoid) in asthamahagadha (Eight major diseases)<sup>3</sup>. Thrombosed haemorrhoids are clot-forming engorgement of blood vessels at the anal orifice. Thrombosed piles possibly occur due to high venous pressure, causing severe pain that leads to a tendency to avoid defecation and to hardening stools, causing constipation and further exacerbating bleeding. Hence, its management in the initial stage is required. In modern science, piles are managed by injection therapy, cryosurgery, and laser therapy. In Ayurveda, Acharya Sushruta mentioned Jalaukavacharana (Raktamokshana) as its choice in this painful condition. This application provides local analgesic thrombolytic and anti-inflammatory action and significant symptomatic improvement to the patient. Acharya Charaka has mention Jalaukakarma in raktarsha (Bleeding piles)<sup>4</sup>. Acharya Vagbhata has also advised bloodletting in sanchit dusta rudhira (thrombosed), shoon (swelling) and kathin (hard) Arsha.

**Ethical consideration:** An informed written consent was obtained from the patient before initiating the treatment. The study was done per the International Conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP)

**Aim:** The case study aimed to determine the result of Jalaukavacharana in the case of thrombosed haemorrhoids.

#### CASE REPORT

A 35-years-old male patient, OPD registration no 25707, reported to OPD of CSMSS Ayurveda Mahavidyalaya and Rugnalaya of Shalya department 28.11.2022 in a panic and emergency. He had the following complaints for one year on and off symptoms, severe pain and burning sensation in the anal region.

- Two big masses outside the anal region.
- Difficulty in passing stool.
- Constipation.
- Severe pain and burning sensation in the anal area.

**History:** No history of hypertension and diabetes mellitus.

**Examination:** The patient was examined in the lithotomy position. He has bluish blackish mass coming out from his anal verge. After proper digital examination, it was found that there was a thrombosed pile mass at 3 and 7 o'clock positions. The patient was admitted to the male surgical ward, reg no. 2507.

**Systemic Examination:** The patient was conscious, oriented and in good general condition. His vitals were recorded as normal.

BP = 130/90 mm of Hg

PR = 74/min

Temp = 98.6 °F

Baseline data collection and laboratory investigation were done on 28/11/2022 before Jalaukavacharana.

**Procedure:** Jalaukavacharana

**Poorva karma**

One Nirvisha Jalauka of medium size were selected for the procedure. Jalauka were activated by letting them in Haridra Jala. The patient was explained the procedure and informed written consent was taken.

**Pradhana karma**

The patient was made to lie in a lithotomy position, and the activated Jalauka was applied around the thrombosed mass. If we directly apply leech over the pile mass, there may be a chance of heavy bleeding, so we apply it around the mass. Leech sucks the excess blood collection through percolation from the inflamed pile mass. A cotton gauze soaked in water was covered over Jalauka to create a suitable environment.

After 35 minutes of application of Jalauka, they detached from the mass by themselves.

**Pashchat karma**

Haemostasis was attained by applying Haridra to the bite site, followed by bandaging.

Vamana of Jalauka was done using Haridra; once the leech vomited the blood and attained its normal movements, it was replaced in fresh water.

Jalaukavacharana 3 setting is done on alternate days.

1<sup>st</sup> setting on 28/11/2022.

2<sup>nd</sup> setting on 30/11/2022.

3<sup>rd</sup> setting on 1/12/2022.

After that patient was observed for seven days.

**Oral medication**

Tab. Arsh kuthar ras two tablet BD.

Gandharvaharitaki churna 5 gm HS with koshana jala at night.

**Local Application**

Hot sitz bath with Triphala churna kwath BD.

Matra basti of Jatyadi taila 5 ml at night.

**OBSERVATION AND RESULT**

Symptoms were taken into consideration under grading symptoms according to their severity.

No symptoms – 0

Mild -1

Moderate -2

Severe -3

Symptoms	Before treatment	1 <sup>st</sup> setting	2 <sup>nd</sup> setting	3 <sup>rd</sup> setting
Pain	3	3	2	0
Tenderness	3	2	1	0
Burning sensation	3	2	1	0
Bleeding	3	2	1	0
Constipation	3	2	1	0

**Images of Jalaukavacharan**



Figure 1: Before Jalaukavacharana

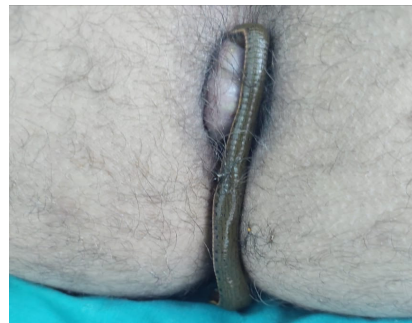


Figure 2: 1<sup>st</sup> setting of Jalaukavacharana

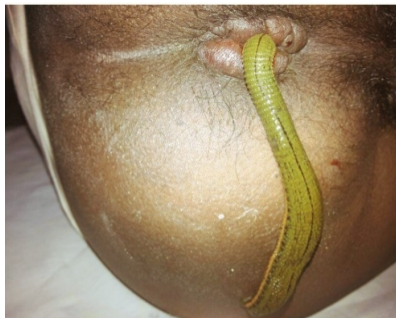


Figure 3: 2<sup>nd</sup> setting of Jalaukavacharana

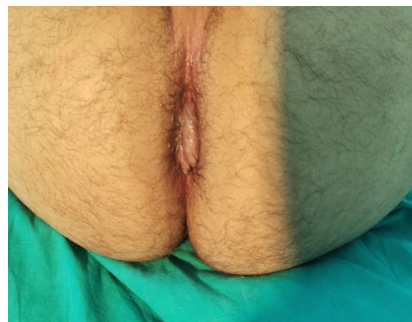


Figure 4: After 3<sup>rd</sup> setting of Jalaukavacharana

## DISCUSSION

As the Jalaukavacharana was started, the patient was relieved of pain and tenderness, and the discomfort was reduced. After two setting size of the haemorrhoid was also reduced. After 3<sup>rd</sup> setting, he was completely relieved of symptoms and satisfied with the treatment. Only a painless tag-like structure is left in the anal region. He was discharged after giving proper diet instructions. Patients who followed up after seven days in OPD on examination observed that the haemorrhoid mass was shrinking in size. No bleeding or pain, or tenderness was observed during the per-rectum examination.

## CONCLUSION

Jalaukavacharana is an OPD procedure. Leech therapy is an alternative treatment for patients unfit for surgery or unwilling to. Leech therapy is an effective, safe, simple and cost-effective treatment.

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## Clinical Evaluation of Ksharsutra Ligation in Recurrent Case of Aural Keloid (Vranagranthi) – A Case Study

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### Abstract

*Aural keloid (Vranagranthi) is a rare benign, dermal, fibro-proliferative growth characterized by excessive formation of collagen, without any malignant potential. It is one of the most challenging conditions to treat due to high recurrence rate. Surgery is one of the treatments but it's not last and best because even after surgery there are chances of recurrence. The most effective treatment is superficial external beam radiotherapy (SRT), but it's economically costly. On other hand Ksharsutra is the potential therapy mentioned in Ayurveda for such conditions. Ksharsutra is used simultaneously for excision and healing of wound. After excision Ksharsutra is considered to be effective in avoiding the recurrence in conditions of benign outgrowths such as aural keloid. So comparative to all these treatment modalities Ksharasutra is cheap and has best result with minimum wound, very less chances of recurrence.*

*In Ayurvedic samhita it is described as Arbuda of Karna Pali. Ksharasutra do dual work excision as well as healing. It has property of incision, excision, debridement, scrapping along with aerostatic, antiseptic and healing. Present case is successful management of recurrent ear pinna keloid by Ksharasutra with the less relative risk of recurrence of keloid. In the present study one patient was subjected to ksharasutra to excise Ear pinna keloid with the less relative risk of recurrence of keloid.*

**Keywords -** Recurrent Aural keloid, Vranagranthi, Ksharasutra

### Introduction

**A**ural keloid is a benign, dermal, fibro proliferative growth, characterized by excessive formation of collagen, without any malignant potential. It has much more psychological impact on the patient due to cosmetic and aesthetic reasons. The term 'keloid' means 'Crab Claw' was first coined by Alibert in 1817.<sup>1,2</sup> Ear pinna keloids occur in about 5-15 % of humans from manual trauma and blunt perichondrial trauma. Both sexes are affected, but the incidence is higher in women.<sup>3</sup> the higher incidence is attributed to wearing of ornaments, ear piercing over different areas of ear pinna. As a result of such trauma patient develops swelling which is painless, circular or irregular, hard in consistency and devoid of tenderness. Keloids are known to occur more frequently in black skin individuals. They show strong positive familial association and are seen more often in young age group patients. The incidence of keloids is about 15 times greater in dark skin individuals than in whites. According to Ayurveda ear Pinna keloid can be correlated with vranagranthi

of Karnapali. It is described under Mansadhathu pradoshaj vyadhi.

### Aims and Objectives

- To study the efficacy of Ksharsutra ligation for removal of ear pinna keloid instead of surgical excision so as to minimize the recurrence of keloid which is very common after surgical intervention.

### Criteria of assessment

- 1) Keloid condition.
- 2) Itching around the keloid.
- 3) Postoperative complications
- 4) Recurrence of keloid

### Case Report Open ACC

**A case report as follow -** A 32-year-old Female patient came to us with chief complaint of –Over growth of the fibrous tissue on Right ear lobe: -since last 3 years. H/O surgery of Right ear pinna keloid – Two year ago  
No H/o Dm / HTN, Asthma

**History of personal illness**

The patient was normal 3 years back. Patient has hobby of ear piercings. Ultimately it results in Right ear pinna keloid. After that she went under excision of ear pinna keloid from ENT surgeon. But after 1yr it reoccurred. Then after she visited to our shalyatantra department OPD, CSMSS ayurved mahavidyalaya and Rugnalaya, Kanchanwadi, Aurangabad, for further management.

**Personal History**

Occupation: House wife.

**O/E:**

Nadi (pulse) = 74/min

Mala (stool) = Prakruta (Normal)

Mutra (urine) = Prakruta (Normal)

Jeeva (tounge) = Eshatha saam

Shabda (speech) = Prakruta (Normal)

Sparsha (skin) = Prakruta (Normal)

Druka (eyes) = Prakruta (Normal)

Akruti = Madhyama

Bala = Madhyama

Raktadaaba (B.P) = 100/70 mm/Hg.

**Examination of swelling**

- Inspection-
  - Position- over left ear pinna
  - overlying skin-mild redness
- Initial Palpation-
  - Pulsation -not present
  - Tenderness- not present
- Palpation-
  - Mobility-freely mobile
  - Shape-oval
- Surface -smooth
- Edge- well defined
- Consistency-uniform all over
- Fluctuation-not present
- Temperature-same as whole body/ (tenderness)
- Transillumination-negative

**Investigations**

- Blood sugar level, Bleeding Time, Clotting Time, (mention readings also)urine examination routine and microscopic had been done prior to the procedure.
- Written informed consent had been taken from the patient.

**Material and Method**

**Material:** *Ksharasutra* (mention which) (add other material)

**Method**

Center of study: shalyatantra department OPD, CSMSS ayurved mahavidyalaya and Rugnalaya, Kanchanwadi, Aurangabad

**Mode of study:** Simple random single case study.

**Preparation of Ksharasutra (no need)**

*Ksharasutra* was prepared as per classical method. Surgical Barbour thread no 20 was used for preparation of *Ksharasutra*. 11 layers of *Shuhi ksheer* (latex of Euphoria) and 7 layer *Haridara* (*curcuma longa*) powders were applied on the thread and were allowed to get dry. Another 3 layers of the combination was applied, similarly and was dried. This procedure containing total 21 alternate coating. This thread, now called as *Ksharasutra*. This *Ksharasutra* is kept in UV chamber for maintain its sterility

**Surgical protocol**

Under all aseptic precaution local anesthetic lignocaine 2% with adrenaline (1:1000) was administered by infiltration in superficial skin around the base of the keloid.

A superficial skin incision was taken around the base of keloid. A sterile *Ksharasutra* was applied and ligated tightly on the incision site. After ligation dressing with povidone iodine was done. The patient was observed for pain, inflammation, discoloration, and necrosis. The same *Ksharasutra* kept for three days.on the fourth day after removal of first *Ksharasutra* a fresh sterile *Ksharasutra* was ligated. The new *Ksharasutra* was kept for next three days. This cycle continues till keloid get fall off completely. Dressing with povidone-iodine was done after ligation of *Ksharasutra*. Patient was asked to visit on day the keloid fell off completely.

**Discussion:**

According to Ayurvedic literature, keloid of ear pinna can be correlated with *vranganthi*. *vranganthi* is *Mansa dhatupradoshak vhyadhi*. Application of *Ksharasutra* is best in such disease. (change needed)

**Action of drug**

- *Shnuhi ksheer* (latex of Euphoria nerifolia) is strong alkaline in nature which cause chemical



cauterization. Its action on tissue begins with severe irritation and subsequent inflammation of local tissue causing local tissue necrosis. This debris of necroses tissue is cleared out giving way for fresh budding granulation tissue over the wound.

- Haridra (curcuma longa) is anti-inflammatory, antiseptic and antibacterial having wound healing activity which prevents infection and facilitates tissue growth thereby promoting healing.
- Ksharasutra (which kshar) has controlled chemical cauterizing action on living tissue. Its action is a simultaneous combination of incision, excision, debridement, scraping along with haemostatic, antiseptic and healing<sup>10</sup>.

This lead to removal keloid mass without producing any other injury

**SANPRAPTI GHATAK** Dosh: Vata, kapha

Dushya: Rakta, Mansa.

Adhishtana: Left ear pinna.

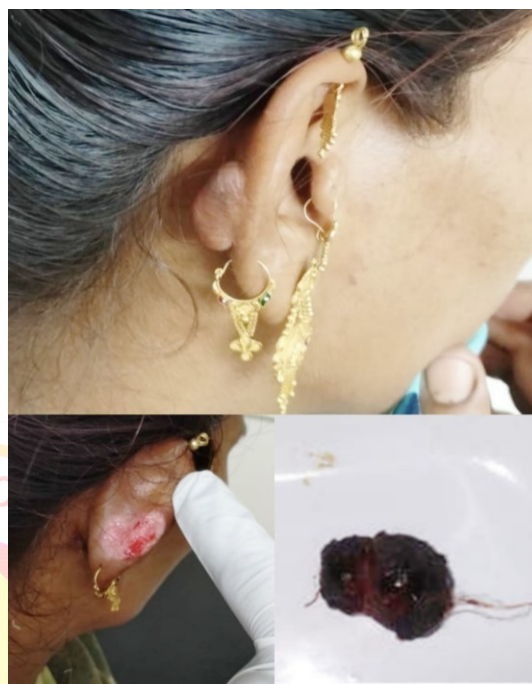
Hetu: Ear piercing.

### Result

The study shows that ear pinna keloid can be successfully removed by Ksharasutra and there is significant reduction in recurrence of ear pinna

### Conclusion

Since the even after surgery of ear pinna keloid there are chances of recurrence, Ayurvedic management with Ksharsutra can be effective therapy in recurrent ear pinna keloid.



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Day 1



Day 7<sup>th</sup>

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## INTERNATIONAL JOURNAL OF CURRENT SCIENCE (IJCSPUB)

# Role Of *Medovaha Srotas* In *Sthaulya* With Special Reference To *Strotodushti*.

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### Abstract

The term '*Sru gatau*' serves as the root for the word '*srotas*,' which signifies movement, flow, and secretion. According to Sushruta Acharya's definition, *srotas* refers to hollow channels, excluding *Sira* and *Dhamani*, which originate from the root and spread throughout the body, carrying specific substances. *Medas* is one of the seven essential tissues (*saptadhatu*) and is the fourth *dhatu* formed from the essence of *ahara rasa*, having a maternal origin. The primary function of *medo dhatu* is to provide unctuousness (*sneha bhava*). Both Acharya Charak and Acharya Sushruta have described the *Medovaha Srotas*, and its imbalance can lead to various diseases, including Obesity (*Sthaulyata*). This article reviews the role of *medovaha srotas* in causing obesity, with particular emphasis on *strotodushti*.

**Keywords:** *Medovaha Srotasa* , *Dushti*, *Sthoulya*

**Introduction** *Medas* has a specific role in providing the body with unctuousness and firmness, as well as nourishing the bones<sup>[1]</sup>. According to Vagbhata Acharya, it also contributes to the unctuousness of the body and eyes<sup>[2]</sup>. Additionally, due to its heavy and oily nature, *medas* is responsible for promoting corpulence and strength. The manifestation of imbalances in the body's channels, known as *srotodushti*, can result in either an increase or decrease in *medo dhatu*<sup>[3]</sup>. Sushruta Acharya observed several indicators of imbalanced *medovaha srotas* such as profuse perspiration greasiness parched mouth obesity unquenchable thirst and swelling. He also listed several disorders associated with imbalanced *medo dosha*, such as the formation of nodules, growths, goiters, tumors, fat-induced inflammation of the lips, diabetes, excessive weight gain, and excessive sweating. The waist region, known as the *kati*, contains a significant amount of fat, and measurements of waist circumference can be used as an indirect indicator of abdominal fat accumulation. Nowadays, the Waist

Circumference-Height Ratio (WHtR) is recommended as a screening tool for Cardio Metabolic Syndrome<sup>[4]</sup>. Numerous studies on WHtR, waist circumference, and body mass index (BMI) have proven their value in predicting hypertension. Therefore, the kati region can be considered the primary site of the medovaha srotas.

## Aim-

Role of *Medovaha Strotas* in *Sthoulya* w.s.r. to *Strotodushti*.

## Objectives –

1. To study the *Medovaha Strotas* in *Sthoulya*.

2. To study the concept of *Strotodushti*.

## Material and methods

*Ayurveda* textbooks , research papers , Article regarding *Medovaha Strotasa* and *Stoulya*

## Concept of *Strotas* –

Charakacharya states that Srotas is a channel responsible for the process of Stravanam or movement of substances in the body. When the Srotas become defective<sup>[5]</sup>. It leads to the manifestation of diseases in the body. Different Acharyas have differing opinions on the countability of the number of Srotas; some believe it can be counted, while others consider it enumerable

## *Strotodushti* –*Samanya Strotodushti Hetu*<sup>[6]</sup>

*Samanya Hetu of Strotas dushti* includes ; *Ahara* (food) and *Vihara* (activity) which are similar to *Dosha Guna* and opposite to *Dhatuguna* are responsible for vitiation of *Strotas*. *Samanya Strotodushti Lakshanas* This are 4 in numbers which are ; *Atipravrutti* (excess flow), *Sanga* (obstruction), *Siragranthi* (obstruction in channels) and *Vimrgagamana* (deviation from normal path) are common *Dushti Lakshana* of *Strotas*.

***Medovaha Strotas*** – According to the Acharyas, each *Srotas* has its specific *Moolasthan* or primary site. In the case of *Medovaha Strotas*, Charaka identifies the *Moolasthan* as *Vrukka* (kidneys) and *Vapavahana* (urinary bladder)<sup>[7]</sup>, while Sushruta specifies *Kati* (waist) and *Vrukka* as the *Moolasthan*<sup>[8]</sup>. The factors leading to the vitiation of *Medovaha Strotas* (*Dushti Hetu*)<sup>[9]</sup> encompass *Avyayama* (lack of physical exercise), *Diwaswapa* (daytime sleep), excessive consumption of *Medya dravyas* (fatty substances), and an excessive intake of *Varuni* (alcohol).

The signs and symptoms of *Medovaha Strotas* vitiation (*Dushti Lakshana*)<sup>[10,11]</sup> as described by Acharya Charaka include *Poorvaroop* (premonitory symptoms) of *Prameha*, such as increased thirst, sweetness in the mouth, etc. In the case of *Viddha Lakshanas* (manifestation of vitiation) for *Medovaha Strotas*, Sushruta mentions various indicators such as *Swedagamanam* (excessive sweating), *Snigdhangata* (oiliness), *Talushosha* (dryness of the palate), *Sthula Shopha* (obesity), and *Pipasa* (excessive thirst).

### Samprapti

According to Charaka, when the channels (strotas) are obstructed by meda (fat), it leads to an increase in kosthasthit samana vayu, resulting in excessive digestion (ati sandhukshan) by jatharagni. This leads to rapid digestion of food and creates a constant craving for more food. If the person doesn't receive more food, the heightened agni causes dhatu pachan, which can lead to various complications. However, due to hunger, individuals tend to eat more, continuing the cycle. This forms a vicious circle, leading to improperly formed medo dhatu and various symptoms. Strotorodha hampers the nourishment of other dhatus, causing flabbiness (shaithilya) due to excess water before meda dhatu and depletion of dhatus after medo dhatus<sup>[12]</sup>. According to Sushruta, consuming Kaphavardhaka ahara (foods that increase Kapha), Adhyasana (overeating), Avyayama (lack of physical activity), and Diwaswapna (daytime sleep) lead to the formation of aama rasa, which is Apachit Adya Rasa Dhatu. The madhur bhavayukta aama rasa moves within the body, and the snigdhansha of this aama rasa causes strotosanga, leading to Sthaulya (obesity)<sup>[13]</sup>.

### Discussion

#### 1: Table shows Medakshya and Vridhi by different Acharyas.

	Medakshaya	Medavidhi
Susruta Samhita	Pleehavidhi, sandhishunyata, roukshya, medura-mamsaprarthana	Snigdhangata, udaraparsvavidhi, kasa, svasa, dourgandya m
Ashtanga Hridaya	Katisvapa, pleehavidhi, krishangata	Tadvat (mamsavidhilakshanas), Alpachestitesramam, svasa, sphikstana-udaralambanam
Ashtanga Sangraha	Pleehavidhi, Katisvapa, Sandhishunyata, angaroukshya-karsya, srama, shosha, medura-mamsaabhilasha, mamsakshayoktala kshana	Prameha poorvaroop a, sthulyopadrava, sleshmamamsar aktavikara
Charaka Samhita	Sandhisphotana, akshglani, ayasa, udaratanutvam	Pramehapoorvaroop a, ninditani

In Charak Samhita, Sthaulya is described as one of the 20 types of Kapha Nanatmaja Vikara (disorders related to Kapha). It is classified under "Astha Nindita Purusha" (eight despicable personalities) by Charak, who mentions eight defects associated with over-obese individuals. These defects include a shortened lifespan, restricted

movement, difficulties in sexual intercourse, debility, foul smell, excessive sweating, increased hunger, and excessive thirst. Over-obesity is caused by factors such as overeating, consuming heavy, sweet, cold, and fatty foods, indulging in daytime sleeping and excessive excitement, lack of mental work, and genetic factors. In individuals with over-obesity, fat accumulates excessively, while other Dhatus (tissues) are not adequately nourished, leading to a shortened lifespan and hampered movement. Additionally, there are issues related to sexual health, debility, foul smell, and excessive sweating due to the nature of fat and its association with Kapha. The combination of intensified Agni (digestive fire) and increased Vata in the belly leads to excessive hunger and thirst.

Sushruta Samhita (Su.Su.15) explains the etiopathogenesis of Sthoulya Roga based on an endogenous entity caused by "Dhatvagni Mandya" (weakened tissue metabolism). Sthoulya is considered a physical condition of the body (Su.35/40) resulting from vitiated Meda Dosa (abnormalities in fat metabolism) (Su. 24/13) and is associated with disruptions in Medo Vaha Srotas (channels responsible for fat transport) (Sa. 9/12) and Rasa Nimitaja disorders (Su. 15/37). The term "Jatharya" is used as a synonym for Sthoulya in Chi 12/11. In summary, both Charak Samhita and Sushruta Samhita provide detailed insights into the causes, symptoms, and complications of Sthoulya, emphasizing the importance of understanding the role of Kapha, Meda Dosa, and Dhatvagni Mandya in its development.

## Conclusion

*Sthoulya, a prevalent lifestyle disorder, has seen a drastic increase in recent decades. This condition, known as "Sthoulya" in Ayurveda, arises due to the derangement of the "Medovaha Srotas" – the channels responsible for fat metabolism. The rise of this problem can be attributed to the modernization of society, which has led people to neglect important Ayurvedic principles like "Dinacharya" (daily routine), "Ritucharya" (seasonal regimen), "Achara Rasayana" (healthy habits), and has resulted in an overindulgence in nutrition. Ayurveda views obesity as a consequence of excessive nourishment ("Atisantarpana"), where the "Medovaha Srotas" plays a pivotal role in the formation of fat-related disorders, including "Sthoulya." Hence, it is evident from various sources that the imbalance in the "Medavaha Srotasa" is significantly linked to the development of obesity.*

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# A LITERATURE REVIEW ON UNDERSTANDING PITTAJ PANDU VYADHI AND ITS ASSOCIATION WITH MEGALOBLASTIC ANEMIA.

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**ABSTRACT:** One who regularly indulges in Strenuous exercise, habitually take Sour and salty food, fast food, alcohol, and sleep during day hours will have one's blood Vitiated by dosha. This situation in turn generates whitish yellow discoloration of the skin. The premonitory symptoms of this disease include cracking of the skin, debility, desire for eating mud, oedema of the eye pockets. Such diseased condition called *Pandu Vyadhi*. Megaloblastic Anemia (MA) is a diverse group of Anemia characterized by the presence of large immature red blood cell precursors called megaloblasts in the bone marrow. The main cause of Megaloblastic Anemia is typically a deficiency of essential vitamins, specifically vitamin B12 (cobalamin) and folate, which are necessary for DNA synthesis. In Ayurveda, this condition can be related to *Pitta Pradhan Pandu*. Megaloblastic Anemia is a disorder that affects multiple systems and can be readily diagnosed by maintaining a high level of suspicion and understanding its underlying mechanisms. Multiple components can affect the synthesis of DNA, including medications, infections like HIV, etc. leading to Megaloblastosis. Deficiency of Vitamin B 12 and folic acid causes Megaloblastic Anemia which can be correlated with *Pittaj Pandu*. However, common causes of Megaloblastic Anemia include poor dietary intake, issues with absorption, transportation, and metabolism of vitamins, as well as factors that increase vitamin demand and deplete stores, such as chronic hemolytic conditions, pregnancy, and malignancies.

**KEYWORDS:** Anemia, *Pandu Vyadhi*, Vitamin B12, *Pittaj Pandu*, Megaloblastic Anemia.

## INTRODUCTION

The term "*Pandu*" is derived from the Sanskrit word "*Padi Gatou*," where "*Padi*" refers to the process of transformation or change. This implies the formation of essential body tissues like *Rasa* (plasma) and *Raktadi Dhatus* (blood tissues). *Pandu Vyadhi*, or Megaloblastic Anemia, is considered primarily associated with the *Pitta Dosha*. The imbalances or vitiation of *Pitta Dosha* can also be considered as contributing factors to the development of *Pandu Vyadhi*.<sup>[1]</sup>

Types of *Pandu Vyadhi*<sup>[2]:</sup>

- 1) *Vataja Pandu Vyadhi*
- 2) *Pittaja Pandu Vyadhi*
- 3) *Kaphaja Pandu Vyadhi*
- 4) *Tridoshaja Pandu Vyadhi*
- 5) *Mrudbhakshanjanya Pandu Vyadhi*



The term "Anemia" originates from the Greek language and signifies a deficiency of blood. Anemia can be defined as a decrease in haemoglobin, haematocrit, or the number of red blood cells. It is a pathological condition characterized by a reduced capacity of the blood to carry oxygen and is the most prevalent blood disorder. Anemia can manifest in various forms, each caused by different underlying factors, including Deficiency of essential nutrients, Impaired production of red blood cells, Iron deficiency Anemia, Excessive destruction of red blood cells, Excessive blood loss. One specific type of Anemia is Megaloblastic Anemia, which results from a deficiency of folate or vitamin B12. Megaloblastic Anemia is a medical condition characterized by the abnormal production of large and structurally unusual immature red blood cells, known as megaloblasts. Bone marrow, a soft and spongy substance found inside certain bones, is responsible for producing the primary blood cells of the body, including red blood cells, white blood cells, and platelets. Megaloblastic Anemia can have various causes, with the two most common ones being deficiencies in cobalamin (vitamin B12) or folate (vitamin B9). These vitamins play an essential role in the production of RBC.

#### **AIM:**

The purpose of this study is to examine the relationship between Megaloblastic Anemia and *Pittaj Pandu Vyadhi* in Ayurveda. The objectives of the study include:

To investigate the various types of *Pandu Vyadhi*.

To examine the *Samprapti* (pathogenesis) of *Pandu Vyadhi*.

To investigate vitamin B12 deficiency and folic acid deficiency.

To investigate *Pittaj Pandu* and Megaloblastic Anemia in detail.

#### **MATERIALS AND METHODS**

Various Ayurvedic texts and papers have been reviewed. Materials related to *Pittaj Pandu Vyadhi* and its ayurvedic prospects have been collected through various ayurvedic textbooks and compiled. The main ayurvedic texts referred are *Charak Samhita*, *Susruta Samhita*, *Astanga Hrudaya*, *Astang Sangraha* and *Madhava Nidana* along with commentaries.

#### **NIDANA OF PANDU VYADHI [3]:**

The Etiology (Causative factors) of *Pandu Vyadhi* can be classified into three main categories, known as *Nidanapanchak*:

##### **Aharaja Nidana (Dietary Causes):**

Excessive consumption of *Kshara* (alkaline substances), *Amla* (sour), *Lavan* (salty), *Katu* (pungent), *Kashaya* (astringent), *Atiushna* (excessively hot), *Tikshan* (sharp), *Ruksha* (dry), *Viruddha* (incompatible) foods, as well as *Nishpava* (spoiled or contaminated) foods, *Mansa* (meat), and other unsuitable dietary choices are considered dietary causes of *Pandu Vyadhi*. This can also include sudden changes in food habits and the consumption of unhealthy or junk food.

##### **Viharaja Nidana (Habitual Causes):**

Factors related to lifestyle and habits can contribute to *Pandu Vyadhi*. These include excessive sleep (*Atinidra*), excessive physical exertion (*Ativyayam*), excessive sexual activity (*Ativyavaya*), excessive fatigue (*Atishrama*), suppression of natural urges (*Dushta Raktanigarha*), staying awake during the night (*Ratrijagarana*), irregular or improper seasonal routines (*Rituvashmya*), excessive use of oily substances (*Sneha Atiyoga*), obstruction of natural urges (*Vegavrodha*), and forcefully restraining natural urges (*Vegavidharana*) during *Vamana Karma* (therapeutic emesis). Other factors that can contribute to *Pandu Vyadhi* include the vitiation or imbalance of *Bija* (reproductive factors) resulting in *Dushti* (abnormality) of *Rakta* (blood), *Mamsa* (muscles), and *Meda* (fat) tissues. Any derangement in the maternal factors (*Matruja Bhaga*) can also lead to the manifestation of *Pandu Vyadhi*. *Nidanarthakara Roga* refers to diseases in which *Pandu Vyadhi* is either a symptom or a complication. These include conditions such as *Rakta Kshaya* (depletion of blood), *Rakta Srava* (bleeding disorders), *Raktarsha* (hemorrhoids), *Rasa Pradoshaja Roga* (disorders of the lymph), *Kaphaja Arsha* (piles associated with *Kapha Dosha*), *Raktarbuda* (blood tumors), *Raktapradara* (excessive uterine bleeding), *Grahani* (malabsorption syndrome), *Jeerna Jwara* (chronic fever), *Punravartaka Jwara* (relapsing fever), *Plihodara* (splenomegaly), of *Raktavahihi* (sexual debility), *Sannipatodara* (*tridoshic* imbalance causing abdominal distension), *Shotha* (edema), *Santarpanjanya Roga* (diseases caused by excessive nourishment), *Upadrava* (complications) of *Rakta* (blood) and *Pitta dosha*, and *Vedhan* (obstruction) of *Raktavahi Dhamni* (blood vessels) and *Yakrita Pliha* (liver and spleen).

**Manasika Nidana (Mental Causes):**

Psychological factors such as excessive worry (*Chinta*), fear (*Bhaya*), anger (*Krodha*), and grief (*Shoka*) can contribute to the development of *Pandu Vyadhi*. In today's era stress is the main cause of *Pandu Vyadhi*.

According to the World Health Organization (WHO), Anemia is defined as a hemoglobin level below 13 g/dl in men and 12 g/dl in women. The normal hemoglobin count is typically between 14-18 g/100 ml of blood. In macrocytic Anemia, the mean corpuscular volume (MCV) is greater than 100 fl. Two types of macrocytosis can be observed on a blood smear: round and oval macrocytosis.

**The causes of Megaloblastic Anemia include:**

Megaloblastic Anemia primarily occurs due to deficiencies in essential vitamins, specifically vitamin B12 (cobalamin) and folate, which are crucial for DNA synthesis [4]. In addition to vitamin deficiencies, other known causes of Megaloblastic Anemia include copper deficiency and adverse drug reactions that interfere with DNA synthesis. One rare hereditary disorder called thiamine-responsive Megaloblastic Anemia syndrome (TRMA) is also recognized as a cause of Megaloblastic Anemia [5]. There is a lengthy list of drugs associated with the disease, but commonly implicated agents include hydroxyurea, chemotherapeutic agents, anticonvulsants, and antiretroviral therapy (ART) drugs. These medications can interfere with DNA synthesis and contribute to the development of Megaloblastic Anemia.

**SAMPRAPTI OF PANDU VYADHI [19]:**

Due to consumption of etiological factors dosha aggravates especially *Pitta Dosha* and afflicts dhatus mainly *Raktadhatu* as a result it brings laxity and heaviness in the *Dhatus*. The heaviness of Dhatus manifests due to the disturbance of normal functions of Dhatus. Patients of *Pandu Vyadhi* lose their vitality, complexion, strength, unctuousness, and other properties of Ojas due to morbidity of *Dosha* and *Dusya*. That's why patients of *Pandu Vyadhi* suffer from deficiency of *Rakta*, *Meda*, *Niharsa* (loss of essence) associated with improper functioning of sense organs and discoloration.

Aggravated *Pitta* is forced out of the heart through ten blood vessels and then powerfully driven throughout the body by *Vata*. It reaches the space between *Tvak* and *Mamsa* and brings abnormality in *Kapha*, *Vata*, *Rakta*, *Tvak* and *Mamsa* leading to abnormal complexion like pale yellow, deep yellow and greenish coloration.

Aggravated *Pitta* is responsible for the less production of *Posaka* (nutrient portion) from the *Rasadhatu* as a result depletion of *Rakta* takes place.

**SAMPRAPTI GHATAKA:**

- *Dosha – Pitta Pradhana Tridoshaja*  
*Pitta:* - *Pachak, Sadhaka, Ranjak, Bharajaka*  
*Kapha:* - *Avalambaka, Kledaka*  
*Vata:* - *Vyanavayu*
- *Dushya – Dhatu:* - *Rasa, Rakta, Mamsa, Meda, Oja*  
*later all the Dhatus (Niharsa)*  
*Upadhatu:* - *Sarvaupadhatu*  
*Sharika Mala:* - *Mutra, Purisa*  
*Dhatu Mala:* - *Kapha, pitta*
- *Srotas – Rasavaha, Raktavaha*
- *Agni – Jatharagni, Dhatwagni*  
*Agni Dusti:* - *Mandagni*  
*Ama:* - *Agnijanya*
- *Sroto Dushti- Sanga, Vimargaman*
- *Udbhava Sthana – Amashayottha*
- *Sanchara sthana:* - *Tvak & Mamsa*
- *Vyakta Sthana – Tvaka*
- *Swabhava – Chirkari*
- *Rogamarga – Madhyam*

**PITTAJA PANDU:**

*Pitta* is already disturbed in *Pandu Vyadhi*, in such circumstances if patient again consumes *Pitta* aggravating dietetics and behavior. If *Pitta Prakṛti* person indulges dietetics and activities which exacerbates *Pitta*. Due to intake of *Nidana*, *Pitta* aggravates in excess and brings abnormality in *Rakta* and manifest *Pittaja Pandu Vyadhi*.

Complexion becomes either yellow or green, fever, burning sensation, faints due to excessive thirst, morbid thirst, yellowish discoloration of stool and urine, profuse perspiration, desires to take cold substances, aversion towards food, mouth taste becomes pungent, uncomfortable to hot & sour things, sour eructation's, patient feels burning sensation during digestion of food, foul smell from oral cavity. Diarrhoea, debility and feeling of darkness in front of the eye. Yellowish discoloration in eyes, yellowish network of veins appears all over the body. Yellowish discoloration of skin, faeces, urine, nails & oral cavity.

### SIGNS AND SYMPTOMS OF MEGALOBLASTIC ANEMIA:

Anemia symptoms can include fatigue, pale skin, shortness of breath, dizziness, and a fast or irregular heartbeat. Other common symptoms include aches, muscle weakness, and difficulty breathing. Megaloblastic Anemia may also cause gastrointestinal issues, a sore tongue, unintended weight loss, liver enlargement, and jaundice. Cobalamin deficiency-related Megaloblastic Anemia can additionally lead to neurological symptoms like tingling, balance problems, vision loss, and psychiatric abnormalities such as depression and memory loss. The range of symptoms can vary among individuals.

### COMPARISON OF SAMPRAPTI OF PITTAJ PANDU AND PATHOPHYSIOLOGY OF MEGALOBLASTIC ANEMIA:

*Pandu Vyadhi*, also known as Anemia, is a condition characterized by pallor of the body (*Vaivarnya*), like the concept of Anemia in modern science. In Ayurveda, *Rakta* (blood) is considered crucial for the nourishment, vitality, support, and nourishing functions of the body<sup>[7]</sup>. Often, the vitiation of *Rakta* by Doshas, particularly Pitta Dosh, is seen as the cause of *Pandu Vyadhi*. This is because *Rakta* and Pitta share a mutually dependent relationship<sup>[8]</sup>.

Vitamin B12 plays multiple important roles in the body. It collaborates with folate to facilitate the production of DNA, which is the genetic material of our body<sup>[9]</sup>. It also helps regulate levels of the amino acid homocysteine, which, in turn, may contribute to a reduced risk of heart disease. Additionally, vitamin B12 is essential to produce red blood cells, which carry oxygen throughout the body's tissues. Insufficient intake or inadequate absorption of vitamin B12 can lead to Megaloblastic Anemia, wherein there is a deficiency of either vitamin B12 or folic acid<sup>[7,10]</sup>. These Dhatu ultimately affects Haematopoiesis. (Improper *Rakta* formation and leads *Rakta Dhatu Kshaya*)

The Pitta sub doshas, including *Alochak Pitta* (vision-related), *Bhrajak Pitta* (complexion-related), *Pachak Pitta* (digestion-related), *Ranjak Pitta* (blood coloration-related), and *Sadhak Pitta* (emotional and cognitive), all have a mutually supportive relationship with *Rakta dhatu*. In the case of *Pittaj Pandu Vyadhi*, the predominance of *Pitta Dosh* leads to the impaired formation of *Rakta*, resulting in the occurrence of pallor. Overall, *Pittaj Pandu Vyadhi* is characterized by the vitiation of *Pitta Dosh* and its impact on the formation of *Rakta*. This relationship between Pitta and *Rakta* is crucial in understanding the pathogenesis of *Pittaj Pandu Vyadhi* in Ayurveda<sup>[11]</sup>.

SIGNS AND SYMPTOMS	PITTAJ PANDU SIGNS AND SYMPTOMS <sup>[12]</sup>	MEGALOBLASTIC ANEMIA SIGNS AND SYMPTOMS
<i>Shweta Varna</i> (Pale complexion)	Present	Present Abnormal Paleness or lack of color of skin <sup>[13]</sup>
<i>Haridra Twak, Netra, Mutra, Mala, Nakha, Twacha</i> (Yellowish discoloration of eyes, urine, stool, skin, nails)	Present due to pitta dushti	Not present
<i>Ati Swedana</i> (Excessive sweating)	Present	Present, most commonly in Night sweating <sup>[14]</sup>
<i>Daha</i> (Burning sensation during digestion of food)	Present	Present, Burning, and tingling sensation mostly seen <sup>[15]</sup>
<i>Daurbalya</i> (Fatigue and weakness/malaise)	Present	Present Fatigue, weakness, and lack of energy <sup>[13]</sup>
Trishna (Thirst)	Present	Not Present

SIGNS AND SYMPTOMS	PITTAJ PANDU SIGNS AND SYMPTOMS <sup>[12]</sup>	MEGALOBLASTIC ANEMIA SIGNS AND SYMPTOMS
<i>Amla Udgar</i> (Sour or bitter taste in the mouth)	Present	May be Because of Altered taste perception due to smooth and tender tongue <sup>[13]</sup>
<i>Ati Sheetajalasya</i> (Excessive thirst for cold drinks)	Present	Uncommon
<i>Raktapitta</i> (Bleeding tendencies)	Not Present	May be due to thrombocytopenia
<i>Netra Shotha</i> (Inflammation of the eyes)	Present	Disturbed and blurred vision <sup>[16]</sup>
<i>Ati Ushna</i> (Elevated body temperature)	Present	May be Present Low-grade fever
<i>Krodha</i> (Irritability and anger)	Present	Mood swings and irritability, depression, personality change, poor memory. <sup>[13]</sup>
<i>Aruchi</i> (Loss of appetite)	Present	Anorexia /Decreased appetite <sup>[13]</sup>
<i>Vishtambhi Mala</i> (Foul-smelling stools)	Present	Sometime Present due to Diarrhoea or changes in bowel movements <sup>[13]</sup>
<i>Palitya</i>	Present	Grey hair
<i>Mamsa, Meda Kshaya</i> (Weight loss)	Present	May be Present
<i>Jwar</i>	Present	Fever may be Present or Absent

### DIAGNOSIS:

The diagnosis of Megaloblastic Anemia, regardless of whether it is caused by cobalamin (vitamin B12) or folic acid deficiency, typically exhibits similar laboratory findings. One of the key findings in a complete blood count is macrocytosis, which refers to the presence of abnormally large red blood cells. Along with Anemia (low red blood cell count), macrocytosis is a notable characteristic of Megaloblastic Anemia <sup>[17]</sup>. These laboratory findings help in identifying and differentiating Megaloblastic Anemia from other types of Anemia. Overall, *Pittaj Pandu Vyadhi* is characterized by the vitiation of *Pitta Dosha* and its impact on the formation of *Rakta*. This relationship between *Pitta* and *Rakta* is crucial in understanding the pathogenesis of *Pittaj Pandu Vyadhi* in Ayurveda.

### DISCUSSION:

As mentioned in *Charak Samhita "Dosha Pitta Pradhanastu"*. In *Pandu* there is *Dushti* of all types of *Pitta Dosha*. Due to *Aaharaj Nidans*, *Viharaj Nidans* and *Mansik Nidans* of *Pandu Pachak Pitta Dushti* occurs. *Pachak Pitta* has a main role in the digestion process. Due to *Pachak Pitta Dushti in Pandu* the digestion does not occur properly so nutritious *Aahar Ras* does not form for *Dhatuposhan*. Thus, there is improper absorption of vit B12, iron, folic acid. Thus, due to abnormal or *Vikrut Aahar Ras*. there is improper formation of *Ras* and *Rakta Dhatu* thus these lead to *Rasa Rakta Kshya*. Which causes *Pittaj Pandu*. *Pittaj Pandu* can be correlated with Megaloblastic Anemia.

The most common type of *Pandu* (Anemia) observed in cases of vitamin B12, and folic acid deficiency is *Pittaja Pandu*. In *Pittaj Pandu*, there is a vitiation of *Ranjak Pitta*, which is responsible for imparting color to the *Rasa* (plasma), thus facilitating the natural formation of *Rakta* (blood) *dhatu*. However, when this *Pitta* is imbalanced, it hampers the proper formation of *Rakta*, resulting in the occurrence of pallor, which is the characteristic feature of *Pandu Vyadhi*.

In the context of Megaloblastic Anemia *Ranjak Pitta* is primarily involved in the metabolism of vitamin B12 and folic acid. These two essential nutrients are crucial for the production and maturation of red blood cells.

Megaloblastic Anemia occurs when there is a deficiency in vitamin B12 or folic acid resulting in the production of abnormally large and immature red blood cells (megaloblasts).

The main function of *Ranjak Pitta* is to regulate the enzymatic and metabolic processes in the liver. It controls the production and secretion of bile which aids in the absorption of fat-soluble vitamins including vitamin B12 and folic acid. Additionally, *Ranjak Pitta* governs the transformation of food and nutrients into usable forms ensuring their proper assimilation by the body.

When *Ranjak Pitta* is imbalanced or impaired it can lead to poor vitamin B12 and folic acid metabolism. This can result in decreased absorption of these nutrients from the gastrointestinal tract or hinder their conversion into a usable form. Therefore, the body fails to produce healthy red blood.

*Sadhak Pitta* is one of the five subtypes of *Pitta Dosha* in Ayurveda which is responsible for the transformation and regulation of emotions intellect and mental processes. While it does not directly play a role in Megaloblastic Anemia understanding its influence on the mind leads to poor memory, personality change and depression in Megaloblastic Anemia.

In the context of Megaloblastic Anemia stress anxiety or other emotional factors can indirectly impact the condition by affecting the overall digestion nutrient absorption and utilization. Stress for instance may increase cortisol levels which can interfere with optimal digestion and nutrient absorption.

*Bhrajaka Pitta* is responsible for maintaining the health and functioning of the skin complexion. *Bhrajak Pitta Dushti* leads to altered skin pigmentation, dryness of skin, pallor (*Vaivarnya*).

According to Ayurveda imbalances in *Pitta Dosha* can manifest as various skin disorders including hyperpigmentation and discoloration. In this context if *Bhrajaka Pitta* is excessively aggravated or imbalanced it could potentially affect melanin production leading to changes in skin color.

*Alochak Pitta* is responsible for *Rupa Archana* is responsible for sense of vision. *Alochak Pitta Dushti* leads to visual disturbance in Megaloblastic Anemia.

The comparative study of *Pittaj Pandu* and Megaloblastic Anemia has provided valuable insights into the similarities and correlations between these two hematological disorders. Both conditions manifest with Anemia, characterized by a decrease in the number of red blood cells and hemoglobin levels. Additionally, both *Pittaj Pandu* and Megaloblastic Anemia share symptoms such as fatigue, weakness, pallor, depression, weight loss, grey hair, breathlessness, pyrexia, anorexia, and sore mouth.

While *Pittaj Pandu* is rooted in Ayurvedic medicine and is attributed to the aggravation of the *Pitta dosha*, Megaloblastic Anemia is primarily caused by deficiencies in vitamin B12 or folate. Despite the contrasting etiology, our study has highlighted significant overlap in the clinical manifestations and laboratory findings of these conditions.

The correlation between *Pittaj Pandu* and Megaloblastic Anemia can be attributed to the impact of these disorders on the hematopoietic system. Both conditions affect erythropoiesis, resulting in impaired production and maturation of red blood cells. This shared pathophysiology contributes to the observed similarities in the clinical presentation of Anemia.

Therefore, in cases of vitamin B12 and Folic acid deficiency, the predominant manifestation of *Pandu* is of the *Pittaj* type, indicating the involvement of *Pitta dosha*. This correlation between vitamin B12 or Folic acid deficiency and *Pittaj Pandu* suggests that vitamin B12 and folic acid deficiency can be associated with *Pittaj Pandu*, as per Ayurvedic understanding. <sup>[18]</sup>

## CONCLUSION:

Diagnostic approach is crucial for accurately distinguishing between *Pittaj Pandu* and Megaloblastic Anemia. While assessing patients' clinical history, conducting detailed physical examinations, and performing laboratory investigations including complete blood counts, peripheral blood smears, and serum vitamin B12 and folate levels are essential steps in the diagnostic process. Proper differentiation is crucial for selecting appropriate treatment strategies and managing these conditions effectively.

In conclusion, the comparative study of *Pittaj Pandu* and Megaloblastic Anemia has elucidated the correlations and similarities between these two hematological disorders. While their etiologies may differ, the shared manifestation of Anemia and the impact on erythropoiesis highlight the importance of considering both conditions in the diagnostic evaluation of patients presenting with Anemia. Further research is warranted to explore the underlying mechanisms connecting these disorders and to develop targeted therapeutic approaches to address their unique pathophysiological aspects.

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# INTERNATIONAL JOURNAL OF CURRENT SCIENCE (IJCSPUB)

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## OBSERVATIONAL STUDY OF RASAVAHA STROTAS DUSHTI IN AMAVATA

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### ABSTRACT-

The Rasavaha strotas illness Amavata is comparable to Rheumatoid Arthritis today. Agnidushti, Amotpatti, and Sandhivikruti result in Amavata. The best treatment for this condition will be one that maintains healthy Agni, metabolizes Ama, regulates Vata, and Sandhi and Sandhista Shleshma. Here, we can treat rasavaha strotas using the Samanya Chikitsa sutra in order to cure Amavata.

KEYWORDS- Amavata,Rheumatoid arthritis,Rasadhatu, Rasavaha strotas, Rasagni, Agnimandya.

### INTRODUCTION -

Amavata is a condition in which the Vata dosha becomes vitiated and ama builds up throughout the body, primarily in the joints. Through Dhamanias, which seek refuge in Shleshma-sthanas, vitiated Vata accumulates Ama throughout the body. According to the clinical presentation, Amavata symptoms are remarkably similar to those of rheumatoid arthritis. Rheumatoid arthritis treatment is a major challenge for the medical community because it doesn't totally eradicate the condition. Ayurveda provides a thorough explanation on how to handle Amavata.

Due to an unidentified reason, it makes life depressing and crippling and claims the greatest loss of human functioning capacity. Rheumatoid arthritis symptoms most closely mimic Amavata, according to Ayurvedic scriptures. A chronic immune-inflammatory disease with extra articular manifestations, rheumatoid arthritis affects synovial joints. Despite being a very old medical and healthcare science, Ayurveda is often used to treat chronic illnesses. Additionally, there are ongoing new studies and revalidations of traditional Ayurvedic concepts that are described in Ayurvedic classics. (1)

### RAS DHATU-

In Ayurveda, the term "Rasa" refers to the extremely fine, nutritious essence of food that is absorbed from the intestine after digestion and is known as Rasa. Rasa is made up of the five primordial substances and is classified into four types: masticable, potable, electuaries, and etable. It contains six Rasas and has either two or eight types of potencies. (2)

## RASAGNI:

Agni as a concept is briefly described. Jatharagni, Bhutangni, and Dhatwagni are the three different varieties of agni. Jatharagni's deterioration or improvement causes Bhutangni and Dhatwagni's deterioration or improvement as well. (3) Since the strength, health, longevity, and vital breath are all a result of the force of Agni or the normal state of Agni, it is imperative that one protect Jatharagni by following appropriate dietary guidelines and conduct.

## RASAVAHA STROTAS DUSHTI HETU-

गुरुशीतमतिस्निग्धमतिमात्रं समश्रताम्।

रसवाहीनि दुष्यन्ति चिन्त्यानां चातिचिन्तनात् ॥ १३ ॥ (CHA/VIMAN/5/21)

Guru Ahar: A heavy diet that includes too much Chinese food, fast food, cheese, and bread goods.

excessive consumption of cold food or products, or Sheet Ahar.

Atisnigdham: Consuming excessively fatty, rich food. It makes blood more viscous, which blocks strotas and impairs circulation.

Samashan: Combining a healthy and unhealthy diet.

Stress and concern (Mansika Hetu-Chinta) cause Rasavaha Strotodushti, which worsens mental and physical health by producing heart conditions, hypertension, etc.(4)

## RASAVAHA STROTAS DUSHTI LAKSHANA –

अश्रद्धा चारुचिश्चास्यवैरस्यमरसज्ञता।

हृल्लासो गौरवं तन्द्रा साङ्गामर्दो ज्वरस्तमः ॥ ९ ॥

पाण्डुत्वं स्रोतसां रोधः क्लैब्यं सादः कृशाङ्गता।

नाशोऽग्नेरयथाकालं बलयः पलितानि च ॥ १० ॥

रसप्रदोषजा रोगा, ... ॥ १ ॥ (CHA/SUTRA/28/9-10)

The following conditions are brought on by Ras Dhatu's vitiation. Ashradha's dislike of any kind of food, Aruchi: Uninterested in nutrition or anorexia Agensia, sometimes known as a loss of flavor, Hrilaso-Nause, Gaurav: Sensing a weight, Tandra: Lethargy Saangamarda Jwara Tma: Fever, dizziness, and bodily aches the Pandu-Anamia Strotasam Rodha: Blockage of blood flow channels, Klaibya-Impotency, Asthenia and Saada Krishangata-Emaciation, Nasho agnehe: Reduce the capacity for digesting Early onset of wrinkles and grey hairs in Vali and Palitya (5)

## AMAVATA VYADHI HETU-

विरुद्धाहार चेष्टस्य मन्दाग्नेर्निश्चलस्य च ।

स्निग्धं भुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तदा ॥ यो. र २५/१

According to definitions, nidana refers to conditions that worsen a disease's active state of doshic balance. This Nidana helps us not only to choose the course of therapy and the disease's prognosis, but also to manage the sickness. Amavata Nidana has several facets, and different Acharyas have expressed their own perspectives on how to produce Ama in



Amavata.(6) According to Madhavakara, each of these Virudhaahar (incompatible food), Virudha chesta (incompatible deeds), Mandagni (hypoactive Agni), Nishchala (lack of exercise), and Snigdha ahara (instant exercise) are different Nidanas.

In addition to these Kanda Mula Shaka intakes, Harita explains the etiological variables as being overexertion.(7-8)

Two categories can be used to group all hetu: 1. An unwholesome diet 2. Inaccurate habits

Unhealthy diet is defined as one that "aggravates the body humours but does not expel from the body." Charaka has listed 18 different sorts of unhealthy diets (Viruddha Ahar), some of which are shown below: Milk with Kulatha, Panasa fruit with Matsya, Equal parts honey and ghee, and so forth. cooked curd The main wrong habits (Viruddha Chesta) were sleeping during the day, suppressing natural impulses, and alternately using cold and hot. Nighttime jogging, excessive labor, etc.(9)

#### MAVATA SAMPRAPTI

विरुद्धाहार चेष्टस्य मन्दाग्नेर्निश्चलस्य च ।

स्निग्धं भुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तदा ॥ यो. र २५/१

The Ama state results from Agni's incapacity. Agni-Mandya mostly influences digestion first, then metabolism. As a result, the Rasadhatu is not produced to the required standard in this condition of Agni and is regarded as Ama. By virtue of its Vishkari Guna, this Ama also has Vyan Vayu. It swiftly travels through Hridaya and Dhamanies to all Kapha Sthanas. Due to the Ati-picchilata, this Vidagdha Ama in Kapha Sthanas is further tainted by Doshas and takes on many colors. This morbid Ama flows throughout the body, propelled by the vitiated Vata, with a preference for Shleshma Sthana, if Ama becomes blocked into channels and encourages further vitiation of Vata Doshas. Along with the other Doshas on the Dhamanies. (lasiness). (10)

#### AMAVATA SAMANYA LAKSHANA-

अंगमर्दो अरुचि तृष्णा ह्यालस्यं गौरवं ज्वरः ।

श्रपाकः शूनतांगानां आमवातस्य लक्षणम् ॥ यो. र. २५/६

Amavata is a disorder that causes the affected joints to lose function and experience pain, swelling, stiffness, and other symptoms. It is brought on by the development of Ama, which links up with Shleshma Sthanas and causes the symptoms mentioned above in Samprapti.

#### RASAVAHA STROTAS SAMANYA CHIKITSA SUTRA -

Acharya Charak mentioned the treatment for vitiated Ras-Dhatu as-

रसजानां विकाराणां सर्वं लङ्घनमौषधम् ॥ च/चि ३/२५

For the treatment of any sickness brought on by a vitiation of the Rasa dhatu, one should turn to all forms of fasting. Rasavaha Strotas are conduits for transporting Rasa Dhatu, making Rasa Dhatu's Dushti the initial Dhatu. Six additional Dhatus become vitiated as a result of its Dushti.

Since Agnimandya and Aama are the primary causes of Rasvaha Strotodushti, Langhana is the first treatment recommended by Shat Upakram. The goal is to receive weight in order to make the body lighter.

#### DISCUSSION-

Amavata affects people of various racial, gender, and geographic backgrounds worldwide. It is invariably connected to RA, or rheumatoid arthritis, in contemporary medicine. Rasavaha Strotas' illness is called amavata. Ama is created when food is not completely digested, which ultimately taints Rasavaha Strotas. So the first step in treating the Amavata is to address the Dushita Rasavaha strotas.

#### CONCLUSION-

In conclusion, Amavata, also known as rheumatoid arthritis, is a rasavaha strotas disease brought on by the dushti of Ama and Vata. Understanding the Samanya Chikitsa Sutra of Rasavaha Strota can help us treat the Amavata disease in its early stages because it is a Rasavaha strotas condition.

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# AN OVERVIEW OF VIKALPA SAMPRATI IN ATISAR VYADHI WITH SPERAL REFERENCE TO DIARRHOEA.

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## ABSTRACT

This article explores the correlation between modern science and Ayurveda in understanding Atisar, a condition closely related to watery diarrhea. In Ayurveda, Atisar is characterized by excessive passage of watery stools with increased frequency and is believed to be caused by an imbalance in the digestive fire (Agni dushti). Mental factors like fear and grief, along with the presence of parasites, are also considered causative factors. According to Ayurvedic science, Atisar's primary cause is attributed to impaired digestive fire (Agnidushti), leading to the formation of Ama, or toxins, due to incomplete digestion of food particles in the Grahani (the primary site of Agni). Ama further vitiated Vata dosha, especially Samana Vata and Apana Vata, resulting in diarrhea. Both modern science and Ayurveda emphasize the significance of maintaining a delicate balance in water and electrolyte absorption and secretion within the gut. Diarrhea, categorized into osmotic and secretory types, remains a significant cause of illness and mortality worldwide, particularly in children. The prevalence rate of diarrhoea has been reported of 9.2%. This article provides a comprehensive perspective of Vikalpa Samprapti of Atisar from an Ayurvedic standpoint, shedding light on the importance of understanding its Vikalpa Samprapti Ghatak of Atisar that helps physician in Chikitsa to do Samprapti bhanga for effective healthcare practices.

**KEYWORDS** *Atisar, Samprapti, Diarrhea.*

## INTRODUCTION

Atisara is a gastrointestinal disorder characterized by disturbances in the intestines, leading to water and electrolyte imbalances, malnutrition, and undernutrition. It not only affects the health of children but is also a significant contributor to infant mortality, particularly in tropical and sub-tropical countries. Ayurveda, the traditional text, provides various treatment options for managing Atisara, suggesting that drugs with specific properties like Madhura, Mrudu, Laghu, Surabhi Sampurna, Sheetal, and Sanshamaka can offer relief. Ayurveda also emphasizes the importance of Deepan and Pachan drugs in breaking the Samprapti of Atisara.<sup>[1-5]</sup>

The causes of Atisara in Ayurveda include Agnimandya and Aam. Agnidoshha and Ajirna play significant roles in the development of the condition. Other causative factors mentioned in Ayurvedic texts include Aharaj and Viharaj factors, Manasik as well as imbalances in Vata, Pitta, Kapha doshas, Sannipataj (tri-dosha imbalance), Aamatar, and Raktatar.<sup>[2,6]</sup>

Atisara is a common issue in the present era due to irregular and unhealthy dietary and lifestyle habits, leading to imbalances in the body and mind. While it may not be severely dangerous, it can be recurrent and cause significant discomfort. Atisara is becoming more prevalent as a result of the impact of Western food habits, improper dietary choices, and increased mental stress. Understanding the Nidana Panchaka and the Samprapti helps in planning preventive measures and effective management.

Ayurvedic texts describe six types of Atisara (Vataja, Pittaja, Kaphaja, Sannipataja, Bhayaja, Shokaja), and some texts include additional types like Amaja, Raktaja, and Jwaraja. The condition is also classified based on Avastha as Amavastha, Pakwavastha, and Raktavastha.

Diarrhoea, as per the World Health Organisation, is defined as the rapid transit of gastric contents through the bowel, leading to three or more loose or watery stools per day. It is a result of an imbalance in the absorption and secretion of water and electrolytes in the gut. Acute diarrhoea commonly occurs in the first year of life, where both brain development and intestinal transport mechanisms are still incomplete. Therefore, clinicians dealing with diarrhoea cases in children must have a good understanding of its pathophysiology and various treatment options to reduce mortality and morbidity.

### **AIM AND OBJECTIVES**

1. To examine the Ayurvedic Vikalpa Samprapti of Atisar.
2. To explore Pathophysiology of diarrhoea.
3. To explore the contemporary perspective on diarrhea.

### **MATERIAL AND METHODS**

Careful persual of the Bruhatrayees, the greater triad of Ayurvedic literature like Charak Samhita, Sushruta Samhita and Ashtanga Hrudayam the Laghutrayees along with the contemporary textbooks and reference book on internal medicine is done.

### **NIDANA**

The Nidanas of Atisara can be categorized into four main groups: Aharaja, Viharaja, Manasika, and Agantuja. These may act as either Viprakrusta Nidana or Sannikrishta Nidana or both. Nidanas can be further divided into Samanya Nidana and Vissha Nidana. Samanya Nidanas lead to the vitiation of Doshas and subsequently produce the general pathogenesis (Samanya Samprapti). On the other hand, Vissha Nidanas cause the vitiation of specific Doshas and lead to the manifestation of the disease accordingly.

Acharya Charaka has explained specific factors responsible for the vitiation of individual Doshas, causing specific types of Atisara. Others have provided a general group of causative factors that may be applicable to individual patients. Sushruta, in Uttarasthana, mentions various causative factors, including heavy, unctuous, dry, hot, and liquid foods, incompatible food combinations, improper food intake, mental factors like fear and grief, intake of contaminated water, alcohol consumption, and irregularities in diet and lifestyle<sup>[10]</sup>.

Nidana Vishama ashana, as described by Sushruta, involves eating large quantities of food in a short period, leading to indigestion. Additionally, the ingestion of parasites (Krimi) in the intestines can act as both Dosha and Vyadhi Hetu (causative factors for the vitiation of Doshas and the disease)<sup>[11]</sup>.

Vagbhata also identifies specific causative factors for Atisara, including the consumption of dry or lean meat, meat derived from skinny animals, preparations of sesame or germinating seeds, and the presence of parasites (Krimi) and hemorrhoids (Arshas)<sup>[12]</sup>.

In summary, Atisara's causative factors encompass dietary, lifestyle, mental, and external influences, and specific factors may lead to the vitiation of certain Doshas, resulting in the manifestation of different types of Atisara.

### **PURVARUPA**

The premonitory symptoms, known as Purvarupa, play a crucial role in identifying and preventing future diseases. While Charaka has not specifically mentioned the Purvarupa of Atisara, Sushruta provides valuable insights into this stage. According to Sushruta, before the onset of Atisara, the premonitory symptoms include sensations of pain (Toda) in various areas such as the heart (Hridaya), umbilicus (Nabhi), intestines (Payu), abdomen (Udara), flanks (Kukshi), along with non-elimination of flatus (Anilasannirodha), Vitsanga, Adhmana, and impaired digestion (Avipaka), constipation. Madhavakara and Bhavaprakasha also concur with the Lakshanas mentioned by Sushruta<sup>[17]</sup>. Recognizing and addressing these early signs can help in taking preventive measures against the development of Atisara.

### **RUPA**

In Roopavastha, all the signs and symptoms of the disease become evident. Charaka identifies six main types of Atisara, and each type has specific symptoms associated with it. The symptoms of Vataja Atisara can be categorized into two types: Ama Atisara and Pakwa Atisara<sup>[18]</sup>.

For the Amaja variety, the symptoms include slimy and undigested stools that sink in water or get absorbed when falling on the ground. The stools are dry, liquid, painful, foul-smelling, and associated with gurgling sounds and colicky pain caused by Vata lodged in the alimentary tract. In the Pakwa stage, the symptoms involve the passing of hard stool little by little, along with gurgling sounds, pain in the lower back, hips, groin, knees, back, and sides. This type is also known as Anugrathitha Atisara<sup>[19]</sup>. The Pitta origin type is characterized by stool tinged

with blood and Pitta, accompanied by thirst, burning sensation, sweating, fainting, pain, and inflammation. In the Kapha origin type, the stool becomes loose, constant, and mucus-laden, with a strong foul smell. It is associated with a feeling of incomplete evacuation, heaviness, and drowsiness. A case of Tridoshaja type is characterized by the combined action of all three doshas and resembles fatty stools. Such cases, especially in infants or elderly individuals, are challenging to treat medically.

### TYPES OF ATISARA [20, 21]

I a.Sama b.Nirama

II a.Vataja b.Pittja c. Kaphaja d.Sannipathaja e. Bhayaja f. Shokaja

### VIKALPA SAMPRAPTI OF ATISAR –

Due to consumption of above etiological factors Apa Dhatus are enhanced in excess and brings diminution of strength of Agni, gets mixed with stool, causes downward movement in Annavaaha Srotas by Vata leading to development of excess watery stool known as Atisara.<sup>[24]</sup> In Vataja Atisara, Vata Vridhi occurs due to consuming Nidana Sevana, leading to Agnidusti. This aggravated Vata forcefully brings down Mutra and Sweda causing liquefaction of mala resulting in Atisara. In Pittaja Atisara, the increased Drava Guna of Pitta is responsible for Agni Dusti, and the Ushna Guna causes Purisha Bheda. In Kaphaja Atisara, due to Nidana Sevana, the Guru, Madhura, Sheeta, and Snigdha Gunas of Kapha increase and accumulate in Amashaya leading to Agnidusti and the manifestation of loose stools due to its Saumya nature.<sup>[25]</sup>

According to Charaka, both Bhayaja and Shokaja Atisara are caused by Manasika Dosha and share similar clinical features with Vataja Atisara. Vagbhata also indicates that Vata-Pitta symptoms are observed in Bhayaja Atisara. In Amaja Atisara, the pathology is primarily dominant in Pitta Dhara Kala rather than the Purisha Dhara Kala. In Pakwaj Atisara, the pathology is more dominant in Purisha Dhara Kala in the Pakwasaya than Pitta Dhara Kala.

The passage of Drava stools is commonly seen in Atisara, and the reasons for this include Vata Vridhi in Koshta, an increase in Drava Guna, and a decrease in Ushna Guna of Pitta, as well as Vishishta Dushti of Purisha Vaha Srotas, Agnimandya, and Amavisha. Analyzing the above factors, the Samprapti of Atisara can be summarized as follows: the etiological factors cause Agni Dusti, resulting in the disturbance and vitiation of Apdhatu, which then mixes with Purisha. It is driven downwards by Samana and Apana Vata, leading to the expulsion of mostly water-mixed stools through Guda. The main Doshas involved are Samana Vata, Kledaka Kapha, and Apana Vata, with Pachaka Pitta also playing a major role. Agnimandya and the presence of Ama before the manifestation of the disease contribute to the vitiation of Kledaka Kapha. In Atisara, the affected Dushyas are Udakakya Dhatus. Ama, resulting from Jathar Agnimandya, causes Srotorodha and leads to the manifestation of Atisara. The primary Srotas that get vitiated in Atisara is Purisha Vaha Srotas, leading to Atipravriti of Mala through the Guda Marga. The origin of the disease is Amashaya, and the main Abhyantara Roga Marga involved is Guda.

### VIKALPA SAMPRAPTI GHATAKA OF ATISAR

Dosa

- Vata Pradhan Tridosaja
- Vata – Samana, Apana
- Pitta – Pachaka
- Kapha – Kledaka

Dusya

- Dhatu – Rasa, Rakta, Mamsa, Meda
- Saririka Mala – Mutra, Purisha
- Dhatumala – Kapha, Sweda, Pitta

Agni – Jatharagni, Dhatvagni

Agnidusti – Mandagni

Srotas – Annavaaha, Purishavaha, Udakavaha

Strotodusti – Atipravrtti, Vimargagamana

Adhithana – Mahastrotas

Udbhavasthana – Amasayottha, Pakvasayottha

Sancarasthana – Annavaaha Srotas, Purisavaha

Vyktasthana – Guda

Svabhava – Ashukari.  
Prabhava – with complication – Incurable  
Without complication – curable  
Roga Bheda – 6 types  
Roga marga – Abhyantra

### **SADHYASHADHYATA**

Vataja, Pittaja, and Kaphaja Atisara are considered easily treatable (sukhsadhya). Sannipataja, Shokaja, and Bhayaja Atisara are considered moderately difficult to treat (krichhsadhya). Pakva Jamun, Yakrit Khand, and Mayurpichh Sadrish Atisara are considered challenging to treat (asadhya).

### **ATISARA NIVRTTI LAKSANA**

Proper elimination of urine, flatus and stool, enhancement of digestive fire and feeling of lightness in gastrointestinal tract indicates that patient is recovered from Atisara.<sup>[26]</sup>

### **PATHYAPATHYA**

Ayurveda extensively discusses Pathyapathya or dietary guidelines for managing Atisara. According to Kasyapa Samhita, fruits, cereals, and hot water are considered beneficial (pathya) for Atisara, while intake of garlic, oily substances, meat soup, and sweating therapy are considered harmful (apathya). Yogaratnakara provides a detailed explanation of pathya, which includes proper sleep, lightening the diet, consumption of milk from goat or cow, ghee, and curd or buttermilk made from goat or cow's milk. On the other hand, apathyas include staying awake at night and consuming heavy foods and drinks.

### **ETIOLOGY**

Diarrhoea can be classified into acute or chronic, as well as infectious or non-infectious, based on its duration and type of symptoms. Acute diarrhoea typically lasts for less than two weeks and is commonly caused by infections, often viral in nature, with a self-limited course. On the other hand, chronic diarrhoea persists for more than two weeks and is usually non-infectious, resulting from conditions like malabsorption, inflammatory bowel disease, or medication side effects<sup>13</sup>. When diagnosing and managing diarrhoea, it's essential to identify the underlying cause. Several factors need to be considered during the diagnostic process: Stool characteristics, including consistency, color, volume, and frequency, may vary based on the cause. Presence or absence of other intestinal symptoms like nausea, vomiting, fever, and abdominal pain. History of exposure to child daycare, which can be associated with specific pathogens like rotavirus, astrovirus, calicivirus, Shigella, Campylobacter, Giardia, and Cryptosporidium species. History of ingesting infected food, such as raw or contaminated foods. Exposure to water from swimming pools, camping, or marine environments. Travel history, as certain pathogens are more prevalent in specific regions (e.g., enterotoxigenic Escherichia coli)<sup>14</sup>. Animal exposure, which has been linked to certain types of diarrhoea, such as Campylobacter infections from young dogs/cats and Salmonella infections from turtles<sup>15</sup>. Predisposing factors like hospitalization, antibiotic use, and immunosuppression can also be relevant in certain cases<sup>16</sup>. By carefully considering these factors, healthcare professionals can better diagnose and manage cases of diarrhoea.

### **COMMON SYMPTOMS OF DIARRHOEA**

- Abdominal cramp
- Defecation of loose and frequent watery stool
- Dehydration
- Fever and nausea
- Dryness
- Sunken eyes
- Lose of turgidity of skin

## **PATHOPHYSIOLOGY**

Diarrhoea can occur due to reduced water absorption by the bowel or increased water secretion. Acute cases of diarrhoea are mostly caused by infections. Chronic diarrhoea is categorized into watery, fatty (malabsorption), or infectious types. Diarrhoea can also be classified based on its pathophysiology as secretory or osmotic.

Lactose intolerance is a type of watery diarrhoea that results in increased water secretion into the intestinal lumen<sup>22</sup>. It is characterized by symptoms such as bloating, flatulence, and watery diarrhoea. Lactose, when not properly broken down by the enzyme lactase, remains in the gut and attracts water, leading to watery diarrhoea. Fatty diarrhoea is commonly caused by conditions like celiac disease and chronic pancreatitis. In chronic pancreatitis, insufficient enzyme release from the pancreas leads to malabsorption, particularly of fats. This results in symptoms like upper abdominal pain, flatulence, and bulky, foul-smelling pale stools<sup>23</sup>.

Bacterial and viral infections are the typical causes of the secretory form of diarrhoea. These infections cause damage to the gut's epithelial cells, reducing their ability to absorb water and electrolytes. The damaged cells lead to increased intestinal permeability and loose stools.

## **DISCUSSION**

The abstract provides an overview of Atisar, a condition related to watery diarrhoea, as described in both modern science and Ayurveda. It highlights the various causative factors, pathophysiology, and classification of Atisar in Ayurvedic science. Additionally, it emphasizes the importance of maintaining a delicate balance in water and electrolyte absorption within the gut, which is crucial in understanding and managing diarrhoea, particularly in children.

In Ayurveda, Atisar is attributed to Agnidushti (impaired digestive fire), leading to the formation of Ama, which, in turn, causes vitiation of Vata dosha and results in diarrhoea. The article also touches upon the different types of diarrhoea and their causes in modern medicine, including acute and chronic diarrhoea, infectious and non-infectious cases, and osmotic and secretory diarrhoea.

The abstract provides essential keywords that help in identifying the primary focus of the article. The introduction sets the context by explaining the significance of Atisar and its impact on health, particularly in children, and how Ayurveda offers treatment options. It highlights the Nidanas or causative factors of Atisar, which encompass various dietary, lifestyle, mental, and external influences. The etiology and Samprapti (pathogenesis) of Atisar are also discussed, detailing the role of Doshas, Dushyas (tissues), Agni, and Ama.

The article then delves into the Purvarupa, the premonitory symptoms, and the Rupa, the manifest symptoms of Atisar. It describes the common symptoms associated with each type of Atisar based on Vataja, Pittaja, Kaphaja, Sannipathaja, Bhayaja, and Shokaja origins. The article concludes by mentioning the Sadhyashadyata, indicating the treatability of different types of Atisar and providing an overview of Pathyapathya, the dietary guidelines to follow or avoid in managing Atisar.

Overall, the abstract lays the groundwork for an in-depth exploration of the correlation between modern science and Ayurveda in understanding Atisar and provides valuable information for healthcare professionals, researchers, and individuals interested in this topic. The subsequent sections of the article can provide further elaboration and evidence on the points mentioned in the abstract.

## **CONCLUSION**

In conclusion, the correlation between Ayurveda and modern science in understanding Atisar Vikalpa Samprapti of Atisar with special reference to diarrhoea. Both systems highlight the importance of maintaining a delicate balance in water and electrolyte absorption in the gut. Modern science classifies diarrhea into osmotic and secretory types, while Ayurveda attributes Atisar to impaired digestive fire (Agnidushti) and vitiated Vata dosha. Integrating knowledge from both systems can lead to more holistic approaches in managing diarrhoea and related gastrointestinal disorders.

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## Management of *Pandu* with *Darvyadi leha*: A case study

**Dr. Meenal Prakash Pawar and Dr. Shrikant Deshmukh**

### Abstract

*Pandu roga* is explained by almost all of our *Acharyas*. *Pandu* widely described in various vedas and ayurvedic texts as an independent disease. It is called *Pandu roga* because of predominance of *pandu bhava* (paleness) all over the body. *Pandu rogi* suffers from decreased blood count, *Bala* (strength), *Varna* (complexion), *Sneha*, *Meda* and *Oja*. Patient becomes *Niharsa* (loss of natural integrity, tone and strength) and *shithilendriya*. In this there is vitiation of *pitta pradhana vatadi dosha* and *raktadhatu* in the body. *Pandu* is described under *rasapradoshaja vikara*. In modern it can be closely related with iron deficiency anemia on the basis of symptoms and causative factors. In a recent estimate, about 8.8% of global population is affected includes all age groups. It is most common form of anaemia in India with root cause of nutritional deficiency. In this case study 40 yr old male patient suffering from *Hridispandan*, *Gatrashoola*, *Shwasa*, *Dourbalya*, *Pandutva*, *Bhrama*, *Hatanala*, *Bhaktadvesha*. Patient diagnosed as a *pandu vyadhi* and treated with *darvyadi leha* as *Acharya charak* mentioned the one of the best medicine to treat *pandu vyadhi*.

**Keywords:** Ayurveda, pandu, darvyadi leha, chikitsa, pathya, anemia

### Introduction

Ayurveda is the science which mentioned various principles for prevention and treatment of disease. 'Prevention is better than cure' is the basic concept of Ayurveda<sup>[1]</sup>. Now a day, the lifestyle is gradually shifting away from healthy living and therefore people fall victim of various diseases. In high and middle economy class, due to busy and stressful lifestyle many people are not paying attention towards nutritional value in diet and their timing of taking meal is also irregular and in low economy class, due to poverty, illiteracy & lack of health services most people having nutritional deficiencies like iron deficiency and facing to a disease like anemia. A prominent diagnostic feature of *Pandu roga* is the pallor of the skin which occurs due to the quantitative and qualitative deficiency of *rakta dhatu* caused either in the form of deficiency of hemoglobin and/ or red blood cells (RBCs). Considering *panduta* (Pallor) as the predominant sign, the disease is termed as *pandu roga*. The nearest correlation of iron deficiency anaemia (IDA) can be made with *pandu roga*, because of the predominance of *panduta* or pallor in the whole body. Iron deficiency is a very common nutritional disorder worldwide and is known to affect approximately one third of the global population. While its incidence in affluent countries is low, the incidence of IDA in India is very high<sup>[2]</sup>. Iron deficiency is thought to be the most common cause of anemia globally, although other conditions, such as Folic acid, Vitamin B12 and Vitamin A deficiencies, chronic inflammation, parasitic infections, and inherited disorders can all cause anemias. The word *Pandu* has been derived from "*Padi Nashne Dhatu*" by adding "*Ku*" *Pratyaya* in it, the meaning of which is always taken in sense of "*Nashan*" i.e the loss. As *Pandu* has been kept under the group which is classified and named according to the change of color, therefore "*Nashan*" should be considered in the sense of "*Varna*" or color, which is further clarified by *Charak* with the word *Vaivarna*. Thus, *pandu* is a disease in which there is *vaivarna* or change of normal color of body. A detail explanation of *pandu roga* is found in almost all ayurved *samhitas*. *Pandu Roga* is known from the Vedic period. This disease was described in ancient Hindu treaties like in Ramayana, Mahabharata, Agnipurana, etc. *Acharya Charaka* described *Pandu* after *Grahani Dosha Chikitsa* due to aggravation of *Pitta* in *Grahani* and the aggravation of *Pitta* constitutes a predominant factor in the causation of *Pandu*<sup>[3]</sup>. *Acharya Sushruta* has mentioned after *Hridaroga* due to same *sankhya*, *samprapti* and *chikitsa* of *hridaroga* like *tikshna*, *amla*, *katu* etc may cause for development of *Pandu*. *Acharya Vagbhata* mentioned *pandu roga* after *udaroga* due to same *doshanghnata*. All *acharyas* explain the word "*Pandu*" as *shwet*, *dhusara*, *shwetavabhasa*, *pitavabhasa*. *Pandurogi* suffers from decreased blood count, *Bala* (strength), *Varna* (complexion), *Sneha*, *Meda* and *Oja*. Patient becomes *nissar* (Loss of natural integrity, tone and strength) and *shithilindriya*.

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In this there is vitiation of *pitta pradhana vatadidosha* and *rakta dhatu* in the body. *Rakta* gets vitiated by doshas, mainly by *bhrajaka pittadosha* and create *pandu roga*. *Pandu* is described under *rasapradoshaja vikara*. *Utpatti* of *pandu* according to *Vachaspatyam* [4]. *Pandu* is like whitish yellow color of pollen grain of *Ketaki* flower. *Acharya Gangadhara* [5] describes *Pandu varna* as *Malana Varna*. *Nirukti* of *panduroga* according to our *Acharyas*, among the different kinds of colours such a *Pandu*, *Harita*, and *Haridra*, *Pandu* being more common among this so, disease is called as *pandu roga* itself. *Pandu* is one of the *santarpanajanya vyadhi* [6]. *Acharya Charaka* mentioned this in *Rasapradoshaja vyadhi* [7]. While *Acharya Sushruta* mentioned it as *Raktavahastratodushti vyadhi* [8]. *Iron deficiency* results when demand outstrips supply and that may occur due to blood or hemoglobin loss, increased physiological demands as in pregnancy, lactation and adolescence, decreased dietary intake or impaired absorption. *Anemia* is a major public health problem in India. *Anemia* is a disease which affects physical as well as mental health also affects daily routine work in many cases. Due to consumption of etiological factors doshas aggravates with predominance of *pitta dosha* and afflicts dhatus mainly *raktadhatu*, further it produces laxity and heaviness in the dhatus. Heaviness of *dhatus* manifest due to the disturbance of normal function of *dhatus*. Patients of *pandu roga* lose their vitality, complexion, strength and other properties of *Ojas* due to morbidity of *dosha* and *dushya*. Aggravated *Pitta* expelled from *hrudaya* via ten blood vessels by powerful *vata*, circulates all over the body. It reaches the space between *twak* and *mamsa* and leading to abnormal complexion like pale yellow, deep yellow and greenish discolouration. Aggravated *Pitta* is responsible for the less production of *poshaka* (nutrient portion) from the *rasa dhatu* as a result depletion of *rakta* takes place [9]. In modern medicine, *Iron deficiency anemia* is treated with dietary management and iron therapy, which is having some adverse effects like gastric irritation and allergic rashes. So safe, economic and effective drugs are needed to manage *panduroga*. Excessive intake of alkaline, sour, salty, too hot, incompatible diet, excessive use of black gram, Sesame oil, excessive exercise, day sleep are the causes for *pandu*. *Darvyadi leha* [10] is one such unique ayurvedic formulation useful to treat *pandu* (*Anaemia*) as it contains both herbals, herbomineral formulations in it 1-*DarviTvak* 2-*Triphala* 3-*Vyosha*, 4-*Vidanga*, 5-*Lohabhasma*, 6-*Madhu* & *Ghrita* in *asaman Matra* as *anupana*.

### Aim and objective

The main aim of this study is to documentation the effect of the drug *Darvyadi leha* in management of *panduroga*.

### Material & Methods

*Darvyadi leha* [10] contains- 1-*Darvi Tvak*, 2-*Triphala*, 3 -*Vyosha*, 4-*Vidanga*, 5-*Lohabhasma* 6-*Madhu* & *Ghrita* (In *as amanmatra* as *Anupana*) which are herbal and herbomineral drugs. Study was done on *panduroga* w.s.r to iron deficiency anaemia patient and Result was observed.

### Method of preparation

Drug will be prepared as per *Sharangdhara samhita* madhyam khanda under the guidance of *rasashastra* and *bhaishajya kalpana* department.

**Ingredients Quantity** [11]: *Daruharidra* -1 part, *Amalaki* -1 part, *Haritaki*-1 part, *Bibhitaki*-1 part, *Shunthi*-1 part,

*Maricha*-1 part, *Pippali*-1 part, *vidanga* -1 part, *Lohabhasma* -1 part. Drug Form: *Leha*, Dose- 2 gm divided in two dose daily, *Sevana Kala*- After meal, *Anupana*- *Madhu* + *Ghrita*, (*Asamana Matra*). Study duration- 45 days. Follow up-15<sup>th</sup>, 30<sup>th</sup>, 45<sup>th</sup> day.

In *Darvyadi leha*, there are nine ingredients will be taken in dry form & crush into fine powder which will be filtered through the cloth separately and then mixed.

### Case report

40 yrs. male patient presented with chief complaints of *Hridspandan*, *gatrashoola*, *shwasa*, *dourbalya*, *pandutva*, *bhrama*, *hatanala*, *bhaktadvesha* and with hemoglobin range of 8.6 gm %.

### General examination

**Occupation:** Worker

**General condition:** moderate, afebrile.

**BP:** 110/80 mmhg

**PR:** 70/min

### Systemic examination

**RS:** AEBE Clear

**CVS:** S1, S2 Normal, no cardiac murmur.

**CNS:** Conscious, orientated to time, place, person

**Table 1:** Criteria for assessment

<b>Hridspandana (Palpitations)</b>	<b>Grade</b>
Palpitation even during rest	3
Palpitations during daily activities	2
Palpitations not so often with normal activities	1
No palpitations	0
<b>Gatra Shoola (Bodyaches)</b>	<b>Grade</b>
Body ache affecting daily activities	3
Body ache affects daily activities frequently	2
Body ache not affecting daily activities	1
No bodyache	0
<b>Shwasa (Dyspnoea)</b>	
Dyspnoea disturbing patients daily activities frequently	3
Dyspnoea disturbing patients daily activities intermittently	2
Dyspnoea not affecting normal activities	1
No dyspnoea on exertion	0
<b>Dourbalya (General weakness)</b>	
Activities reduced due to weakness	3
Weakness affecting the daily activities	2
Weakness not affecting the daily activities	1
No weakness	0
<b>Pandutva (Pallor)</b>	
Conjunctiva, mucous membrane, nail are pale	3
Conjunctiva pale, nail & mucus membrane slightly pale	2
Conjunctiva slightly pale, mucus membrane not pale	1
Not pallor	0
<b>Bhrama (Giddiness)</b>	
The patient feels dizzy on resting	3
The patient feels dizzy during daily activities	2
The patient sometimes feels dizzy	1
No giddiness	0
<b>Hatanala (Dyspepsia)</b>	
The patients feels indigestion even not taking food	3
The patient feels indigestion after taking even a soft & small quantity of food	2
The patient feels indigestion after taking food	1
No dyspepsia	0

<b>Bhaktadvesha (Anorexia)</b>	
The patient doesn't like to eat	3
The patient feels eating but doesn't want to eat	2
Patient feel like eating but are not sure to eat	1
No anorexia	0

**Investigation:** 1.CBC 2.ESR 3. LFT 4. URINE.

**Table 2:** Treatment Plan

Sr. no.	Treatment plan	Anupana	Follow up	Duration	Pathyaahara
1	<i>Darvyadi leha</i>	<i>Madhu+ Ghritha (Asamanmatra)</i>	15 days	45 days	Rice, wheat (old), barley, pea, green gram, spinach, green vegetables, pomegranate <i>Munga</i> (Green gram), Masura (Lens esculenta), meat, Manukka (raisin), banana, Takra.

For every 15 days follow up I have observed an improvement of 1.1 gm in HB%.

## Observation & Result

**Table 3:** Objective Criteria

Investigations	BT	AT
HB%	8.6gms	11.7 gms
TLC	6700mm <sup>3</sup>	7000mm <sup>3</sup>
DLC	P 45%, L 40%, E 03%, M 03%, B 0%	P 50%, L 39%, E 03%, M 02%, B 0%.
ESR	45	35
PBF	RBCS-anisocytosis, hypochromic, WBC-WNL	RBCs-Normochromic, mild hypochromic, WBC-WNL
PCF	30%	32%
TRBC	3.30million/mm <sup>3</sup>	4.25 Million/MM <sup>3</sup>
MCV	60fl	75fl
MCH	20pg	26pg
MCHC	31g/dl	35g/dl
RBSL	90 mg/dl	94 mg/dl
B.UREA (mg/dl)	20	17
Screatinine (mg/dl)	0.9	0.8
SGOT (IU/L)	35	32
SGPT (IU/L)	16	15

## Discussion

*Darvyadi leha* is a unique drug based on its herbal and herbomineral Formulation in it and unique method of preparation selected this drug For the *Panduroga* and it is having *tridoshahara* property in it. In *pandu roga* pitta is a predominant *dosha* and most of the drugs of *Darvyadi leha* are, *madhura rasa*, *kashaya tikta rasa* and *madhura vipaka* which helps to decrease vitiated *pitta*. *Darvyadi leha* contains *darvi*, *triphala*, *vidanga*, *loha bhasma*, *amalaki* these having *rasayana* property which improves circulation of *rasa* and *rakta dhatu* in body. *Darvi*, *haritaki* is indicated in *panduroga*. *Mandagni* is the root cause of all the disease. *Haritaki* is having *Raktavridhdikara* property, *loha* having *balya* property. So it improves the quantity and quality of *rakta*. *Bibhitika*, *Sunthi*, *Maricha*, *Pimpali*, *Vidanga* have *pachan* and *deepana* property, so the use of *darvyadi leha* improves vitiated *agni* and breaks down the pathogenesis of *panduroga*. *Darvi* and *haritaki* has *yakrututtejaka* action so it improves digestive fire and subsides *panduroga*. Most of the drugs have *Srotovisodhana* properties. *Haritaki* and *bibhitika* is having *anuloman* property as it increases intestinal absorption and subsequently, other drugs absorption also improved in the patient. The combined action of all these drugs improves *jatharagni* as well as *dhatwagni*. After this quality and quantity of *rasa* and *rakta dhatu* improved. Due to *rasayan* and *balya* property, *dhatuposhana* is effectively improved in the the patient body and patient was fully satisfied with the treatment as symptoms of *pandu* have significantly reduced.

## Conclusion

The pathological factors responsible for *pandu* are *tridoshas* and *agnimandya*. *Darvyadi leha* contains *loha bhasma* and herbal ingredients. Herbal ingredients present in the drug will treat *pandu* in the patients as this formulation is most effective with least or no side effects. So this preparation can be preferred for treating *Pandu*. The results suggest that *Darvyadi leha* shows a moderately significant response in the patient by improving Hb count and decreasing anemic symptoms.

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# A Review Article of Chickenpox Management Via Ayurveda

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## Abstract

Chickenpox is a viral infection; this is prompted because of varicella-zoster virus. This virus spreads through air or with the aid of direct contact with the infected person. It normally impacts youngsters elderly under 10 years but hardly ever takes place in adults. Chickenpox is specially characterized by the arrival of itchy blisters all over the body. Taking chickenpox vaccine once between 10 and 15 months and once among 4 and 6 years is the satisfactory preventive measure for this ailment. However, even vaccinated children might get recognized with a milder shape of chickenpox. In line with Ayurveda, chickenpox or laghu masurika is brought on because of vitiation of tridoshas (three doshas). Panchakarma (five treatment plans) strategies of vama (medical emesis) in conjunction with the outside packages of lepa (coating the affected body component with medications) the use of herbs like nimba (neem) are used for the treatment of chickenpox. Herbs like yashtimadhu (mulethi), guduchi (coronary heart-leaved moonseed), haridra (turmeric) and manjishtha (Indian madder) are given as blood-purifying agents to clean the infection from body. Setting apart the affected character, retaining a easy surroundings and the usage of sterile clothes and objects additionally improves recuperation and forestalls the spread of chickenpox.

## Keywords:

Bird pox, children, laghu masurika, tridosha

## Introduction

### Ayurvedic view of chickenpox

Chickenpox is called laghu masurika or masurika in Ayurveda. The time period masurika comes from the phrase masoor (red lentils) and is used in reference to the more than one purple-colored boils that seem at the body for the duration of this contamination.

Ingesting excessively salty or sour meals; incompatible foods (e.g., fish with milk); contaminated peas or leafy unwashed vegetables is the causative factors for chickenpox.<sup>[1]</sup>

Jwara (fever), Kandu (itching), Arati (loss of hobby), Shotha (swelling), Bhrama (confusion), Araktanetrata (redness of the eyes), angabhang (body pain), and tvakvaivarnya (discoloration of the pores and skin) are some of the signs located earlier than the manifestation of this sickness.

Small-or larg e-sized, reddish yellow – colored blisters begins to appear after 3 to 7 days, which then deliver out pau s-like discharge. Other signs and symptoms include trishna (thirst), arati, daha (burning sensation), and vedana (pain).<sup>[1]</sup>

On the basis of the doshas involved, the 5 predominant forms of chickenpox are as follows:

- Vataja (because of vitiated vata)
- Pittaja (because of vitiated pitta)
- Sannipataja (resulting from vitiation of all 3 doshas)

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- kaphaja (because of vitiated kapha)
- Raktaja (caused by vitiated rakta dhatu).

The blisters, signs and symptoms range for each sort of masurika are varies with its region of its incidence:

- Blisters on muscles or pores and skin are greasy, pus-forming, itchy, and painful
- Blisters on reproductive organs are small, ripe, waxy, and painful
- Blisters at the bones produce a slicing ache within the bones and critical organs
- Blisters on fatty tissues are huge, round, tender, and barely elevated.

Indriyaghata (damage to the organs) and kurupta (unpleasant appearance) are the main outcomes of chickenpox. Both preventive and healing measures for chickenpox are to be had in Ayurvedic remedy system.<sup>[2]</sup>

## Ayurvedic Treatment for Chickenpox

### Vamana

Vamana remedy pursuits at putting off pollutants and vitiated doshas (especially extra pitta and kapha) from the body by using inducing vomiting. Oleation remedy and sudation remedy are commonly accomplished before vamana.

Together with pores and skin conditions like chickenpox, Vamana remedy is used inside the remedy of peptic ulcers, rhinitis, anorexia, and breathing situations.

Vamana therapy is indicated for all styles of masurika other than pittaja masurika.

Vasa (Malabar nut), yashtimadhu, nimba, patola (pointed gourd), and different herbs are used for vamana therapy in human beings with chickenpox.<sup>[3]</sup>

### Lepas

Lepas are medicinal plasters that are used to attain relief from anti-inflammatory swellings. These plasters are carried out within the opposite path to hair and are removed as soon as dried.

A lepa is ready with the aid of mixing herbs with water or any other medium to acquire a semi-stable paste-like consistency.

Pralepa (thin and cold pastes with absorbing or nonabsorbing properties to restore deranged pitta), alepa (now not too skinny or thick, those pastes are beneficial for ulcer remedy), and pradhena (thick or skinny pastes to repair vitiated kapha and vata) are the 3 varieties of lepa used in Ayurvedic treatments.

Manahshiladi lepa, karanbijadi lepa, eladi lepa, and karviradi lepa are beneficial in treating chickenpox.<sup>[3]</sup>

## Ayurvedic Herbs and Drugs for Chickenpox

### Haridra

Haridra has antibacterial and antibiotic properties that make it useful for the treatment of many skin situations which include psoriasis and chickenpox. The bioactive properties of haridra assist to improve the digestive vegetation and metabolism and are powerful in treating anti-inflammatory situations.

Turmeric, while given orally, it can reduce itching, fight micro organism and helps to relieve the various symptoms of chickenpox.<sup>[4]</sup>

### Yashtimadhu

Yashtimadhu is a bitter-tasting herb that acts on the nervous, digestive, excretory, and breathing structures. It is miles useful in the treatment of vata problems, colds, anti-inflammatory conditions, ulcers, sore throat, and ache. This herb has natural healing and blood-purifying properties that make it useful for people with chickenpox.<sup>[4]</sup>

### Guduchi

Guduchi is a bitter-tasting herb that acts at the circulatory and digestive systems.

This herb improves immunity stages in all 3 doshas. Consequently, it can help improve the overall fitness of these identified with chickenpox. Guduchi also has blood-purifying homes.

It is beneficial inside the treatment of piles, dysentery, fevers, indigestion, pitta situations, and gout.<sup>[4]</sup>

### Manjishtha

Manjishtha is a smelly-tasting herb that acts at the circulatory gadget.

It is far called the exceptional herb for blood purification. Manjishtha improves blood circulate, controls bleeding damaged bones. It cleanses and regulates the feature of frame organs and enables treat many conditions along with hepatitis, chickenpox, diarrhea, paralysis, rheumatoid arthritis, joint ache, and dysmenorrhea.<sup>[4]</sup>

### Nimba

Nimba is a bitter-tasting astringent herb that acts at the urinary, digestive, and circulatory systems. It has antiviral and disinfectant homes that make it beneficial for treating many fitness conditions such as chickenpox. Neem also has detoxifying, blood-purifying, and

stimulant homes. Nimba allows heal ulcers, nausea, and joint infection.<sup>[4]</sup>

## Ayurvedic Drug Treatments for Chickenpox

### Paripathadi kadha

Paripathadi kadha is a natural decoction crafted from yashtimadhu, haritaki (chebulic myrobalan), gulabkalika (rosebuds), parpata (Indian fumitory), musta (nutgrass), and other herbs.

This medicine is in particular indicated for the remedy of chickenpox. It enables relieve the tikshna (incisive) and ushna (hot) features of pittaja chickenpox.

It is also used within the treatment of romantika (measles) and sheetala (smallpox).<sup>[5]</sup>

### Shatadhauta ghrta

This topical system is ready from cow ghee.

It is miles used to deal with kushtha (skin conditions), daha, vatarakta (gout), kaksha (painful boils in the armpit), and gudapak (infection within the anus).

Shatadhauta ghrta is likewise indicated in the treatment of chickenpox, scars, burns, and wounds.<sup>[5]</sup>

### Chandrakala rasa

Chandrakala rasa is prepared the usage of shuddha parad, tamra bhasma, gandhak, and abhrak bhasma. This mixture is then infused with musta decoction, shatavari (asparagus) juice, kumari (aloe) juice, parpat decoction, or different herbal fluids before use.

It is useful within the remedy of raktapitta (bleeding problems), visarpa (herpes), kaksha, kamala (jaundice), jwara, and chickenpox.<sup>[5]</sup>

### Tiktpanchak kwatha

Guduchi, nimba, patola, kantakari, and vasa are used to make this decoction. This medicinal drug is useful for decreasing fevers and treating romantika, masurika, and sheetala.<sup>[5]</sup>

### Sutashekara rasa

Sutshekhara rasa is a herbal components prepared from gandhak (brimstone), shunthi (dried ginger), tankan (borax), karchura (white turmeric), ela (cardamom), pippali (long pepper), dalchini (cinnamon), and other ingredients.

It allows alleviate commonplace signs and symptoms of many illnesses like fever, ache, headache, and nausea.

This medicinal drug is also used to deal with respiratory situations, chickenpox, heartburn, and pain.

Dietary and life-style adjustments for chickenpox patient as in line with Ayurveda.<sup>[5]</sup>

### Do's

Use sterile garments and gadgets.

Trim your nails to prevent harm from scratching.<sup>[6,7]</sup>

### Don'ts

Avoid contact with a person who has chickenpox as it is a contagious ailment that spreads through air and on coming in direct contact with the blisters.

Facet results and dangers of Ayurvedic medicine and treatments for chickenpox.

Ayurvedic medicines are completely secure and do no longer have any facet outcomes. However, certain points need to be taken into consideration earlier than taking those medicines considering no longer all remedies and herbs are suitable for all body types.

Vamana therapy must no longer be accomplished within the elderly and children. People with fitness conditions like heart sicknesses, cachexia, and hematemesis need to not go through vamana remedy.

Manjishtha may additionally irritate vata inside the frame and motive severe chills.<sup>[6,7]</sup>

## Discussion

Chickenpox is a contagious pores and skin sickness that influences almost all people as soon as in their lifetime. Chickenpox is referred to as laghu masurika or masurika in Ayurveda. The time period masurika comes from the word masoor (purple lentils) and is used in reference to the more than one purple-colored boils that appear at the frame all through this illness. It is miles characterized through itchy, pus-filled boils that are very discomfoting. Getting vaccinated is the exceptional preventive measure for chickenpox.

Ayurvedic treatment of chickenpox includes the usage of herbs, topical formulations, in addition to oral formulations to lessen itching, boil formation, and fevers. Those formulations have blood-purifying, immunity-improving, and fitness-promoting activities that assist attain a rapid recovery.

However, it' is miles essential to include wholesome meals, avoid meat, and keep proper hygiene at the side of Ayurvedic remedy to achieve whole restoration at the earliest.

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## Conflicts of interest

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# Examination of the Newborn Baby According to Ayurveda and Modern Science

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## Abstract

Neonatal examination is important to become aware of any anomaly and delivery harm which may have been missed out at in advance examination and to educate the mom about care of recent born at home. Care of new born right from simply after delivery till the primary feeding has been described by way of three predominant treatise of Ayurveda, the Brihatrayi it consists of Charaka Samhita, Sushruta Samhita and Astanga Hridaya. The steps covered in neonatal care or Navjata Shishu Paricharya are Prana pratyagamana (neonatal resuscitation), Ulva Parimarjana (cleaning of the vernix caseosa), Naalchedan (reducing of umbilical cord), Snana (neonatal tub), Mukh vishodhan (cleansing of oral cavity), Garbhodak vama (clearing of neonate's belly), Jata karma (beginning ceremony), and Raksha karma (safety of infant). This article provides a crucial look at of the methods blanketed in Navjata Shishu Paricharya revealing their medical relevance and application in ok care of recent born according to Ayurveda in addition to cutting-edge science. The materials had been gathered from the classical Ayurvedic literatures, pediatric textbooks, magazines, and studies journals.

## Keywords:

Jata karma, Navjata Shishu Paricharya (neonatal care), umbilical wire

## Introduction

The phrase "Pediatrics" is used for ailment of childhood or ailment of infants and kids.<sup>[1]</sup>

The term pediatrics is derived from the Greek words "pedia" (that means of toddler) or denoting a dating to an infant. Atrike (that means remedy) surgical procedure or remedy and intraoperative cell salvage (meaning department of science).<sup>[1]</sup>

Kaumarbhritya is one of the eight branches of Ayurveda which offers with the care of kids, their sicknesses, and respective treatment. Each Ayurveda as well as present day technology describes the significance of neonatal care and element examination of

new child, which performs an crucial role in newborn's lifestyles.

## Examination of Organ Systems and Areas<sup>[3]</sup>

### Pores and skin

Look for texture of the skin, is there any lanugo, vernix, meconium staining, icterus, hemangioma, nevi, rash, excoriation, petechiae, and bruises should be properly inspected.

Acrocyanosis is cyanosis of extremities that is regular and is gift due to bloodless strain.

Erythema toxicum is small, vesiculopustular papules present after 2–4 days of delivery. It is able to be visible on the face, trunk, and extremities.

Mongolian spots are greenish blue regions of pigmentation normally seen over the

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buttocks, returned, and different frame parts. Those disappear inside the 1<sup>st</sup> year of life.<sup>[3]</sup>

### Eyes

Edema, conjunctival or anterior chamber hemorrhage, and discharge have to be well inspected.

The eyes must be examined with an ophthalmoscope to document a red reflex. The absence of a clear purple reflex is indicative of a retinoblastoma, cataract, or glaucoma.

Size of eye, cornea, iris, visualize lens, and retina must be well cited.<sup>[3]</sup>

### Nostril

Study the nose properly to peer the internal and outside nares patency. Is septum is in midline, is there any nasal flaring or nasal drainage gift must be well mentioned.

Milia are white-colored spots seen on the nose, cheek, and chin because of distended sebaceous glands. They disappear spontaneously.<sup>[3]</sup>

### Ears

In ears, cartilaginous development of the ear lobe, position of ears, form of auricle (everyday strange), preauricular sinus, or skin tags must be mentioned. Outside the auditory canal patency has to be visible.<sup>[3]</sup>

### Head

- Widespread shape, length, sutures, (over-driving, separated) and swelling should be visible
- Areas in parietal bones can be gift. Fontanel should be nicely inspected. Texture of hair ought to additionally be cited
- The top circumference is measured the scalp and sutures are examined
- Molding, i.e. overriding of the parietal bones over the frontal and occipital bones can be present it ought to be well mentioned
- Bruising and hematomas of the scalp must be cited
- Cephalohematoma, caput succedaneum, and vacuum caput also should be stated.<sup>[3]</sup>

### Face

Dysmorphic facial functions need to be properly referred to that suggest a chromosomal anomaly encompass mid facial hypoplasia, small eyes, low-set ears, epicanthal folds, depressed nasal bridge. Microcephaly, mongoloid slant, hypertelorism and lengthy philtrum ought to be well referred to.<sup>[3]</sup>

### Mouth

The lips, mouth, and palate are inspected and palpated for natal tooth, cleft lip, and cleft palate. Study palate (for intact, slender, or high arched). Search for Epstein

pearls, those are epithelial cysts gift as white spots at the difficult palate.

Tongue (size and function), frenulum, and uvula should be properly examined.<sup>[3]</sup>

### Neck

In examination of neck vicinity, tracheal function, 100, cysts, sinus tracts, motion of neck, cervical lymph nodes ought to be inspected.

Examination ought to be achieved to rule out goiter, cystic hygroma, webbed neck, and sternocleidomastoid tumor.

Laxity of the neck skin is present in Down syndrome.<sup>[3]</sup>

### Chest

In chest, symmetry, breast buds (degree diameter in mm, >5 mm in diameter in complete time period) must be properly inspected. Examination must be done to exclude associated clavicular fracture, presence of supernumerary nipples, and presence of axillary adenopathy.

Chest wall excursions ought to be determined and the breathing charge determined.

Breast engorgement may broaden on the 3<sup>rd</sup> or 4<sup>th</sup> day due to transplacental maternal hormones.

Auscultation of heart sounds is important to assess the rhythm, charge and heart sounds (tachycardia, bradycardia), to detect Murmur (nice, depth, period, relation to cardiac cycle, radiation, and location of maximum intensity).

The regular coronary heart fee at some point of the 1<sup>st</sup> week of existence may additionally range from 94 to a 175 beats in keeping with minute.

Peripheral pulses-femoral, brachial, radial (amplitude, equality, and simultaneous) need to be noted.<sup>[3]</sup>

### Lungs

In lungs, retractions, flaring, grunting, tachypnea, auscultation (rales, rhonchi, and wheezes) must be well examined.

Laboured breathing shows respiratory distress syndrome, pneumonia, anomalies or mechanical obstruction.<sup>[3]</sup>

### Stomach

In stomach exam word, the form, muscle tone, range of umbilical vessels, hernia/diastasis, and many others. If palpable, observe size and consistency of liver, spleen, kidney, or different loads.

Belly distension can be present due to obstruction, perforation, and meconium ileus. Look for abdominal wall defects as in trisomy 18, bladder extrophy, exomphalus, and umbilical hernia.

Visual inspection of the stomach must be accomplished to assess symmetry and distension. Generally liver is 2 cm palpable under the right coastal margin in neonates.

Scaphoid stomach is seen in diaphragmatic hernia and in trachea-esophageal fistula.<sup>[3]</sup>

### Genitourinary

In girl-length of clitoris and labia, masses in labia, hymenal tags, discharges, and abnormalities in voiding need to be examined.

In male-observe the genitalias for undescended testis, retractile testis, urethral meatus patency and role, testicular descent and scrotal development (i.e. rugae best on inferior element or floor absolutely protected with rugae and pendulous in look), is there any hernia or hydrocele, abnormalities in voiding have to be examined.

The genitalia are examined for ambiguous genitalia, which require immediate endocrinologic and urologic consultation.

Anal patency, anal wink, and bizarre stooling additionally have to be referred to.<sup>[3]</sup>

### Musculoskeletal machine

Hip exam is essential to come across developmental dysplasia and congenital dislocation of the hips and fracture of the clavicle occurs during 0.2%–3.5% of vaginal deliveries.

### Backbone

Take a look at the backbone carefully to rule out sinus tracts, sacral dimple, scolioses, spina bifida, and so on.

Tuft of hairs over lumbosacral vicinity advise occult spina bifida.<sup>[3]</sup>

### Neurologic examination

- Tone: hobby, movement, and head lag
- Cry: person, intensity, and frequency
- Conduct: Alertness, wakefulness, irritability, consoleability, and cuddliness
- Reflexes: knee, attitude, plantar, triceps, and biceps reflexes.

The special evaluation of each step of “Navjata Shishu Paricharya” in step with ayurveda are as follows:

## Prana Pratyagamana (Neonatal Resuscitation)

Acharya Charaka has laid emphasis on Initiation of Prana Pratyagamana measures at once after delivery at the side of efforts for placenta extraction without dropping any time due to the fact initial couple of minutes of neonate’s life is very essential and also to save you the brain damage because of postpone in resuscitation.<sup>[2,15]</sup>

It consists of striking of stones close to the bottom of ears of toddler, sprinkling cold water in summer season and hot water in wintry weather at the face of the baby. By way of these measures, infant will regain awareness which was misplaced because of the stress because of the strain of bearing down at some stage in the process of transport. However, even after those steps if the child remains flaccid, then toddler should be fanned with a fan organized of straps of bamboo until baby starts off evolved respiration. Four Astanga Hridaya recommends rubbing of Bala Taila on infant’s frame and making sound with the aid of hitting stones together at base of the ear.<sup>[5]</sup>

### Relevance

Putting of two stones near mastoid or base of ear produces excessive sound stimulating vestibule cochlear nerve. It’s far a sensory nerve whose afferent department consists of sensation to its nuclei situated at the floor of the 4<sup>th</sup> ventricle, close to respiratory center, which is also stimulated and respiratory begins. Furthermore, this process of hanging stones irritates auricular Department of vagus nerve, which triggers coughing in infant. Sprinkling hot or bloodless water may additionally stimulate the sensory fibers of the facial nerve which stimulates the breathing center in mind and its motor fibers draw up hyoid bone and open epiglottis, therefore beginning breathing. Waving air by a blackened fan offers sparkling air which has 21% of oxygen.

Rubbing of Bala taila on baby’s frame serves the purpose of tactile stimulation, temperature renovation, and offering energy to toddler.

## Ulva Parimarjana (Cleaning of the Vernix Caseosa)

Acharya Sushruta opines that ulva or vernix of baby need to be cleaned straight away after delivery by way of ghee and rock salt. Five Vagbhata holds comparable view and describes that cleaning of ulva from toddler’s mouth and body should be executed at once after beginning using rock salt and ghee.<sup>[6]</sup>

### Relevance

Rubbing ghee and rock salt on toddler’s body for removal of vernix gives sufficient tactile stimulus to resuscitate

a baby in number one asphyxia. Ghee additionally serves as an insulating agent and stops hypothermia. Clearing the oral cavity of any vernix residues prevents its aspiration into the respiratory passage while baby gasps for breath.

### Naalchedan (Slicing of Umbilical Twine)

Acharya Charaka prescribes Naalchedan after Garbhodak Vamana whilst Acharya Sushruta recommends it after Mukha vishodhana and Pichu dharana. Acharya Vagbhata has defined cutting of umbilical twine after Ulva parimarjan and resuscitative steps. Charaka elaborates that the twine must be marked at a distance of 8 angulas (approximately 25.5 cm) from its root where it is attached with navel each the edges of this mark need to be cautiously occluded via hand and with assist of an Ardhadhara form of device, product of gold, silver or metal, the wire need to be cut at this mark. The distal end of the wire has to be tied with the help of a thread and the ends of the thread ought to be loosely tied to the neck of the infant. If there's suppuration of umbilical twine, oil boiled with paste of lodhra (*Symplocos racemosa*), madhuka (*Glycyrrhiza glabra*), priyangu (*Callicarpa macrophylla*), suradaru (*Cedrus deodara*), and haridra (*Curcuma longa*) need to be carried out and its powder of ought to be sprinkled over suppurated location.<sup>[7-9]</sup>

### Relevance

Cutting of the umbilical cord is finished after finishing touch of resuscitative measures and stabilization of baby. It's miles counseled to clamp the wire by the way of thread to keep away from bleeding which can also result in hypovolemic shock. Fastening of the wire to child's neck prevents bleeding and additionally to save you it to get grimy with feces and urine of infant, so one can prevent wire infections. Enough length of wire is left to keep away from straining of wire at the same time as tying. Kushtha (*Saussurea lappa*) dravya is used for cord care which has jantughna (anti-infective), Vedana sthapana (analgesic), and shotha hara.<sup>[10]</sup>

### Snana (Neonatal Bath)

In step with Acharya Charaka, while respiration is established in the neonate and he's in a stable circumstance, his excretory passages must be wiped clean with water and he have to be given tub. Eleven Sushruta prescribes bathing of neonate after Jata karma. He says that child should be massaged with bala taila and then bathed with decoction of laticiferous trees, water of fragrant tablets (Eladi Gana), or water heated with silver or gold or heat decoction of kapittha leaves in accordance with season, dosha.<sup>[6]</sup> Astanga Hridaya has additionally given similar perspectives.<sup>[9]</sup>

### Relevance

Bathing of baby continues hygiene and stops rashes such as erythema toxicum. Medicinal drugs used to put together the washing water sell healing of umbilical stump and have dosha pacifying houses. Ksheeri vriksha includes Nyagrodha (*Ficus bengalensis*), Udumber (*Ficus glomerata*), Ashwatha (*Ficus religiosa*), and Parisha (*Thespesia populnea*) that have antimicrobial, anti-inflammatory, and analgesic and wound-healing houses.<sup>[10]</sup>

### Mukhvishodhan (Cleansing of Oral Hollow Space)

Acharya Charaka recommends that palate, lips, throat, and tongue of neonate must be wiped with attendant's finger, whose nails are nicely clipped off and which might be well cleaned and covered with cotton swabs. After cleansing the mouth, shiras talu (anterior fontanel) of child ought to be included with cotton swabs soaked with oily substances.<sup>[11]</sup>

Acharya Sushruta has prescribed the use of ghee and rock salt for oral cleaning. Masking fontanel by ghee-soaked cotton has been encouraged by both Sushruta and Vagbhata.<sup>[12,13]</sup>

### Relevance

Cleaning of oral hollow space of newborn prevents aspiration of amniotic fluid, blood, meconium or vermix into breathing tract while baby begins breathing. Accordingly, this measure rules out risk of aspiration pneumonia (Ulvaka). Putting a ghee soaked cotton piece on anterior fontanel prevents warmness loss from the massive floor place of neonate's head and additionally protects it from harm.

### Garbhodak Vamana (Clearing Neonate's Belly)

In Charaka samhita and Astanga Hridaya states that the child should be given ghee combined with rock salt for emesis in order that belly is cleared of its contents.<sup>[4,14]</sup>

### Relevance

Clearing the stomach of its contents prevents probabilities of regurgitation and aspiration of regurgitated contents. It additionally prevents vomiting after feeds which may additionally occur because of irritant effect of meconium, blood, or amniotic fluid present in the stomach.<sup>[16]</sup>

### Jata Karma (Start Rites)

Jata karma is the first sacrament carried out after delivery. Acharya Charak states that, Jata karma ought

to be done with the aid of Prajapatya technique described in the spiritual texts. It involves the first feeding of infant. To begin with, infant need to take delivery of honey and ghee impregnated with hymns prescribed in Vedas. Thereafter, following comparable ritual, milk of mom from his proper breast should receive to the child in the beginning. An Earthen jar packed with water should be impregnated with mantras and kept near the head of the kid.<sup>[16]</sup> Acharya Sushruta states that baby ought to be given to lick gold Bhasma blended with honey and ghee with index finger.<sup>[6]</sup> Astanga Hridaya prescribes a Prashya for child to improve his intelligence, long existence, and appropriate strength within the dose of one harenu (peas) in amount. The prashya is ready from the paste of Aindri (*Bacopa monnieri*), Brahmi (*Centella asiatica*), Vacha (*Acorus calamus*), Sankhpushpi (*Convolvulus pluricaulis*), and introduced with ghee and honey or with gold bhasma.<sup>[17]</sup>

### Relevance

Jata karma is the start ceremony which helps the child transcend from intrauterine lifestyles to greater uterine existence. Swarna prashan given to baby by the way of gold bhasma, honey, and ghee serves the reason of both Vitamins and immunization. Honey and ghee have an excessive caloric value, giving strength to infant whose previous source of vitamins from placenta has stopped. Honey additionally serves as a moderate allergen, which offers the primary opportunity to infant's body to begin the synthesis of antibodies, accordingly defensive the infant from infections. Also this primary feed initiates gastrointestinal moves and turns on the intestine. Gold powder offers bodily protection to infant, enhances mind improvement, and is in microdebris without difficulty absorbable by infant's gut. This licking of drugs arrangements additionally offers an opportunity to doctor to evaluate the rooting and sucking reflex of neonate. Use of Mantra in Jata karma offers mental support to parents, especially mother. A comfy, confident attitude of mom allows the milk ejection reflex. Breastfeeding is to take delivery of on the primary day with a purpose to make sure right nutrients and defensive immunoglobulin found in colostrum. Early initiation of breastfeed additionally stimulates prolactin reflex and oxytocin reflex.

The water stuffed in Earthen jar is beneficial to serve cooling motive or upkeep of humidity in child's ward room.

### Raksha Karma (Safety of Child)

Ayurvedic classics describe measures for stopping infection in a neonate. Branches of Khadira (*Acacia catechu*), Karkandhu (*Ziziphus nummularia*), Pilu (*Salvadora persica*) and Parushaka (*Grewia asiatica*)

ought to be positioned all over the Sutikagara. Grains of mustard, atasi (*Linum usitatissimum*) and broken rice must be scattered in Sutikagara. Until the naming rite (on 10<sup>th</sup> day), Tandula Bali Homa need to be finished twice a day. At the doorway of sutikagara a moosal (a big pestle) have to be stored obliquely. Portions of vacha (*A. calamus*), Kushta (*S. lappa*), hingu (*Ferula narthex*), Sarshapa (*Brassica nigra*), atasi (*L. usitatissimum*), lashuna (*Allium sativum*), and such different capsules which are recognized to offer safety from the assault of evil spirits must be tied in a packet and hanged to the higher beam of door of sutikagara. Similar smaller packets ought to be tied to neck of mom and baby. Those packets of drugs should also be positioned in cooking utensils, serving vessels, water jars, cloth, and mattress sheet of mother and toddler. Within the sutikagara, fire lit from tinduka (*Diospyros peregrina*) has to be constantly kept burning. Girl attendants who are buddies to mother need to preserve regular vigil via closing conscious for 10 to 12 days.<sup>[18-20]</sup>

### Relevance

Placing of herbs in the ward room and tying it to neonate reduces possibilities of infection as these drugs have rakshoghna (anti-microbial) homes.

Scattering of small seeds on the floor serves comparable cause in conjunction with the realistic advantage that bugs discover it difficult to crawl on such surface decreasing probabilities of insect bite. Fumigation of the Sutikagara through numerous tablets is stated to guard the child from diverse opportunistic infections. Lights of fireplace within the ward room furnished better visibility of neonate for its care specifically at night time. Female attendants final unsleeping at night are required for catering to the needs of child in order that mom could have good enough relaxation. Providing of prayers is a form of daivyapashraya (divine) chikitsa that are a source of psychological guide to mother and own family. Also regular cleaning of the ward room previous to performing prayers serves to examine hygiene. Raksha karma is prescribed for at least 10 days which incorporates early neonatal duration, the maximum prone time for a newborn. Maintaining a massive pestle obliquely at the doorway of Sutikagara can also serve as a no access signal to keep away from useless overcrowding.

### Conclusion

The measures of care of new child described in the present day technology in addition to in our historic texts imply their understanding concerning resuscitation, prevention of hypothermia, aspiration, and to save you infections in baby's. Early initiation of breastfeeding stimulates prolactin reflex and oxytocin reflex and it is

also beneficial to offer nutrients and immunoglobulin present in the colostrum. Hence, an know-how of “Navjata Shishu Paricharya” as well as “examination of newborn” proves to be the inspiration stone and base of neonatal care.

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## Conflicts of interest

There are no conflicts of interest.

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# Study of Hrudrog Samprapti – Viguna Hrudaya Gata w.s.r to Myocardial Infarction by Interpreting Angiography.

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## Abstract

Ayurveda considers hrudaya as one of the vital organ of the body. As it is one among the trimarams, any injury to the hrudaya leads to severe complications & even death. Hrudaya is an organ which draws blood from all over the body and then supplies it to all parts of the body. Movement of heart is controlled by Vyanavayu. Hridroga is among the diseases mentioned in ayurveda where in the description is quite brief. In samhita there is a reference of hrudroga is 'Viguna Hrudaya Gati'. According to this reference we conclude that there is obstruction of working of hrudaya and severe abnormal changes are happened in hrudaya. Severe modern diseases we are corelated with Hrudarogas out of which Myocardial infarction is a clinical syndrome that results from occlusion of coronary artery with resultant death of cardiac myocytes in the region supplied by artery . this physical damage of hrudaya i.e 'vigun gati of hrudaya' we see through the modern technique of cardiology is angiography . So in this article detail discription about Heart disease and Myocardial Infarction.

**Keywords** Mayocardial Infracrion , Heart ,Hridaya, Ayurved

## Introduction

A considerable knowledge regarding the hrudaya can be made available in Ayurveda. Hrudaya is an organ which draws blood from all over the body and then supplies it to all parts of the body. The hrudaya being a muscular organ derives its nutrition from rasa, its oxygen from rakta and its vital energy from ojas. Its movements are controlled by vyanavata. In ayurveda it is compared with Hridya roga. When the vata dosha gets aggravated and disturbs rasa dhatu in the body than there is a blockage in the arteries that leads to to the heart. Kapha dosha also plays a role in development of this disease. The main aim is to restore digestion of rasa dhatu . with a weak rasa dhatus, the digestive fire becomes imbalanced which may result in release of toxins .Toxins reach in the heart and cause blockage in channels .

## Situation

Hrudaya has also been recognized as one of the Koshtanga. Hrudaya is situated between the two breasts in the chest (thorax) at the opening of amasaya. The pliha and puppusa are situated below and beneath the hrudaya on the left side and the yakrut and kloma below and beneath the hrudaya on the right side.



## Development

Embryologically hrudaya is produced from the essence of rakta and kapha. The dhamanis carrying prana to the body part are attached to hrudaya. Charaka believes that complete development of hrudaya takes place either at the end of third month, whereas Sushruta believes that it develops in the beginning of fourth month.

## Measurement

In Ayurveda hrudaya is measured as two angulies. While Sushruta has mentioned the size of hrudaya marma is panitala (four anguli)

## Functions

1. The hrudaya has been especially described as the seat of chetana in all human beings. It is considered as a seat of chetana based on its un-interrupted work throughout the entire period of life and stop working at the end of life leading to death, which then makes body achetana (non-conscious).
2. Hrudaya and its attached vessels provide life by supplying the blood to whole of the body.
3. . The rasa which is purified is collected in the hrudaya and thrown away by the action of vyana vayu, passes everywhere in the body.
4. Hrudaya and dhamani are common mula of pranavaha Srotas and rasavaha srotas for achieving both the common objectives i.e. supply of oxygen and nutrition up to cellular level of body.

## Modern Anatomy Of Heart

The heart is a muscular pump that serves two functions: to collect blood from the tissues of the body and pump it to the lungs and to collect blood from the lungs and pump it to all tissues of the body. The human heart lies in the protective tho- rax, posterior to the sternum and costal cartilages, and rests on the superior surface of the diaphragm. The heart assumes an oblique position in the thorax, with two-thirds to the left of midline. It occupies a space between the pleural cavities called the middle mediastinum, defined as the space inside the pericar- dium, the covering around the heart. This serous membrane has inner and outer layers, with a lubricating fluid in between. The fluid allows the inner visceral pericardium to "glide" against the outer parietal pericardium.

The internal anatomy of the heart reveals four chambers composed of cardiac muscle or myocardium. The two upper chambers (or atria) function mainly as collecting chambers; the two lower chambers (ventricles) are much stronger and function to pump blood. The role of the right atrium and ventricle is to collect blood from the body and pump it to the lungs. The role of the left atrium and ventricle is to collect blood from the lungs and pump it throughout the body. There is a one-way flow of blood through the heart; this flow is maintained by a set of four valves. The atrioventricular valves (tricuspid and bicuspid). allow blood to flow only from atria to ventricles. The semilunar valves (pulmonary and semilunar) allow blood to flow only from the ventricles out of the heart and through the great arteries.

A number of structures that can be observed in the adult heart are remnants of fetal circulation. In the fetus, the lungs do not function as a site for the exchange of oxygen and carbon diox-ide, and the fetus receives all of its oxygen from the mother. In the fetal heart, blood arriving to the right side of the heart is passed through specialized structures to the left side. Shortly after birth, these specialized fetal structures normally collapse, and the heart takes on the "adult" pattern of circulation. How- ever, in rare cases, some fetal remnants and defects can occur. Although the heart is filled with blood, it provides very little nourishment and oxygen to the tissues of the heart. Instead, the tissues of the heart are supplied by a separate vascular supply committed

only to the heart. The arterial supply to the heart arises from the base of the aorta as the right and left coronary arteries (running in the coronary sulcus). The venous drainage is via cardiac veins that return deoxygenated blood to the right atrium.

### Coronary arteries

Coronary arteries supply blood to the heart muscle. Like all other tissues in the body, the heart muscle needs oxygen-rich blood to function. The coronary arteries wrap around the outside of the heart. The 2 main coronary arteries are the left main and right coronary arteries. Importance: Since coronary arteries deliver blood to the heart muscle, any coronary artery disorder or disease can have serious implications by reducing the flow of oxygen and nutrients to the heart muscle. This can lead to a heart attack and possibly death. Atherosclerosis (a buildup of plaque in the inner lining of an artery causing it to narrow or become blocked) is the most common cause of heart disease.

### Coronary Circulation

The coronary arteries arise from the sinuses of Valsalva, just past the origin of the aortic root. The right coronary artery (RCA), arising from the anterior aortic sinus, supplies blood to the right atrium, right ventricle, sinoatrial node, atrioventricular (AV) node, and select portions of the left ventricle. The left coronary artery (LCA) arises from the left posterior aortic sinus and quickly bifurcates into the left circumflex artery (LCX) and left anterior descending artery (LAD), which supply blood to the left atrium and left ventricle. There is substantial overlap in these blood supplies due to the existence of collateral vessels and variant anatomy, but these intricacies are beyond the scope of the current discussion.

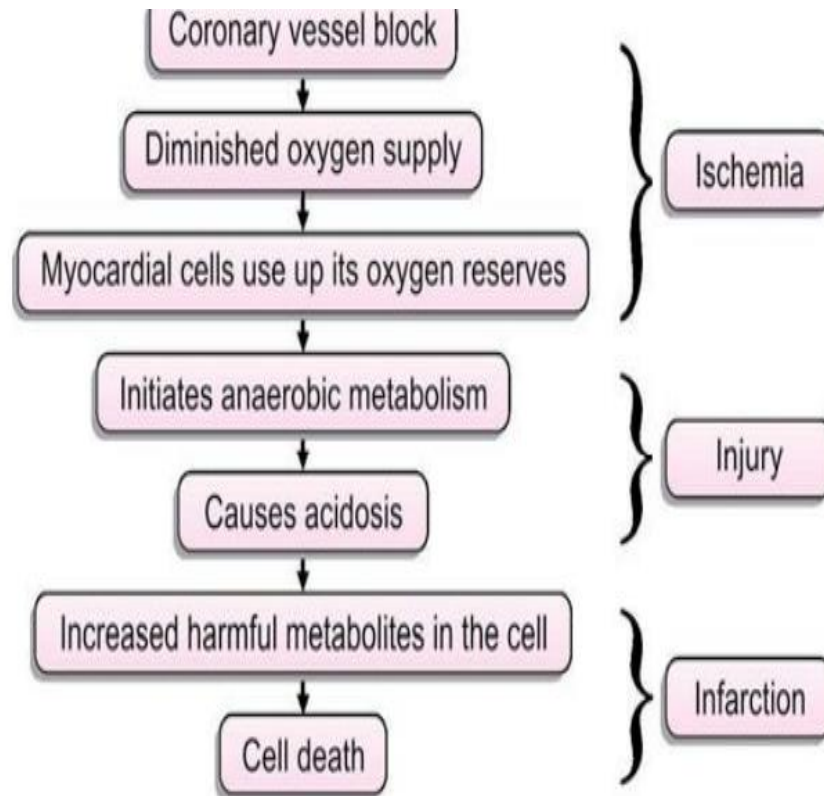
The coronary arteries can broadly classify as epicardial vessels and intramuscular vessels. The former are larger and more superficial, and they serve as conductors for blood flow. The latter are smaller and course within the myocardium; their various branches and arterioles provide higher resistance but more fine-tuned control of blood flow.

In most tissues, blood flow peaks during ventricular systole due to increased pressure in the aorta and its distal branches. Bloodflow through the coronary vessels, however, is seemingly paradoxical and peaks during ventricular diastole. This unusual pattern is a result of external compression of coronary vessels by myocardial tissue during systole. The most significant compressive force is felt by the vessels in the endocardial layer, with little force felt by the vessels of the epicardium.[3] Of note, this compression can be significant enough to reverse coronary flow, particularly in the intramuscular vessels of the thicker left ventricle. When the ventricles relax during diastole, the coronary vessels are no longer compressed, and normal blood flow resumes. Due to this pattern of blood flow, tachycardia - and the resultant decrease of time spent in diastole - can decrease the efficiency of myocardial perfusion.

### MYOCARDIAL INFARCTION:-

Myocardial infarction (MI), colloquially known as “heart attack,” is caused by decreased or complete cessation of blood flow to a portion of the myocardium. Myocardial infarction may be “silent” and go undetected, or it could be a catastrophic event leading to hemodynamic deterioration and sudden death. Most myocardial infarctions are due to underlying coronary artery disease, the leading cause of death in the United States. With coronary artery occlusion, the myocardium is deprived of oxygen. Prolonged deprivation of oxygen supply to the myocardium can lead to myocardial cell death and necrosis.[1] Patients can present with chest discomfort or pressure that can radiate to the neck, jaw, shoulder, or arm. In addition to the history and physical exam, myocardial ischemia may be associated with ECG changes and elevated biochemical markers such as cardiac troponins.[2][3]

## Pathophysiology of MI



Pathogenesis of Hridroga (Cardiovascular Diseases):-

In this disease Agnimandya occurs due to Mi- thya Ahara- Vihara. Agnimandya produces Saama Rasa Dhatu and due to Saama Rasa Dhatu Srotoavrodh, Dhamnipartichya occurs and results in Hridroga.[4]

### Coronary Angiography

Access for angiography is gained via a large or medium-sized artery, and location varies according to the procedure. The femoral route is usually used as a retrograde approach for procedures involving the iliac vessels, the abdominal and thoracic aorta, the upper limbs, and the head and neck. Due to its large caliber, it allows for larger devices such as stents or occlusive aortic balloons. The radial approach is now commonly used in coronary angiography, as it comes with a lower risk of complications compared to the previous femoral or brachial routes. Larger size sheaths are easily accommodated via the femoral route, and often percutaneous suture devices and collagen plugs are used. For angiography of the lower limbs, an antegrade femoral approach or a popliteal approach is used.

An appropriate catheter is introduced via the access site, using a system of guide wires, and advanced to the appropriate vessel depending on the particular procedure. A contrast medium is introduced to outline the vasculature distal to the catheter tip. The X-ray images taken may be still or fluoroscopic, using digital subtraction angiography (DSA) technique, which is obtained by taking the images at 2 to 3 frames per second. The degree of stenosis or other abnormalities is identified by visual assessment. Imaging of the thoracic aorta begins by looking at the aortic root, the ascending aorta, the aortic arch, and the proximal descending aorta. The patient's head is tilted to the right and in the chin-up position for better access to the branches. An image of the arch at 40° LAO (left anterior oblique) is commonly acquired at the start of the procedure as it allows to describe the type of aortic arch which predicts the difficulty of the procedure, as type II and III arches make cannulation of the common carotid more difficult.

Though cardiovascular system was not envisaged by Ayurveda in the way in which it is being described presently in modern medicine, it appears that the various references pertaining to cardiovascular activities indicate that ancient Ayurvedists had a similar concept. References to the actual act of circulation are available in the Samhitas. The fluid that circulates in the body is spoken as Rasa because it is always going., that is, ever circulating. The Rasa circulates round the body, like a rotating wheel. Sushruta states that the nutrient fluid circulates throughout the body with variable velocity, like the speed of light, sound and water. Bhela states that the nutrient fluid comes into circulation from the heart spreads all over the body through

Siras.[5] The circulation described in Ayurvedic classics may be too sketchy as it does not describe portal circulation, renal circulation, etc. Alteration of the degree of circulation to the peripheral areas was described in Sushruta's description of blood not flowing out freely in Siravyadha (venesection). Charaka mentions that if the places where pulsations of vessel generally seen, if suddenly become free from pulsations it indicates a very bad prognosis. Dhamani Pratichaya described under Kaphaja Nanatmajavikara, is akin to atherosclerosis. Hypertension, which is the most important condition contributes for cardiovascular or cerebrovascular disorders was not described in Ayurveda and can be interpreted with different conditions like Raktavata, Raktagatavata, Siravata, Kaphavrita Vyana etc.[6]

## Discussion

Viguna Hrudaya Gata i.e. Ischemia is defined as inadequate blood supply (circulation) to a local area due to blockage of the blood vessels supplying the area. Ischemic means that an organ (e.g., the heart) is not getting enough blood and oxygen. Ischemic heart disease, also called coronary heart disease (CHD) or coronary artery disease, is the term given to heart problems caused by narrowed heart (coronary) arteries that supply blood to the heart muscle. Although the narrowing can be caused by a blood clot or by constriction of the blood vessel, most often it is caused by buildup of plaque, called atherosclerosis. When the blood flow to the heart muscle is completely blocked, the heart muscle cells die, which is termed a heart attack or myocardial infarction (MI). Most people with early (less than 50 percent narrowing) CHD do not experience symptoms or limitation of blood flow. However, as the atherosclerosis progresses, especially if left untreated, symptoms may occur. They are most likely to occur during exercise or emotional stress, when the demand for the oxygen carried by the blood increases. Hridroga is among those diseases mentioned in Ayurveda where in the description is quite brief and the ayurvedic view point needs clarification. In the presence of limited available literature which is too much scattered and inconclusive and even Hridroga needs to be analysed critically to verify whether it stands the test of the times. Most of the symptoms of Hridroga explained in our classics like Hridshoola, Swedagamana, Murcha, Shwasavarodha etc. go hand in hand with the symptoms explained in the contemporary science.

Margavarana is a unique pathology explained in our classics which may herald wide variety of diseases namely Hridroga, Pakshaghata etc. Margavarana is formed by two terms, Marga refers to channels and Avarana refers to obstruction. Hence Margavarana refers to obstruction in the channels of circulation. To be clearer the accumulation of morbid Kapha and Pitta dosha along with Medas within the channels or Marga causes obliteration and is known as Avarana. Due to this the momentum of the Vata dosha circulating in these channels are affected and this impairment of momentum is termed as Margavarana. The influence of Margavarana is not limited to proximal to the obstruction but distal to the obstruction, the circulation of the nutrients is affected and hence the body part distal to the obstruction is deprived of nutrition. If this pathogenesis occurs in the Dhamanis in the Hridaya it results in Margavarana jnaya Hridroga. The discomfort experienced when the heart muscle is deprived of adequate oxygen is called angina pectoris. This is a clinical syndrome characterized by discomfort in the chest, jaw, shoulder, back, or arms that is typically aggravated by exertion or emotional stress and relieved promptly with rest or by taking nitroglycerin. Angina usually occurs in patients with CHD, but also can occur in individuals with valvular disease, hypertrophic cardiomyopathy, and uncontrolled hypertension. Infrequently, patients with normal coronary arteries may experience angina related to coronary spasm or endothelial dysfunction .

## Conclusion

A coronary angiogram is a special procedure that takes dynamic x-ray pictures of your heart. The purpose of this procedure is to see if your coronary arteries are narrowed or blocked and to look for abnormalities of your heart muscle or heart valves. Another term for coronary angiogram is cardiac catheterisation. Coronary Angiography is a diagnostic tool to decide Viguna Hrudaya Gata i.e. Blockage of coronary arteries. Margavarana of Rasa and Raktavaha Srotas in the Hridaya will eventually end up in causing Hridroga. The

description of coronary artery disease, its signs and symptoms simulate the description of Lakshanas of Margavaranajanya hridroga. A fraction of the Ahara, Vihara and Manasika factors described in our classics will contribute as a Nidana for Margavaranajanya Hridroga, according to the current investigation. In Aharaja Nidana - Use of Guru Ahara, Ati Kashaya Rasa Sevana, Ati Teekshna Ahara, Ati Snigdha Ahara Sevana, Ati Lavana Rasa Sevana, Ati Ruksha Ahara, Ati Sushka Ahara, Ati Katu Rasa, Ati Kshara Ahara, Adhyashana etc. are present in maximum number of patients which led to Margavaranajanya Hridroga/CAD. In Viharaja Nidana - Achesta, Nidra Sukha, Achinta are present in maximum of the patients which led to Margavaranajanya Hridroga/CAD. Other Viharaja Nidanas like Ati Shrama and Ati Vyayama were also seen in the patients which can be considered as the Vyanjaka Hetu in causation.

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# A COMPARATIVE STUDY OF VISARPA AND HERPES ZOSTER: UNRAVELING CORRELATIONS AND CLINICAL INSIGHTS.

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**Abstract:** *Visarpa*, extensively elucidated in ancient Ayurvedic texts, ranks among the prevalent skin disorders affecting a considerable global population. It is distinguished by its rapid onset of swelling, unique characteristics, and its tendency to spread across all body regions. Interestingly, the lesions are broad and do not exhibit additional swelling. The name *Visarpa* originates from its remarkable ability to disseminate throughout the entirety of the body. Herpes Zoster commonly called “Shingles” is a viral infection that presents with painful skin rashes containing blisters in a specific localized area. The clinical manifestations of *Visarpa* are similar to those of herpes zoster, marked by distinct vesicles and a burning sensation in the affected skin regions. Both conditions present painful vesicular rashes, and this research explores their potential correlation and underlying pathophysiology. Ayurveda attributes *Pittaj Visarpa* to an imbalance in the *Pitta Dosha*, while Herpes Zoster results from the reactivation of the Varicella-Zoster Virus.

**Index Terms -** *Visarpa*, Herpes zoster, Shingles, Varicella-Zoster Virus.

## I. INTRODUCTION

Ayurveda categorizes diseases according to the *Srotas* system. *Visarpa* is a disease that occurs when the *Raktavaha Srotas* is affected, primarily involving *Pitta Dosha* and the seven body tissues (*Sapta Dushyas*). The term “*Visarpa*” is used because of its sudden and fast spreading nature throughout the body in various directions. It is considered a severe and aggressive ailment, likened to the rapid spread of Cobra venom.<sup>[1]</sup> *Acharya Charaka and Sushruta* have both described different types of *Visarpa*, with *Charaka* explaining seven types and *Sushruta* mentioning five types. According to *Charaka Samhita*, *Visarpa* is referred to as “*Vividhamsarpati*,” which signifies a condition where the blisters (*Sphota*) and swelling (*Shopha*) spread in various directions. *Chakrapani*, while commenting on this, provides additional clarification, stating that the blisters and swelling of *Visarpa* can spread in different directions, including downward (*Adha*), upward (*Urdhva*), and sideways (*Tiryak*). This indicates the widespread and unpredictable nature of the disease, much like the spreading of a serpent in various directions.<sup>[2]</sup> *Sushruta's* explanation of *Visarpa* involves the vitiated *Doshas* taking residence in *Twak* (skin), *Rakta* (blood), and *Mamsa Dhatus* (muscles), leading to the manifestation of swelling (*Shopha*) that tends to spread throughout the body. He further describes the nature of this swelling as follows: *Vistruta*: The swelling is broad in appearance, *Anunnata*: It is not significantly elevated or raised, *Sarvatovisarana*: The swelling spreads in various directions.<sup>[3]</sup>

Shingles, commonly known as herpes zoster, is a result of the Varicella Zoster Virus (VZV). Recent studies suggest that exosomes play a crucial role in the development and transmission of Herpes Zoster. The characteristic presentation of Herpes Zoster includes a unilateral vesicular eruption within a specific dermatome, accompanied by intense pain. In Ayurveda, Herpes Zoster falls under the category of *Visarpa*, which encompasses various acute skin disorders where the predominance of *Vata* and *Pitta Doshas* is observed.

## MATERIAL AND METHODS

In this review article, the literature search involves a manual search from Ayurveda basic classics. In addition, we performed a computerized database search to identify relevant articles. The main ayurvedic texts referred are *Charak Samhita*, *Susruta Samhita*, *Astanga Hrudaya*, *Astanga Sangraha* and *Madhava Nidana* along with commentaries.

## NIRUKTI

The term “*Visarpa*” in Ayurveda is derived from the root “*Srupa*” with the prefix “*vi*” as “*Visheshana*.” The root “*Srupa*” implies the spreading or diffusing nature of the disease. Therefore, the term *Visarpa* indicates a condition that spreads rapidly and widely, resembling the diffuse and expansive nature of certain skin ailments.

**PARYAYA**

"*Parisarpa*" is mentioned as one of the synonyms for *Visarpa* in the *Charaka Samhita*.<sup>[4]</sup>

**NIDANA OF VISARPA****Aharaja Nidana**

- Excessive and continuous consumption of food items with predominantly sour (*Amla*), salty (*Lavana*), and pungent (*Katu*) tastes.
- 18 types of *Viruddhaaharas* (incompatible food combinations) are described, but only those that primarily disturb *Pitta* and *Rakta Dhatus* are considered significant.
- *Mithyaahara* refers to improper food habits. Consistently indulging in an unhealthy diet can aggravate any underlying dormant disorders in the *Vikruta Srotas* (abnormal channels in the body).
- Certain alcoholic beverages like *Sura*, *Souveera*, *Vikrutamadya*, *Naveena Madhya*, and *Gorasa*, along with their improper consumption, are also considered as potential causes of this *Vyadhi* (ailment).<sup>[5]</sup>

**Viharaja Nidana**

- Chardivega (excessive physical exertion) has been emphasized as an important causative factor by various Ayurvedic authors.
- Diwaswapna (daytime sleeping), Ratri Jagarana (staying awake at night), and Ativyavaya Vyayama (excessive indulgence in sexual activity) are also considered as contributing factors for the development of this disease.<sup>[6]</sup>

**THE CAUSES OF HERPES ZOSTER**

The Reactivation of the dormant varicella-zoster virus leads to herpes zoster. While the exact triggers for reactivation are not fully understood, several factors can increase the risk of developing Herpes Zoster:

- Weakening of the immune system: The immune system plays an essential role in keeping the varicella-zoster virus in check. When the immune system weakens due to age, stress, certain medications, or medical conditions like HIV/AIDS, the virus may reactivate and cause Herpes Zoster.
- Advancing age: Shingles is more common in older adults, as the immune system's ability to control the virus weakens with age.
- History of chickenpox: People who have had chickenpox in the past are at risk of developing Herpes Zoster (Shingles). The virus remains dormant in the body after chickenpox, and if it reactivates, it can lead to Herpes Zoster.<sup>[7]</sup>
- Immunocompromised individuals: People with conditions or treatments that suppress the immune system, such as cancer, organ transplants, or certain medications like corticosteroids, have a higher risk of Herpes Zoster.
- Stress: Emotional or physical stress can weaken the immune system and increase the likelihood of shingles reactivation.
- Injury or trauma: Physical trauma or injury to specific nerve pathways can trigger the reactivation of the virus, leading to shingles affecting the area of the affected nerve.

**PURVA RUPA**

The initial signs of *Visarpa* have not been extensively highlighted by authors in classical Ayurvedic texts. *Rakta Mandala Pradurbhava* refers to the initial manifestation limited to the affected area. The generalized initial manifestations include *Jwara* (fever), *Daha* (burning sensation), etc.

**CLASSIFICATION OF VISARPA**

According to *Charak Samhita*,<sup>[8]</sup>

- *Vataja Visarpa*
- *Pittaja Visarpa*
- *Kaphaja Visarpa*
- *Agni Visarpa* (*Vatapittaja Visarpa*)
- *Kardama Visarpa* (*Pittakaphaja Visarpa*)
- *Granthi Visarpa* (*Kaphavataja Visarpa*)
- *Sannipataja Visarpa*

According to *Sushrut Samhita*,<sup>[9]</sup>

- *Vataja Visarpa*
- *Pittaja Visarpa*
- *Kaphaja Visarpa*
- *Sannipataja Visarpa*
- *Kshataja Visarpa*

**LAKSHANA OF VARIOUS TYPES OF VISARPA**<sup>[10]</sup>

**Vataja Visarpa:** In *Vataja Visarpa*, the patient may experience symptoms like *Bhrama* (Giddiness), *Davathu* (Burning sensation in eyes), *Pipeelika Sanchara Eva ca Angeshu* (Feeling as if ants are crawling over the body), *Toda* (Pricking type of pain), *Shoola* (Colicky pain), *Angamarda* (Malaise), *Shyava arunabhasa Shwayathu* (The area becomes greyish or pinkish and edematous).

**Pittaja Visarpa:** In *Pittaja Visarpa*, the patient may experience symptoms like *Jwara* (pyrexia), *Trishna* (Morbid Thirst), *Murcha* (Fainting), *Atimatra Sweda* (Excessive sweating), *Antardaha* (Burning sensation), *Aswapna* (Lack of sleep), *Harita Haridra Netra Mutra Varchas* (Green Yellow colouration of the eyes, urine and the stool), *Harita Haridra Roopa darshanam* (Green and Yellow vision of objects), *Achirakari Sphota* (Pustules which suppurates quickly).

**Kaphaja Visarpa:** In *Kaphaj Visarpa*, the patient may experience symptoms like *Sheeta Jwara* (Fever with chills), *Gaurava* (Heaviness), *Nidra* (Excessive sleep), *Arochaka* (Anorexia), *Asyopalepa* (Coating in the oral cavity), *Pandu- Alpavedana Shwayathu* (The oedema will be pale yellow and with less pain), *Krichrapaki Sphota* (Delayed suppuration), *Shweta -Picchila- Tantumatsnigdha Srava* (Exudate will be white, slimy, knotty, and unctuous in nature).

**Agni Visarpa (Vatapittaja Visarpa):** In *Agni Visarpa*, the patient may experience symptoms like *Sarvashareeram Angaraihi Avakeeryamanam manyate* (Feeling of whole body sprinkled with charcoal), *Shanta Angara Prakasha Atirakta Avakasha* (The area appears like extinguished charcoal or excessively red), *Agnidagha Prakara Sphota* (Pustules like those of burns), *Marmanusari* (Afflicts the *Marmas*).

**Kardama Visarpa (Pittakaphaja Visarpa):** In *Kardam Visarpa*, the patient may experience symptoms like *Rakta -Peeta- Pandu Pidaka* (Eruptions will be of red, yellow and pale yellow colour), *Kunapa Gandhi* (Smells like a cadaver), *Avakeerna Eva Mecakabha* (The area looks muddy), *Stimta Vedana Shwayathu* (Oedema with dull pain), *Sira Snayu Darshi* (Vessels and ligaments can be seen), *Gambheera Paka Nirasravaha* (Suppuration occurs deeply without any exudation), *Puti Mamsa Twak Avadeeryate* (The eruptions crack open, and purified muscle tissue is discharged).

**Granthi Visarpa (Kaphavataja Visarpa):** In *Granthi Visarpa*, the patient may experience symptoms like *Krichrapaki Granthimala* (Enlarged glands get supplicated very slowly), *Pradushya Raktam Sira Snayu Mamsa Twagashrita Granthimala* (Vitiate the blood giving rise to a series of glandular enlargements located in vessels, ligaments muscles and skin), *Teevra Ruja* (Extremely painful).

**Sannipata Visarpa:** *Sannipata Visarpa* will exhibit the signs and symptoms of both *Ekadoshaja* and *Dwandwaja Visarpa*.

## SIGN AND SYMPTOMS OF HERPES ZOSTER

Herpes Zoster (Shingles) symptoms manifest in a localized area on one side of the body and may consist of Pain, burning, or tingling sensations, Sensitivity to touch, The appearance of a red rash that develops a few days after the pain, Formation of fluid-filled blisters that eventually rupture and form crusts, Itching. In some cases, additional symptoms may occur, such as Fever, Headache, Light sensitivity, Fatigue.

## COMPARISON OF SIGN AND SYMPTOMS OF VISARPA AND HERPES ZOSTER

All types of *Visarpa* and Herpes Zoster can cause pain in the affected area. In *Vataja Visarpa*, the pain is described as pricking (*Toda*) or colicky (*Shoola*). In *Pittaja Visarpa*, the pain is associated with burning sensation (*Antardaha*). Herpes Zoster is also characterized by pain, burning, or tingling sensations. Fever is present in *Pittaja Visarpa*, *Kaphaja Visarpa*, *Agni Visarpa*, and may occur in some cases of Herpes Zoster. All types of *Visarpa* and Herpes Zoster present with a characteristic rash on the skin. *Vataja Visarpa (Shyava Arunabhasa Shwayathu)* and *Kaphaja Visarpa (Pandu-Alpavedana Shwayathu)* can cause oedematous swelling in the affected area. Itching is observed in *Vataja Visarpa*, *Pittaja Visarpa*, and Herpes Zoster. Both *Visarpa* and Herpes Zoster can cause sensitivity to touch in the affected area. *Agni Visarpa* and *Kardama Visarpa* involve deep suppuration and exudate formation. Vision disturbances, with green and yellow vision of objects, are specific to *Pittaja Visarpa*. Fatigue can be a symptom in some types of *Visarpa* and may occur in Herpes Zoster. Herpes Zoster may present with additional symptoms such as headache, light sensitivity, and fatigue.

## SAMPRAPTI OF VISARPA [12]

*Visarpa* occurs when an individual consumes unhealthy food along with other mentioned factors, leading to the aggravation of *Vata*, *Pitta*, and *Kapha*. This, in turn, disturbs *Rakta* (blood), *Lasika* (lymph), *Tvak* (skin), and *Mamsa* (muscles), resulting in quick onset of non-bulging skin eruptions with distinct features that spread throughout the body with wide lesions. The aggravation of *Doshas* due to their respective causative factors, particularly *Pitta*-aggravating factors like *Vidahi*, facilitates the rapid dissemination of *Doshas* both internally and externally, leading to the development of external and internal *Visarpa*. The primary components responsible for the manifestation of *Visarpa* are *Vata*, *Pitta*, *Kapha*, *Rakta*, *Lasika*, *Mamsa*, and *Tvak*.

## SAMPRAPTI GHATAK

- **Dosha:** *Pitta Pradhana Tridoṣaja*  
*Vata*→*Vyana*  
*Pitta*→*Pācaka, Bhrājaka*  
*Kapha*→*Kledaka*
- **Dūṣya:** *Dhatu*→ *Initially: Tvak (Rasa), Rakta*  
*Mamsa and Lasikā*  
*Upadhatu*→ *Sira, Snāyu, Tvak*  
*Sārira Mala*→ *Mitra & Puriṣa*  
*Dhatu Mala*→ *Sveda, Nakha.*
- **Agni:** *Jatharagni, Dhātvaṅni*
- **Agnidusti:** *Mandagni*
- **Ama:** *Agnijanya*
- **Srotas:** *Rasavaha, Raktavaha, Mamsavaha,*
- **Srotodusti:** *Sanga*
- **Adhishthāna:** *Abhyantara and Bahya Roga Mārga*
- **Sancarasthana:** *Tvak & other Dhatus*
- **Vyaktasthāna:** *Tvacā*
- **Udbhavasthana:** *Amāśayortha, Sākha-Tvak*
- **Svabhava:** *Asukari, Cirakāri*
- **Prabhava:** *Eka Doṣaja Curable*  
*Agni Visarpa, Kardama Visarpa, Granthi Visarpa, Sannipataja Visarpa* are incurable.
- **Roga Bheda:** *7 Varieties*
- **Roga Marga:** *Abhyanta, Bahya & Madhyama.*



**PATHOPHYSIOLOGY OF HERPES ZOSTER<sup>[13]</sup>**

Herpes Virus (HSV) can enter the body through mucosal surfaces or skin abrasions, initiating viral replication in the epidermis and dermis. During the initial infection, viral replication occurs in the ganglia and nearby neural tissue. Subsequently, the virus spreads to other mucocutaneous surfaces by traveling along peripheral sensory nerves in a centrifugal manner. This pattern of spread accounts for the extensive affected area, the frequent appearance of new lesions far from the initial vesicles, which is characteristic in individuals with primary genital and the ability to detect the virus in neural tissue distant from the site of infection. Additionally, locally inoculated virus may spread contiguously, allowing the disease to further extend along mucosal surfaces.

**DISCUSSION**

In *Ayurveda*, *Visarpa* and Herpes Zoster are considered distinct diseases with their own unique characteristics. *Visarpa* is classified as a type of *Kushta* (skin disease), characterized by severe pain, inflammation, and the appearance of vesicles. Herpes Zoster, on the other hand, falls under the category of *Visarpa Kushta*, where "*Visarpa*" denotes the spreading nature of the rash, and "*Kushta*" signifies its skin-related manifestations. Both conditions are believed to arise due to the vitiation of specific doshas (*Vata*, *Pitta*, and *Kapha*) and a weakened immune system.

From an Ayurvedic perspective, the concept of viruses as causative agents is not explicitly mentioned in classical texts. However, Ayurvedic physicians over the centuries have attributed infectious diseases like *Visarpa* and Herpes Zoster to imbalances in doshas, which may be triggered by external factors, including seasonal changes, diet, and lifestyle choices. The potential correlation between the two conditions in this study may indicate that the Varicella-Zoster virus's reactivation could be an external factor affecting dosha imbalance in susceptible individuals.

Ayurveda emphasizes the concept of *Prakriti*, which refers to an individual's unique constitution or inherent nature. It is plausible that certain *Prakritis* may predispose individuals to both *Visarpa* and Herpes Zoster. The study's analysis of patient demographics should be considered considering individual variability, as certain *Prakritis* may exhibit a higher susceptibility to both conditions.

*Pittaj Visarpa* and Herpes Zoster are considered distinct diseases with specific characteristics. *Pittaj Visarpa* is classified as a type of *Visarpa* (spreading skin disease), caused mainly due to an aggravation of the *Pitta* dosha. It is characterized by a painful rash with redness, inflammation, and sometimes suppuration. Herpes Zoster, on the other hand, is described as a *Vata-Kapha* type of *Kushta* (skin disease), with similar painful vesicular eruptions, often following the course of specific nerve pathways.

One of the significant findings in this comparative study is the potential correlation between *Pittaj Visarpa* and Herpes Zoster in terms of dosha involvement. Both conditions are related to an imbalance in the *Pitta* dosha, which is responsible for governing metabolic processes, digestion, and body temperature regulation. The aggravation of *Pitta* dosha may lead to inflammatory skin conditions, as seen in both *Pittaj Visarpa* and Herpes Zoster.

**CONCLUSION**

Throughout this study, it became evident that both *Pittaj Visarpa* and Herpes Zoster share common clinical characteristics, particularly in their presentation as painful, vesicular rashes. The localized nature of these rashes along specific nerve pathways indicates a similarity in the underlying pathophysiology of both conditions. Additionally, both diseases are influenced by the reactivation of the Varicella-Zoster virus, emphasizing the viral link between the two. In conclusion, the comparative study of *Pittaj Visarpa* and Herpes Zoster has provided evidence that these two dermatological conditions may be correlated. The shared clinical features, viral etiology, and epidemiological trends allude to a potential interconnectedness that warrants further investigation. A deeper understanding of this correlation could lead to enhanced diagnostic accuracy, targeted treatment strategies, and improved patient outcomes for individuals affected by both *Pittaj Visarpa* and Herpes Zoster. As we continue to explore this relationship, collaboration between traditional medical systems and modern medical approaches may offer valuable insights and pave the way for more comprehensive and integrated healthcare solutions.

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# CONCEPTUAL STUDY OF " SO ALPA RAKTA ALPA MEDASA" IN PANDU.

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MUHS

## ABSTRACT:

The phrase "pandu roga" refers to a condition when there is a change in skin color, such as a yellowish-white discolouration. Pandu is widely covered in a number of vedic and ayurvedic works as a sickness that can occur both on its own and as a symptom of other conditions. Pandu roga the word itself describe as the disease in which there is presence of altered skin color like yellowish white discoloration of skin. Numerous vedic and ayurvedic writings extensively discuss pandu as an illness that can exist on its own or as a sign of another condition. It is characterized by a distinct pallor of the skin, mucous membranes, and nails, resembling the color of pale ash. The condition is often associated with general weakness, fatigue, breathlessness, and loss of appetite. Pandu Rog is primarily considered a disorder of the blood and is believed to result from an imbalance in the three doshas (Vata, Pitta, and Kapha) according to Ayurvedic principles. In a recent estimate, about 8.8% of global population is affected includes all age groups. In modern medicine, Pandu Rog is comparable to anemia, a condition characterized by a decreased number of red blood cells or a reduced ability of the blood to carry oxygen. Anaemia is a major global public health problem and the most prevalent nutritional deficiency disorder in the world. This article presents the brief concept of Pandu Roga (Anaemia)

**Keywords:** Pandu, Vyadhi, Anaemia, Pallor, alpa rakta, alpa meda.

## INTRODUCTION:

Ayurveda is the science of life that emphasises the preservation of good health in healthy individuals and the eradication of diseases in individuals who are ill through its holistic approach, lifestyle practises, eating habits, and safer medications. Malnutrition either due to inadequate dietary intake or lack of balanced diet and population explosion in today's world has led to the development of numerous illnesses, Pandu Roga being one among them.. In Ayurvedic philosophy, Pandu Rog is considered to be primarily caused by the aggravation of Pitta dosha and a vitiation of the blood tissue (Rakta dhatu).<sup>1</sup>Excessive heat in the body, leading to the impairment of digestion and metabolism, is believed to be a contributing factor. This impaired digestion, called Mandagni, leads to improper assimilation of nutrients, particularly iron, resulting in a decrease in hemoglobin levels and the development of anemia. Characterised by the alterations in skin tone to white (Shweta), yellowish (Peeta), greenish (Harita)]<sup>2</sup>Pandu Roga was acknowledged by Acharya Charaka described Pandu after Grahani dosha Chikitsa due to aggravation of Pitta in Grahani, and the aggravation of Pitta provides a key element in Pandu's cause. Following the treatment of Hridaroga with Tikshna, Amla, Katu, etc., due to Same Samkhya Samprapti, Acharya Sushruta stated that Pandu<sup>3</sup> could grow.. Acharya Vagbhata

mentioned after Udararoga due to Same Doshasanghata. Acharya Chakrapani has described it as Shweta, Dhusara, Shwetavabhasa, Peetavabhasa. All of these opinions points towards various kind of discolouration of the body but not specifying any one particular colour like pallor. It is characterized by a distinct pallor of the skin, mucous membranes, and nails, resembling the color of pale ash. The condition is often associated with general weakness, fatigue, breathlessness, and loss of appetite<sup>4</sup>. In modern medicine, Pandu Rog corresponds to a condition known as anemia. Anemia is a medical term used to describe a decrease in the number of red blood cells or a reduction in the ability of the blood to carry oxygen to the body's tissues.

The serious public health issue of anaemia affects both developing and industrialised nations, having an impact on social and economic development as well as health.<sup>5</sup> The most common illness caused by a lack of nutrients is anaemia. 1.62 billion individuals, or 24.8% of the world's population, are affected with anaemia globally<sup>6</sup>. 50% of the people in India is thought to be anaemic. The concept of Pandu is prevalent in Ayurveda and is mentioned in numerous works of literature. Treatment of various disorders where Pandu is a symptom or the actual disease benefits greatly from understanding this notion.

### VYUTPATI:

By combining "Ku Pratyaya" with "Padi Nashane" Dhatu, whose meaning is always interpreted as "Nashana," the name Pandu is created<sup>7</sup>.

### NIRUKTI OF PANDU:

1. According to Shabdarnava Kosh, "Pandustu Peetbhagardh Ketaki Dhulisannibham" implies that Pandu is similar to the white yellow pollen grains of the Ketaki flower.<sup>8</sup> 2. "Pandutwenuplakshito Rogah Pandu Rogah" refers to the illness known as Pandu, which resembles Pandu Varna.<sup>9</sup>

### SYNONYMS :

Kamala, Panki, Laghrak, Alas and Kumbhahwa are the synonyms of Pandu.<sup>10</sup>

### NIDANA:<sup>11,12</sup>

Nidana is crucial since the primary goal of treatment is to prevent the etiological component.

classified into following :three categories.

1. Aharaja Nidana
2. Viharaja Nidana
3. Nidanarthakara Roga

1. Prince Nidana Following are some of the etiological reasons for hara as mentioned by Acharya Charaka.

Kshara, Amla, Lavana, Ati Ushnaanna, Virruddha Bhojana, and Asatmya Bhojana consumption that is excessive.

b. Abundant consumption of Madya

c. Consuming too much kashaya and katu ras.

Viharaja Nidana 2. Loss of sleep (Nidranasha) and excessive sleep (Atinidra) 3. Avyayama (Not Exercising) 4. excessive exercise (atishrama) 5. Consumption of Kshara, Amla, Lavana, Ati Ushnaanna, Virruddha Bhojana, and Asatmya Bhojana in excess.

As potential causes of this condition, Snehavibrama, Snehatiyoga, and Amatisara have also been proposed.

3)Nidanarthakara Roga: In Ayurvedic literature Panduroga has been indicated either as a symptom of many diseases or as Upadrava. So, all these diseases canbe considered as Nidanarthakara Rogas of Panduroga. Excessive intake of Kshara, Amla, Lavana, Ati Ushnaanna, Virruddha Bhojana, Asatmya Bhojana.

Raktarsha, Kaphaja Arsha, Raktarbuda, and others are a few examples.

### PURVARUPA:<sup>13</sup>

Symptoms that occur prior to the onset of the disease are referred to as purvarupa. It falls into two types, specifically.

(1) Samanya Purvarupa

(2) Vishishta Purvarupa

According to the Acharyas, purvarupa includes the following symptoms: palpitation, ununctuousness, lack of perspiration, and fatigue.

### SAMPRAPTI (PATHOGENESIS) :<sup>14</sup>

.दोषाः पित्तप्रधानास्तु यस्य कुप्यन्ति धातुषु । शैथिल्यं तस्य धातूनां गौरवं चोपजायते ॥ ततो वर्णबलस्नेहा ये चान्येऽप्योजसो गुणाः ।  
व्रजन्ति क्षयमत्यर्थं दोषदूष्यप्रदूषणात् ॥ सोऽल्परक्तोऽल्पमेदस्को निःसारः शिथिलेन्द्रियः ।

In Chikitsa Sthan, Acharya Charaka made reference to Pandu's Samprapti. He asserts that Sadhak Pitta, which is housed in the Hridaya and is aggravated by Nidana Pitta consumption, is ejected from the Hridaya by strong Vata, where it enters the Dash-Dhamanya (connected to the heart) and circulates throughout the body. The region between skin and muscle tissue is where aggravated Pitta enters and vitiates Kapha, Vata, Asrika, Twaka, and Mamsa.

Pandu, Haridra, and Harita, aberrant skin colorations, are the result of this.

Tridosha Prakopa- Pitta Pradhana



Vata throws Pitta in Hrudaya



Pitta causes Rasavaha SrotasDushti



Rasa Pradoshaand Rasa Vidaha



Pitta and Vidagdha Rasa travels throughout Sharira



Dushti of Kapha, Tvaka, Rakta, Mamsa



Ashraya of Dosha between Tvaka and Mamsa



Avarodha to Bhrajaka Pitta



Expressions of various Varnas on Twacha



Pandu

### SAMPRAPTI GHATAKA:<sup>15</sup>

- Dosha – Pitta Pradhan Tridoshaja .
- Pitta - Sadhaka, Ranjaka and Bhrajaka.
- Kapha – Avalambaka, Kledaka.
- Vyana- Vyan Vayu .
- Dushya - Twaka, Rasa, Rakta, Mamsa and Meda.
- Strotas – Rasavaha, Raktavaha.
- Stroto Dushti - Sanga and Vimarga Gamanam.
- Agni - Jatharagni and Dhatvagni.
- Agni Dushti - Mandagni . ▪ Udbhavasthaan - Amashaya .
- Adhishthana - Twaka Mamsa Abhyantara .
- Vyaktasthaan - Twaka .
- Sancharasthaan – Twaka & Mamsa.
- Svabhav – Chirkari .

### PATHOGENESIS OF ANAEMIA:<sup>16</sup>

The pathogenesis of anemia involves a disruption in the normal processes of red blood cell (RBC) production, lifespan, or function, leading to a decrease in the number of healthy RBCs or a reduced ability of the blood to carry oxygen. Let's explore the detailed pathogenesis of anemia:

**1)Decreased RBC Production:**

a. Nutritional deficiencies: Insufficient intake or absorption of essential nutrients, particularly iron, vitamin B12, and folic acid, can impair RBC production. Iron is necessary for the synthesis of hemoglobin, while vitamin B12 and folic acid are crucial for DNA synthesis during RBC maturation.

b. Bone marrow disorders: Conditions affecting the bone marrow, such as aplastic anemia, myelodysplastic syndromes (MDS), and leukemia, can disrupt the normal production of RBCs, leading to anemia.

c. Chronic diseases: Inflammatory conditions, chronic infections, or chronic kidney disease can interfere with the body's ability to produce RBCs due to the release of inflammatory cytokines or the production of inhibitory substances.

**2)Increased RBC Destruction:**

a. Hemolytic anemias: In certain conditions, RBCs are prematurely destroyed, resulting in hemolytic anemia. Causes can include inherited disorders (e.g., sickle cell disease, thalassemia), autoimmune disorders, infections, or exposure to toxins.

b. Mechanical destruction: Mechanical trauma, such as heart valve abnormalities or mechanical injury, can cause physical damage to RBCs, leading to their destruction.

c. Infections: Certain infections, such as malaria, cause the destruction of RBCs by infecting and replicating within them.

**3)Blood Loss:**

a. Acute bleeding: Trauma, surgery, or gastrointestinal bleeding can result in a sudden loss of blood, leading to anemia if the body cannot replace the lost blood quickly enough.

b. Chronic bleeding: Conditions like gastrointestinal ulcers, hemorrhoids, or heavy menstrual bleeding can cause chronic blood loss, gradually depleting the body's RBCs and leading to anemia.

**4)Abnormal RBC Function:**

Certain genetic disorders, such as enzyme deficiencies (e.g., glucose-6-phosphate dehydrogenase deficiency) or structural abnormalities (e.g., hereditary spherocytosis), can impair the normal function and survival of RBCs, resulting in anemia.

**Symptoms of so alpa rakta and alpa meda in pandu <sup>17</sup>**

• Karnashveda (tinnitus), Daurbalya (general weakness).

2)Annadwasha (aversion towards food), Shrama (fatigue)

3)Bhramanipidita (giddiness), Gatrashula (body ache), Jwara (fever)

4)Shwasa(breathlessness), Gaurva (heaviness), Aruchi(anorexia).

5) Akshikutashoth (swelling over orbit), Shirnaloma(hair fall).

6)Hataprabha (body complexion become greenish). 7)Kopana (dislikes cold things), Nidralu (feeling of drowsiness).

8) Alpawaka (avoid speaking),Shtheevan (spitting frequently).

9)Pindikodweshthana (calf muscle pain), KatiuruPaad Ruka (pain and weakness in the lumbar, thighs and feet),

10)Arohaneayasa (patient feels exhausted on climbing).

11)Parshvaruka,Angamarda,Sweda,Balanasha,Agninasha,Ojanash,Lomaharsha,Klama.

## Discussion:

The Samhitas extensively detail the causes of Pandu. According to Acharya Sushruta, Diwasvapa, Viruddha Bhojana, and Krodha vitiate Rakta. He added that the following are responsible for the vitiation of the Pitta Dosha: Krodha, Shoka, Bhaya, Vidagdha Anna Sevana, Ati Maithuna, Tila Tail, and Pinyaka.Vata Prakopa is reached through Ati Adhvagamana, Ratrijagarana, Nidranasha, Ativyavaya, and Ativvyama. Pandu Roga has been stated by Acharya Charaka as being brought on by the suppression of Chhardi, Vegavarodha, Viruddha Anna Sevana, as well as the excessive usage of Ati Lavana Rasa and Amla.All of these contribute to incorrect food digestion, which impairs the formation of Rasa Dhatu, Rakta Dhatu, Mamsa Dhatu, and other bodily functions.

leads to Pandu Roga.This leads to Balakshaya, Varnakshaya and Ojakshaya.Ultimately, the Panduroga is stated to be afflicted with Raktalpata, Medalpata, Nihsarata, Vivarnata and Shithilendriyata.

## Conclusion:

In conclusion, Pandu Rog, an ancient hematological disorder described in Ayurveda, corresponds to the condition of anemia in modern medicine. It is characterized by a pale complexion, weakness, fatigue, breathlessness, and loss of appetite. According to Ayurveda, Pandu Rog is primarily caused by an imbalance in the doshas, particularly an aggravation of Pitta dosha and vitiation of the blood tissue (Rakta dhatu).

While Ayurvedic principles provide a holistic approach to managing Pandu Rog, it is important to consider modern medical interventions for accurate diagnosis and comprehensive treatment. In modern medicine, anemia has various underlying causes, including nutritional deficiencies, chronic diseases, genetic disorders, and blood loss. Identifying and addressing the specific cause of anemia is crucial for effective management

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## Ayurvedic review of Agni

**Chaitali Bharat Pawar and Ujawala Divekar**

### Abstract

Agni is a key element of our body's metabolism and digestion according to Ayurveda. Assimilation, absorption, and digestion of ingested food are necessary for maintaining life and are carried out by agni according to Ayurveda. The word "agni" refers to the process of breaking down food and producing metabolic byproducts. Agni transforms food into energy, which is in charge of all essential bodily functions. Regarding the significance of Agni, Acharya Charaka stated that when Agni stops functioning, a person dies, but when Agni is in Sama Avastha, a person is completely healthy and lives a long, happy, and fulfilling life. But, if the Agni of a person is vitiated, the whole metabolism in his body would be disturbed and resulting in ill health and produces the diseases in body. Hence, Agni is said to be the base (Mool) of life.

**Keywords:** Agni, Bhutagni, Dhatvagni, Jatharagni, Pitta

### 1. Introduction

Ayurveda has described an important factor of digestion and metabolism in our body as Agni. Ingested food is to be digested, absorbed and assimilated, which is unavoidable for the maintenance of life, and is performed by Agni. In Ayurveda, the term "Agni" is used in the sense of digestion of food and metabolic products. Agni converts food in the form of energy, which is responsible for all the vital functions of our body. Therefore, Ayurveda considers that Dehagni is the cause of life, complexion, strength, health, nourishment, lusture, oja, teja (energy) and prana, life energy <sup>[1]</sup>. About the importance of Agni, Acharya Charak has mentioned that after stoppage of the function of Agni, the individual dies, and when the Agni of an individual is sama, then that person would be absolutely healthy and would lead a long, happy, healthy life. But, if the Agni of a person is vitiated, the whole metabolism in his body would be disturbed, resulting in ill health and disease. Hence, Agni is said to be the base (Mool) of life <sup>[2]</sup>.

#### 1.1 Jatharagni

Jatharagni is the Agni or bioenergy present in the Jathara (Stomach and Duodenum). Grahani is the site of Agni. This is mainly responsible for the digestion of the ingested food. In the opinion of Dhanvantari, it is the Kala known as "Pittadhara": Kala responsible for the production of pitta, situated at the entrance of the Pakvashaya (intestine) and acting as a bolt to the door of the pathway/channel of food. It is responsible for the duration of life, health, colour, ojas (Essence of the Dhatus), strength of all the Bhutagni and Dhatvagni. The strength of the Grahani is from Agni itself, and the strength of Agni is from Grahani. When the Agni undergoes vitiation, Grahani also gets vitiated and produces diseases <sup>[3]</sup>.

Thus, Jatharagni depicts the physiological components of digestion and metabolism which takes place in the stomach and intestines. Jatharagni is considered to be the most important because each and every nutrient that one ingests first comes to the Jathara and is subjected to the action of Jatharagni. Jatharagni digests the food materials that consist of the panchmahabhuta and transforms it for utilization by the respective Dhatus paramanus (tissues). Jatharagni is also responsible for separation of the Ahara rasa into the Prasad bhag and Kitta bhag in our body <sup>[4]</sup>. All the Dhatvagni depend on the normal, healthy state of Jatharagni. If the Jatharagni is Tikshna or Manda, it will cause an excessive or retarded action of the Dhatvagni. This disturbed action ultimately leads to various disorders. Jatharagni controls the function of all other 12 Agnis. All the Agnis are totally dependent on the status of Jatharagni. <sup>12</sup>

Jatharagni is also classified into four categories according to its performance of digestion in the human being. Namely Vishmagagni, Tikshanagni, Mandagni and Samagni.

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### 1.2 Vishamagni

This type of Agni changes between digesting food quickly and slowly. When this Agni is affected by the Vata Dosha, it leads to different types of udargata roga. Vata induced irregularity has features such as Adhmana (Flatulence), Shoola (Colic), Udavarta, Atisara (Diarrhea), Jathara gaurava (abdominal heaviness) and Antrakunjana (Borborygmi) and Pravahana (extra effort for defecation), sometime it digests slowly, sometimes normally and sometime produces symptoms such as above [5].

### 1.3 Tikshanagni

Tikshanagni is a state, where ahara digest very quickly, regardless of the type of food. Acharya Sushruta states that when the power of digestion is increased from normal to above normal, food digests very fast and produces Kshudha. When food is digested, the throat, the mouth cavity and the lips become dry with a burning sensation, Santapa (Burning sensation in whole body) and Daha (Local burning sensation). This condition is known as "Bhasmak Roga" according to Ayurveda [6].

### 1.4 Mandagni

"Mand" means slow. The meaning of the Mandagni is slow digestive power or digestive capacity. Those who are having Mandagni eat very little and are unable to digest even a small amount of Ahara. Udarashirogaurava (Heaviness of abdomen and head), Shwasa (Shortness of breath), Kasa (Cough), Praseka (Salivation) and Chhardi (Vomiting), Gatrasada (Weakness of the body) [7].

### 1.5 Samagni

The Samagni digests and assimilates food properly within proper time. This thus increases the quality of the Dhatus. Individuals having Samagni are always healthy. Due to Tridosha balance whatever the person eats Agni digests the food if it is consumed in proper quantity and at proper time, with rules regulations of taking food [8].

### 1.6 Bhutagni

Bhutagni is the one that is present in a basic element (Bhutas). Each Bhuta or element of nature making up our body composition is said to have a fire of its own. These fires take the essential parts of the nutrition and metabolize them so as to support selves. There are five Agnis in each of the five basic elements, namely.

1. Prithvi or Parthiva Agni (Fire within the Earth element)
2. Apya Agni (Fire within the water element)
3. Taijasa or Agneya Agni (Fire within the fire element)
4. Vayaveeya Agni (Fire element within the wind or air element)
5. Akasheeya/Naabhasa Agni (Fire within the space or Ether element)

Each and Every cell in our body is composed of the five Mahabhuta or five basic elements. Naturally, each cell (Dhatu paramanu) consists of these five Bhutagni also. All the nutrients in this world that we eat also consist of the same five basic elements with their respective Agni or bioenergies. Thus, they are completely similar with respect to the five basic elements with their Bhutagni in our body cells as well in the entire outside nutrient that we ingest for the nutrition of our body. Acharya Charaka has mentioned that the five Bhutagni digest their own part of the element present in the food materials. After the digestion of food by the Bhutagni,

digested materials containing the elements and qualities similar to each bhutas 18 nourish their own specific bhutika elements of the body [9].

The Ahara which we take comprises of the Panchmahabhuta of nature which compensate their counterparts in the body. Example: The parthiva amsha (Earth part or solid part of the food) of the Ahara first gets digested by the Jatharagni. When this digested food reaches the tissues, it further gets digested by the parthivagni. After this Parthiva amsha of the food nourishes the Parthiva Guna's of those Dhatus, Srotas and the whole body. The same process takes place with Apya amsha, tejasa amsha, vayavya amsha and Nabhasa amsha of the food. Firstly, they are digested by the Jatharagni. Later their minute parts reach the tissues as per respective Bhutagnis.

**2. Material and Methods:** Laghutrayies (Yogratnakara, madhav nidan) and Bhrihatrayies (Charaka samhita, sushruta samhita)

### 3. Discussion

The study of Agni can be summarized according to the following points:

1. General description of Agni in various Ayurvedic texts.
  2. Normal physiological function of different types of Agni.
- In Brahmasutra, Agni has been meant to be a sign of life in the body. Great value of Agni has been shown by classical liter- ature. Acharya Yasaka has given the ety- mology of the term "Agni," which is as follows: Agni = A + G + Ni. The word "A" denotes root "I," meaning "to go"; "G" denotes the root "Anja," meaning "to glitter" or root "daha," meaning "to burn" and "Ni" means "to carry." The et- ymology given by Yasaka,

Shankaracharya (Vedantasutra shabda kalpa druma) illustrates that Agni carries everything in it. It moves everywhere and metamorphoses substances, burns, assimilates, glitters and grows. Agni is a pivot around which the remaining factors responsible for the maintenance of health and causation of disease as well as decay revolve (Shabdakalpadrum) [10].

In shabdakalpa druma, 61 synonyms of Agni have been compiled. These syn- onyms help in explaining the nature and functions of the Agni, e.g., Vaishvanara, Sarva Paka, Tanoonpata, Amivachatana, Damunasa, Shuchi, Vishwambhar, Rudra etc. (Shabdakalpadrum) [11].

#### 3.1 Agni as Pitta

The origin of Pitta is from "Tapa," which means: (1) combustion/digestion - to give nourishment to the body by digestion of ingested food, (2) to maintain heat - by means of heat, it maintains the color, lusture, etc. of the body [12].

Now, there is a question as to whether Pitta and Agni are both the same or are different? Does any area exist of Agni without Pitta, or is it that Pitta is Agni? This should be clearly understood. Different views have been suggested re- garding Pitta and Agni by different Acharyas. Some Acharyas consider Pitta to be Agni while others speak differently.

According to Acharya Sushruta, there is no existence of any other Agni in the body without Pitta, because when there is increased digestion and combustion in the body due to Ushna guna of Pitta, the treatment is like Agni [13]. Acharya Marichi has also emphasized that the Agni present in the Pitta gives good or bad results when it is vitiated [14].

Chakrapani has commented on "Pittantargatta," that the function of Pitta inside the body is not combustion but its work is to provide heat of Agni. Besides this, Acharya Shusrut has de- scribed five types of Agnis as the variety of Pitta. Acharya Bhoj also considered Pitta as Agni, digestive

fire is included within Agni, which is specially meant for different enzymatic activities of the body, i.e. pachana, deepan, bhedana, etc. [15].

According to Hemadri, Pitta is of five divisions, which are located in the interior of the pakvashaya and amashaya, although it is composed of panchab-hutas. Because of an increase of (pre- dominance qualities of) tejas bhuta, it is devoid of liquidity (Although it is a liq- uid). Also, because it does not possess snigdha (Viscosity), sita and such other properties of apa bhuta, it is called by the term "Anal" because of its function of paka. It cooks the food, dividing it into essence and waste separately. Being localized there, it bestows grace (help) to the other Pitta present there and also the other dhatvagni present in the dhatus by giving them strength (Power of functioning), which is known as "Pachaka Pitta".

#### 4. Conclusion

Acharya Charaka has mentioned that various types of dietic materials are digested by their own Bhutagni, encouraged and enhanced by Antaragni (Jatharagni), which is further digested and metabolized by Dhatwagni to associate the body with the nutritional strength, complexion and happy life along with providing energy to the seven dhatus. When the Agni is in a normal condition it supports life unconditionally. When this Agni gets morbid or contaminated it becomes a cause for many diseases. It is also said that all the diseases have their origin in the morbid Agni i.e., a disturbed Agni is the chief culprit in the causation of all psychosomatic diseases. We know that the morbid doshas cause diseases by attacking and disturbing the normalcy of body's tissues which are the mainstays of defense, immunity and maintenance of health. The morbidity of these doshas in the form of pathological increase or decrease always depends on the status of Agni. If the Agni is functioning normally, the doshas also remain in an undisturbed form and support our body, mind and life. On the contrary if the Agni gets disturbed, the doshas too will get disturbed and cause many diseases. Hence understanding of Agni in one of the important concepts for the understanding of disease process as well as to prescribed principles of treatment.

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# Tantrayukti-Significance of Tantrayukti in Literary Research

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## Abstract-

The body can be safeguarded and cured by tantra (Treatise). Yukti are practical instruments for accurate planning, assessment, and knowledge acquisition through the intelligent analysis of numerous variables. Tantrayukti refers to the educational resources utilized to illustrate and evaluate the Tantric principles. Ayurvedic classics have been created using Tantrayukti, which involves eradicating Tantradosha (treatise flaws) and incorporating Tantraguna (positive treatise qualities). Tantrayukti's primary purpose is to clarify and illuminate for the readers the intended meaning expressed in the Tantras. This is accomplished by amplifying the sentences and clarifying their meaning. The right word order and the precise meaning of a sentence are yet another benefit of Tantrayukti.

Even ambiguous themes can be clarified, succinct topics can be expanded upon, and buried meanings can be brought to light. We can only apply them practically once we fully comprehend them and master them. Thus, modern researchers can make use of these traditional teaching methods, particularly in the disciplines of literary, basic, clinical, and experimental research because they aid in the growth and illumination of implicit meanings. This article's major goal is to examine Tantrayukti in general, including its history, benefits, types, and significance as a learning tool or technique. By doing so, readers will gain a grasp of how it can be used to uncover and establish new notions that have been hidden in Ayurvedic treatises.

## Keywords:

Tantrayukti, Prabhodhanam, Prakasanam, Vakyayojanam, Arthayojanam.

## Introduction-

When a science is adequately understood, it can be applied. The Samhitas (Ayurvedic treatises) are grouped into their true meaning using Tantrayuktis, which are significant and fundamental instruments or procedures. It is mentioned in the conclusion of each of the three treatises written by the three authors of Brihatrayee (the larger three books). These are the means to learn Tantrasaara, according to Acharya Susruta (the core of the text)<sup>(1)</sup> To manage, control, or dominate is what Tantra or Sastra means. It offers a framework and system for the application of theory. Yukti is an acronym for tool or plan.

Tantrayukti will therefore refer to the instruments that make it plain what every scientific concept means and take away obstacles to its practical application. When we study the Samhitas and use Tantrayukti, it is simpler to read the Samhitas and comprehend the obscure, condensed, and poorly defined principles that are mentioned in them. Rearranging sentences and their meanings is made easier by this. They serve as convention's keys and offer the right direction for comprehending the Samhitas. Their thoughts and real-world applications aid in illuminating the Samhitaliterature.

By utilizing the study tool Tantrayukti recommended by the Acharyas of Ayurveda, this article draws on the ancient wisdom of Ayurveda to help readers gain a deeper understanding of the condensed and hidden meanings found in the Samhitas. Descriptions of Tantrayukti were gathered from the Caraka Samhita's Ayurveda Dipika commentary, textbooks on various treatises, online webinars, journals, and the Tatva Sandipika commentary of the Susruta Samhita, the Sasilekha commentary of the Ashtanga Sangraha, and the Sarvanga Sundara commentary of the Ashtanga Hridaya.

## Nirukti of Tantra-

- Tantra = Tan + Shtran
- Tan = Tanuvistare (to elaborate)
- Shtran = A tool or a device
- Hence, Tantra refers to the capacity to expand as needed.

## Definition of Tantra-

- “Tantryatedhaaryateayurvedarthaititantrani” (Ch.Si.12/41-44 Cakrapani)

Tantra is the treatise that contains all the writings and collections of all topics covered by Ayurveda. Tantra is a synonym for Shastra, or treatise, according to

Acharya Charaka. An ideal resource for thorough information would be a shastra, such as a treatise, reference book, work of literature, or scientific article.

- “Trayateshariraanenetitantramsastramcikitsa ca” (Su.U. 65/3 Dalhana)

Tantra, according to Acharya Dalhana, has two meanings. Science aids in both the prevention of sickness in the body as well as the treatment of diseased bodies.

- “Tantryatedhaaryateshareeramanenetitantram” (A.H. U. 50/78 Arunadatta) Tantra, in the opinion of Acharya Arunadatta, is a means of safeguarding the body. Tantra is the science that instructs us on how to care for and safeguard our bodies.

### **Nirukti of Yukti-**

Yukti = Yojana = Derived from Yujir dhathu<sup>(3)</sup>

### **Definition of Yukti-**

- Yukti = Yojana<sup>(4)</sup> (Union), Upaya (plan), Nyaya (logical application), Neeti (Logical Practice)
- Yuktishcha yojana yatuyujyate (Ch. Su. 26/31 Chakrapani)

Yukti, in the words of Acharya Caraka, is the appropriate and acceptable use of things and concepts. If any planning falls short of expectations, Yukti is not believed to be at fault.

- The ability to perceive knowledge is another definition of yukti. It provides information on the Trikala (past, present, and future) and the Trivarga (righteousness in life, material wealth, and desires in life)

### **Defination of tanrayukti-**

- Trayate shariram anen iti tantram shahtram chikitsa cha, Tasya yuktayo yojana tantrayuktasya. (Su. U. 63/03) Dalhana
- Tantryate dharyate shariram anen iti tantram, tasya guna tantraguna, yaitantramalankriyate tantrayuktadaya. (A. H. U. 50/78) Arunadatta.

Tantra is a method for healing and protecting the body.<sup>(5)</sup> Tantra's characteristics are referred to as Tantraguna, and Tantrayukti are the teaching aids or instruments used to illustrate and evaluate the ideas contained in Tantra. Tantrayukti was used to write all of the Samhitas, Tantradosha was removed, and Tantraguna was used in its place.<sup>(6)</sup> A solid understanding of Tantrayukti enables us to analyze the hidden and intentional meanings included in our Ayurvedic treatises (Samhitas), which in turn aids in the patient's care.

## **Tantrayukti Prayojana-**

According to Acharya Charaka-

He uses a lovely simile to convey the value of Tantrayukti, which has previously been stated by Acharya Susruta. The primary purpose of Tantrayukti is to illuminate and enhance the intended meaning of the Tantras, which can be done by<sup>(7)</sup>

1. Prabhodhanam - Expansion or Amplification of the Sentences.
2. Prakasanam - Illuminating the Sentences' Meaning. According to Acharya Sushruta-

The primary function of Tantrayukti is to support and amplify the sentences employed in the Sastra as well as to serve as instruments or methods to give the sentences more significance.<sup>(8)</sup> Tantrayukti's goal is to connect sentences and clarify and expand on hidden ideas, which can be accomplished by

1. Vakyayojana - Sentence Rearrangement.
2. Arthayojana - Rearranging the sentences' meanings

.According to Acharya Vagbhata-

Tantrayukti's usefulness is mentioned by a simile in Ashtanga Sangraha.<sup>(9)</sup>

Alankrtamyuktipadaisaratnaerivakanchanam

Gold becomes more alluring and pleasant when valuable stones like diamonds are added. Similar to this, the Tantras/Samhitas become more appealing and understandable when Tantrayukti is included.

## The significance of Tantrayukti in litterateur research-

- According to Acharya Charaka, a doctor who is skilled in Tantrayuktis and has a solid understanding of at least one Tantra or Shastra can swiftly grasp additional Tantras. A person who is unfamiliar with Tantrayuktis, even if he has read numerous Shastras, will not comprehend the intended meanings of them, much as a person who has lost his luck will not succeed in acquiring wealth<sup>(10)</sup>.
- Acharya Susruta provided a lovely simile to help us comprehend the significance of Tantrayukti. Tantrayukti aids in understanding science completely, deeply, accurately, and unambiguously in a similar manner to how the sun blows a cluster of lotuses and how a lit lamp illuminates a room. An educated person who is well-versed in these Tantrayuktis functions like lighted candles as well as someone who has extensive understanding of Tantrayukti is regarded as a brilliant physician because it aids them greatly<sup>(11)</sup>.
- According to Acharya Vagbhatta, Tantrayukti can be used to clarify ambiguous, incorrect, or buried meaningful lines that are written properly but are being said in an untruthful manner or with wrong pronunciation in order to stop them, support our position, and/or enlighten them<sup>(12)</sup>.

Without gaining knowledge of “Tantrayukti” it's impossible for us to do literary research as Tantrayukti is base for understanding literature.

## Tantrayukti and Literary Research –

1. **Adhikaran** – refers to the name of the topic/subject that is taken up for the study i.e. subject matter. Adhikarana refers to the subject or the area of interest of the researcher which is most important for the researcher to fix its study within in boundary of the subject. While selecting a topic for the literature researcher should keep in mind the topic based on FINER i.e. feasible, interesting, novel, ethical, and relevant rules.
2. **Yoga** – means the proper arrangement of words or sentences together so as to convey the meaning without misinterpretation. When describing Yoga Tantrayukti, Acharya Charaka used the examples of Pratinidya (proposition), Hetu (reason), Udaharana (example), Upanaya (application), and Nigamana (conclusion). This illustration can be used in research articles where the IMRAD (introduction, methodology, results, and discussion) format is typically used to showcase the study effort in chronological order. After gathering the data, the researcher must properly organize or classify it to allow for the proper interpretation and conclusion.
3. **Hetwartha-** is a statement that, although uttered in one context, can be used in other ones as well. In other terms, it is the development of a position. In order to support his claims in a study publication, the researcher typically uses quotes from earlier studies.  
The researcher must cite all assertions that are similar to or related to his study in review articles as well as in the discussion section.



4. **Pradesha-** When a topic has multiple goals that can't all be explained at once, just a partial explanation can be provided.
5. **Uddesha-** is the Sanskrit word for making a brief statement with broad meanings. In research, a brief summary of the entire research piece is provided known as an abstract, which also refers to its goal, techniques, key findings, and conclusion.
6. **Nirdesha-**The short statement (Uddesha) given above is expanded afterward and is referred to as Nirdesha. Consequently, the entire body of research You might compare a piece of work or a research study to Nirdesha. In literary research methodology, Nirdesha might be a "Total Research Paper"
7. **Prayojana** - Prayojana can be correlated directly to the aims and objectives of the research work. Aim leads to the researcher for a complete study, it should be specific and well-defined. . Scientific objectives explain what, where, and for what purpose. The objectives framed should be SMART i.e., specific, measurable, achievable, relevant, and time-bound
8. **Upadesha-**The instructions provided by the preceptor and included in a treatise are referred to as upadesha. It is the instruction for carrying out a task in a specific manner. In literature research, it means doing research under the guidance of Guides and norms applied to research.
9. **Apadesha-** When a statement is made, the justification is stated, and this is referred to as an apadesha. Before coming to a conclusion, the researcher's observations and assertions must be justified and backed up with appropriate logic.
10. **Atidesha-** According to Sushrut Acharya The prediction of a certain future event based on a current event is known as atidesha. To put it another way, it implies that something will occur in the future. The term "hypothesis" is used in research to describe such a prediction or assumption. It is an intelligent assumption that is based on logic and gives a rough hypothesis for a phenomenon under investigation. A hypothesis's guiding function the researcher to define the study's scope and to maintain his righteous position.
11. **Arthapatti-** is the phrase used when a sentence's meaning can be inferred or inferred indirectly even when it is not explicitly addressed. After observation, Consequently, it can be justified by reason and logical thought in comparison to the "discussion" of research.
12. **Purvapaksha-** According to Sushrut Acharya Purvapaksha is the practice of posing a query while ostensibly objecting. most of the ancient writings, particularly the Carak samhita, are written as a series of questions and answers, which demonstrates the value of asking a question prior to moving on with the situation. For starters, a research's first and most important phase is the declaration of the research issue one plans to pursue for the study that is suggested. There should be a research problem. grounded, exact, and unmistakably unambiguous, so that it can be turned into a clever proposition.
13. **Nirnaya-** According to Sushrut Acharya it is an answer to a Purvapaksha. .It can be correlated with the result and conclusion In light of this,

14. **.Prasanga-** In research, we choose a topic after studying previous work done and considering the knowledge gap. Sometimes we have to repeat the research topic as previous research have some limitation.
15. **Ekanta-** is the phrase or sentence that is used to indicate the categorical declaration, which is the certainty in every situation. Such definite affirmations are only expressed in the research's conclusion part, hence this Tantrayukti shares similarities to the conclusion's truthful and unquestionable assertions.
16. **Apavarga-** a statement made regarding exceptions to general rules is known as Apavarga. In literature research its used to study a particular subject from a particular smahita.
17. **Viparyaya-** is a statement, from which its opposite meaning is assumed; Although this Tantrayukti does not directly correspond to any research phrase, there are some circumstances in which it can be interpreted as having the opposite meaning. If a study mentions the null hypothesis, the alternate hypothesis might be presumed to be the opposite of it.
18. **Vidhana-** According to Acharya Sushruta Vidhana interprets this to signify a description in the proper sequence. In this context, it can be claimed that the sequential order of research publications follows an IMRAD pattern. Additionally, the observations made, claims made in earlier research, etc. are expressed in chronological order, reflecting the use of Vidhana Tantrayukti.
19. **Anumata-** without a doubt, is agreement with or approval of another's opinion. Research is carried out with the help of previous work done. If the Researcher quoting previous in his research means this work is accepted by him.
20. **Vyakhyana-** During research sometimes Scientific and Research terminologies are used which can't be understood by layman.
21. **Samshaya-** - it can be correlated with Research Question.
22. **Atitavekshana-** One of the most crucial components of any academic research is reference, and bad or absent referencing not only lowers the standard of the work but may also be interpreted as plagiarism. The references are often used to show the places where the author got the information.
23. **Swasangya-** During Research meaning of some terminologies are considered from particular Acharya or Shastra for convenience of Researcher. Also, it can be correlated with Abbreviations used in Research.
24. **Uhya-** With the help of observation and discussion Researcher draws a conclusion and this is nothing but uhya.
25. **Samucchaya-** collection of data and grouping it in a particular order.
26. **Nirvachana-** a term's derivation. The first step in the research is to generate all the terms that are used when writing the review of the literature.
27. **Sanniyoga/Niyoga-** It is a claim made to emphasize the essential necessity.

- 28. Pratyutsara-** In Literary Research during discussion and conclusion, doubtful opinions about the topic are cleared.
- 29. Uddhara-** 'Uddhara' refers to situations where an author builds his viewpoint after challenging another academic's. When composing the review piece, Pratyutsara and Uddhara Tantryukti are both heavily utilized. The author in this intense attempt to connect opinions from prior studies before accepting or rejecting those beliefs with appropriate arguments.
- 30. Sambhava-** with the help of probability research should consider available tools is to carry out research.

### Discussion-

Our Acharyas employed Tantrayukti as their primary clinical teaching aids when creating their Ayurvedic treatises. They are important tools and approaches for efficiently extending Shastras and Tantras and for improving knowledge of them. These resources enable the topics to be clarified and expanded upon. They are crucial



resources that help us comprehend the Ayurvedic therapy regimens correctly. We comprehend the intended ideas and goals of Ayurveda by using these teaching resources in the Samhitas. After gaining knowledge of the goal, we treat the body, which aids in both curing a sick individual and safeguarding the body from disease.

When employing these tools, it is possible to enlarge themes that have been condensed or that have not been explained clearly, as well as to bring to light hidden meanings in words or topics that have not been explained at all. The many types of Yukti utilized by the Acharyas are therefore referred to as Tantrayukti after the Tantra was composed, in order to study it and comprehend its intended meaning. The precise definition of these phrases aids in understanding the subject without misunderstandings. Try to comprehend Tantrayukti in an Ayurvedic book after applying it. It aids in the development and illumination of Tantra as well as the restructuring of phrases and their connotations.

Therefore, by carefully understanding these Tantrayukti, we will be able to apply them to the ideas presented in the Samhitas to comprehend the underlying meaning intended to be understood. Even ambiguous themes can be clarified, succinct topics can be expanded upon, and buried meanings can be brought to light. We can only use them widely once we fully grasp them and have mastered them.

## **Conclusion-**

Being brilliant visionaries, the ancient people established rules for how a Shastra or Tantra should be written and presented. This is something that should be admired. Arunadatta, the Ashtanga Hridaya commentator, states in his commentary Sarvanga Sundara that one should first acquire Tantrayukti before learning the Sastra/Tantra by heart, repetition, and rethinking. However, Tantrayukti was elucidated by Battara Harichandra, the Caraka Samhita's commentator, in just his first chapter. He asserts that thorough knowledge of Tantrayukti is necessary for a deeper comprehension of Tantra. For a better understanding of the Tantra, a reader should be well-versed in Tantrayukti. It aids in the development of condensed topics and the illumination of the Tantric texts' hidden meanings which help us in literary research.

Additionally, it aids in rearranging sentences and their meanings. Tantrayukti can be used to correct pronunciations of phrases that are mentioned in Tantra and to stop people from doing so while also supporting our viewpoint. Tantrayukti are thus

tools in literary research, fundamental research, clinical and experimental research and aid us in elaborating brief and condensed concepts, discovering the hidden meanings between the lines, and illuminating those unclear, improper, and hidden sentences even though they are properly written. It aids in defining the precise meanings of the assertions made in Tantras. Therefore, in order to achieve the goals of Ayurveda, it is imperative to educate and inform Ayurveda academics about Tantrayukti.

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## Ayurvedic management of Amavata: A case report

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### Abstract

A chronic, systemic inflammatory disease of the joints, rheumatoid arthritis is comparable to the Ayurvedic ailment known as "Amavata." Amavata is the second most common joint disorder. RA is a chronic, progressive disease that mostly affects the fingers, wrists, feet, and ankles. It leads to severe immobility and deformity, as well as joint inflammation. Amavata is a situation in which the body experiences Stabdhatva as a result of vitiated Ama and Vata lodging in the Trika Sandhi and While Atanka Darpana explains the word "Yugapat" as Ama and Vata because both are held accountable for its pathogenesis, Madhukoshakara comments on the word "Yugapat" as simultaneously Vata and Kapha. Visited the Ayurvedic OPD of a female patient, age 37, with O.P.D. no. 2267 dated 12.12.2022. kayachitisa Department with complaint of Shoola, Shothaand Stambhain multiple joints since 1 year. Treated with Ayurvedic Shaman, Simhanada Guggul 500mg twice a day, Maharasnadi kwatha 20 ml twice a day with luke warm water, Panchakola churna-2 gm twice day with Luke warm water, Mahavishgarbha Tail local Application.

**Keywords:** Amavata, Ama, Shaman

### Introduction

Amavata is a condition that resembles rheumatoid arthritis (RA) in modern language since it is caused by the vitiation of the Vata Dosha and the accumulation of Ama in the joints. Amavata is a condition where the Vata Dosha becomes vitiated and AMA builds up in the joints, simulating rheumatoid arthritis (RA) in modern terminology<sup>[1]</sup>. Ama is a product that has been poorly digested and is not homogeneous for the body. It can cause pain, stiffness, swelling, soreness, etc. in the associated joints once that Ama becomes localized in body tissue or joints<sup>[2]</sup>. Amavata shares many characteristics with RA, an autoimmune condition that results in symmetrical and chronic inflammatory polyarthritis<sup>[3]</sup>. In Ayurveda, Nidana Parivarjana (avoidance of causative factors) is considered as the first and foremost line of management for any disease. Virechanakarma is a Shodhana process (biological purification of the body) to balance the vitiated Dosha in general and Pitta Dosha in particular<sup>[4]</sup>. Treatment based on contemporary science 12-Reducing joint inflammation, relieving pain, preventing or delaying joint damage, reducing disability, and allowing you to remain as active as possible are the main objectives of treatment for rheumatoid arthritis. So, rheumatoid arthritis medications. In the acute stage of the illness, rest and joint splitting should be implemented. Both active and passive physiotherapy aid in contracture prevention and mobilisation. First, NSAIDS are used to treat pain and pathology; however, if no improvement is seen after six months of treatment, DMARDS should be administered. The treatment of choice is methotrexate. The following list contains indications for using glucocorticoid treatment.

### Drugs for RA

Nonsteroidal anti-inflammatory drugs.

(NSAIDs) –Aspirin, indomethacin, fenamides, Celecoxib, rofecoxib.

Disease modifying anti-rheumatic drugs.

(DMARDS) -1. Non biological agent- they target inflammatory pathway – D-Penicillamine, Hydroxychloroquine, Sulfasalazine, Methotrexate.

**Biological agent:** They target cytokines and cell synthesis-Anti TNF alpha Antagonist - Infliximab, Etanercept, Adalimumab IL 1 Receptor antagonist- Anakinra Anti-CD 20 Antibody – Rituximib JAK - 1, JAK- 3 inhibitor- tofacitinib JAK-1 JAK -2 inhibitor- baricitinib C. Immunosuppressive drug- Leflunomide D. Glucocorticoid therapy – indication- Pleural effusion Pericarditis Eye involvement Vasculitis Mononeuritis multiplex When disease is not controlled by NSAIDs and DMARDS

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**Classification of amavata****Classification according to Doshanubandha****Anubandha of one Dosha**

- Vatanuga Amavata
- Pittanuga Amavata
- Kaphanuga Amavata

**Anubandha of two Dosha**

- Vata Pittanuga Amavata
- Pitta Kaphanuga Amavata
- Kapha Vatanuga Amavata

**Anubandha of all Dosha**

Tridoshaja amavata. These varieties of Amavata can be differentiated on the basis of characteristic symptoms of dosha involved.

**Case report**

Pradhana Vedana: A female patient of age 37 years with O.P.D no.2267 dated 12.12.2022 visited Ayurvedic O.P.D of kayachitisa Department with complaint of Shoola, Shotha and Stambhain multiple joints since 1 year. History of present illness: A 40 years old female patient developed pain and stiffness of metacarpophalangeal joints of both hands followed by knee joints. After few days, she suffered from pain and mild swelling on bilateral wrist joints. Gradually she developed pain and stiffness on bilateral ankle joints and elbow joints. She was facing difficulty in performing her day to day activities due to pain. She was also suffering from generalized body aches and decreased appetite for last 2 months. She had undergone allopathic treatment-NSAIDS but got only temporary relief. With these complaints, patient approached to our hospital for further treatment.

History of past illness: No history of diabetes, hypertension, rheumatic heart disease, gout and any chronic disease. Family history: The mother of the patient had history of rheumatoid arthritis

General examination Vitals-

Pulse Rate -80/min, regular

Blood Pressure-130/80 mmHg

Temperature-96.8

FRespiratory Rate-18/min

**Examination**

Vitals of patient were within normal limits. Systemic examination showed no any abnormal findings. Jivha was Saam. Rest of the Ashtavidha pariksha was within normal limits.

**Local Examination**

Swelling presents on both wrist and knee joints. Tenderness presents on both wrist and knee joints. Local temperature- Raised Range of movement- Restricted and painful movement of both knee and wrist joints.

**Differential Diagnosis**

Amavata (Rheumatoid arthritis), Sandhivata (Osteoarthritis), Vatarakta (Gout).

**Investigations Done**

CBC, ESR, CRP, RA test, S. Uric Acid

**Diagnosis**

Amavata (Rheumatoid arthritis) was diagnosed on the basis of symptoms described in the classics of Ayurveda and criteria

fixed by the American Rheumatology Association in 1988.

**Treatment Given****Langhana for 3 days**

- Simhanada Guggul 500mg twice a day
- Maharasnadi kwatha 20 ml twice a day with luke warm water
- Panchakola churna - 2gm twice day with Luke warm water
- Mahavishgarbha Tail local Application For 30 days

**Observations****Table 1:** Signs and Symptoms (Subjective parameters)

Signs and Symptoms	BT	AT
Sandhi ruja (joint pain)	4	2
Sandhi shotha (Joint swelling)	3	1
Stabdhatta (stiffness)	2	1
Ushnata (heat over the affected joints)	2	1
Sparsh Sahayata (tenderness about the joints)	5	2

**Table 2:** Objective parameters

Objective Parameters	BT	AT
RA Factor	17	14
CRP	28	12
ASLO	Negative	Negative
ESR	53	25

**Discussions**

Chikitsa sidhanta<sup>[5]</sup> Chakradatta was first inventor, who described the principles of treatment for Amavata which are Langhana, Swedana, drugs having Tikta Katu Rasa and Deepana action, Virechana, Snehapana and Anuvasana as well Ksharabasti.

Langhana (laghu Bhojana)- First step of Amapachana. In Amavata formation of Ama is a basic causative factor, hence Amapachana and prevention of Ama formation is the most important step. Valuka Sweda - Ruksha sweda devoid of Sneha, helps to remove srotorodha and brings the Dosha to their normalcy. Deepana - After Amapachana to check the further progress of disease Agni Deepana should be achieved, hence Agni Deepana achieved with Tikta, Katu rasatmaka and Ushna Virya dravya like Panchakola churna. Tikta Rasa - It mainly causes Agnideepana, Amapachana and it is ruchya It also has lekhan property which helps to remove srotorodha<sup>[6]</sup>. Katu Rasa-Removes Srotorodha causes ruche, gets Shamana of Shlema Dosha and causes Laghuta in the body<sup>[7]</sup>. Simhanada Guggul 500 mg twice a day and Maharasnadi kwatha 20 ml twice a day with luke warm water were given to the patient. Simhanada Guggul has Laghu, Ruksha, Ushna, Tikshna properties. Majority drugs of Simhanada Guggul have Deepan (Enzyme activating), Ama-Pachan (biotoxin neutralizing), Shothaghna (Oedema reducing), Shoolghna (analgesic), Jwaraghna (Antipyretic), Balya (energy enhancing) and Amavatahara (Antirheumatic) properties. It enhances the AgniBala (digestive and metabolic capacity), alleviates the Ama (biotoxins) and prevents the further Ama (biotoxins) formation into the body. This reduces the clinical manifestations of Amavata (Rheumatoid arthritis) and helps in breaking the Samprapti (pathogenesis) of Amavata. Maharasnadi Kwath has Amapachana, Deepana, Vatahara and Shulaghna properties which help in breaking Samprapti and relieving symptoms of Amavata<sup>[8]</sup> Mahavishgarbha Tail contains Dhatura (Datura mete linn), Vatsanabha (Aconitum ferox), Eranda (Ricinus communis) and vatahar drugs.



**Pathya- Apathya**

The word "Pathya" refers to a diet that is suitable for the body and the mind in both good and bad health. By implementing Pathya, which includes wholesome and suitable Ahara and Vihara, diseases can be controlled and treated. Without adhering to Pathya, no amount of medication may be effective in treating ailments. As a result, Pathya is employed to replace Chikitsa. The following are Hitakara Dravya Samooha, which are generally considered to be Pathya for all illnesses, according to Raja Nighantu. Ghrita, Saindhava, Dhanyaka, Jeeraka, Ardraka, Tanduleeyaka, Patola, Alabu, Godhuma, Jeerna Shali, Gokshura, Hamsdaka, and Mudga are a few of the other names for women. Harita advises Amavata to abide by the Pathyas described in the context of Jwara. The Vata-Kapha, Amapachaka, Agnideepaka, and Rasaprasadaka Vata-Kapha Ahara and Vihara in Amavata. So, the diet and the Oushada having Katu, Tiktarasa, Ushna, Tikshna Guna are Pathya.

**Conclusions**

This case study demonstrates that the Chikitsa Siddhant recommended by Acharya Chakradatta can be used to safely and efficiently treat Amavata. But since this is only one case study, more research on many patients is required to demonstrate its efficacy.

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## Ayurvedic management of Gridhrasi with special reference to sciatica: A case report

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### Abstract

Ayurveda is an ancient system of medicine. Ayurveda is life knowledge with scientific based. (Ayu = Life, Veda = Knowledge). Ayurveda having aim that is protection of health and prevention from disease. Several disorders of biological system are produced by improper and changing lifestyle, busy professional life, improper posture in office, jerky movement during travelling and sport, changing food style all are responsible for vatavyadhi and specially Gridhrasi too. Gridhrasi is the one of the common disease. It has painful or shoolpradhan condition which hamper the routine of life. It is occurs about three times as frequently in the male as in the female sex. It is the closely resemble with Sciatica which is characterised by low back pain and radiates towards leg mostly unilateral. The case study being presented of 48 years old female patient suffering from vataj Gridhrasi with cardinal signs and symptoms of Gridhrasi are Ruk, Toda, Stambh and radiating pain in the Right leg in order of Sphik, Kati, Uru, Janu, Jangha, pad. Here Ayurvedic Shaman Chikitsa done.

**Keywords:** Gridhrasi, vatavyadhi, pain, shaman chikitsa, sciatica

### 1. Introduction

Today's lifestyle and nature of work are putting added tension on the usual health. The aggravating factors, such as over exertion, sedentary occupation, jerky movement during travelling, and lifting, which lead to low backache. One of the main cause of low backache is the intervertebral disc prolapsed [IVDP] <sup>[1]</sup>. The IVDP means the protrusion from the nucleus pulposus of vertebrae through a rent within the annulus fibrosus <sup>[2]</sup>. In 95% of the lumbar disc herniation, L4-L5 and L5-S1 discs are most commonly affected <sup>[3]</sup>. In IVDP, the pain may be located in the low back only or referred to a leg, buttock or hip, which outline the features of sciatica. Sciatica is a strike pain, which causes difficulty in walking. It hampers daily routine and deteriorates quality life of patient <sup>[4]</sup>. The annual prevalence of disc related sciatica in general population is estimated at 1.6%-43% <sup>[5]</sup>. It is most prevalent in people during their age 40-50 and men are more affected than women. The signs and symptoms of "sciatica" found in modern medicine are resembled with Gridhrasi mentioned in Ayurveda. According to Acharya Charaka Gridhrasi comes under 80 types of nanatmaja vatavyadhi <sup>[6]</sup>. Gridhrasi also came from Gridhra i.e. Vulture <sup>[7]</sup>. The cardinal signs and symptoms of vataja Gridhrasi are Pain starts from sphik(Buttock) and then radiates to Kati, Prushta, Uru, Janu, Jangha, Pada along with stambha(stiffness), toda(pricking pain), spandhana (twitching) <sup>[8]</sup>. Acharya sushruta has also mentioned saktishepana nigrahanti <sup>[9]</sup> (Restricted movement of lower limb) as one additional symptom of Gridhrasi. In vatakaphaj Gridhrasi Tandra (drowsiness), Gaurav (heaviness), Aruchi (anorexia) may also be present. The management provided by the contemporary medicine for this condition is either conservative or surgical in nature <sup>[10]</sup>. By taking into consideration, more prevalence rate of Gridhrasi and to overcome the above therapeutics; there is great need to find out effective management of Gridhrasi. In this case study, a 48 year old female with IVDP in lumbar region was prescribed for Shamana Chikitsa, which resulted in excellent symptomatic relief.

### 2. Materials and Methods

#### 2.1 Case Report

A 48 Years old Hindu Married female patient comes to Kayachikitsa opd, CSMSS Ayurved mahavidyalaya and rugnalaya, Kanchanwadi Chhatrapati Sambhajnagar, for Ayurvedic treatment. Patient came with following complaints;

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**Table 1:** Chief complaints

Sr. No.	Chief Complaint	Durations
1	Pain in lower back region radiating to right leg	Since 6 months
2	Stiffness in lower back region and right leg	Since 5 months
3	Pricking sensation in the right leg	Since 5 months
4	Heaviness in legs	Since 3 months
5	Difficulty and pain while walking and bending forward	Since 3 months

## 2.2 History of Present Illness

Patient had taken allopathic treatment before came to our hospital as per need for his pain and she was not satisfied by it having repeat episodes. Patient did not have history of any other major illness.

## 2.3 Family History

Not significant.

## 2.4 Physical Examination

Built, nutritional status of the patient is normal. Pallor, clubbing, cyanosis, icterus, lymphadenopathy were absent.

**Table 2:** Ashtavidha pariksha

1	<b>Nadi(pulse)</b>	<b>76/ min</b>
2	Mala(stool)	Samyak(1-2 times per day)
3	Mutra(urine)	Samyak(6-7 times per day)
4	Jeeva (tongue)	Saam(coated)
5	Shabda(speech)	Spashta
6	Sparsha(Skin)	Anushna
7	Druka(eyes)	Prakruta
8	Akruti(posture)	Madhyama

**Table 3:** Vitals examination

1	<b>Blood Pressure (B.P)</b>	<b>110/70 mm of Hg</b>
2	Pulse(P)	76/min
3	Respiratory rate(R.R)	20/min

## 2.5 Nidan Panchak

### Hetu:

**Ahara:** Ruksha and katu rasatmak ahara

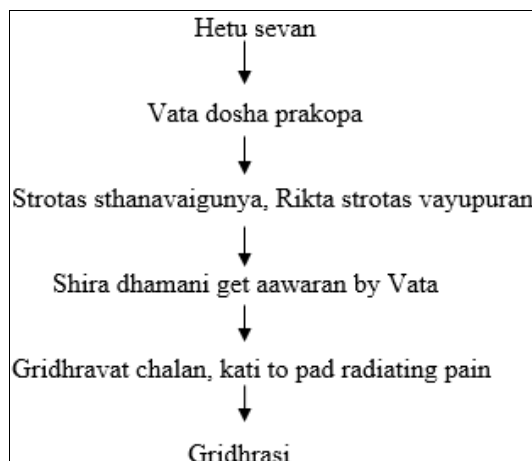
**Vihara:** Systemic Vata prakopa due to travelling, Jerky movement, which induces strotovaigunya.

**Purvarupa:** Stiffness in lower back region and right leg, mild discomfort in right leg.

**Rupa:** Pain in lower back region radiating to right leg, stiffness in lower back region and right leg, tingling sensation in right leg, difficulty while walking and bending forward.

**Upashaya:** Rest in supine position and after taking analgesic medicine.

## Samprapti



## 2.6 Investigation Done

Magnetic resonance imaging (MRI) lumbar spine dated on 13 June 2023 reveals S/o

- Posterior disc prolapse is seen at L4-5 level, compressing the thecal sac and bilateral traversing nerve roots.
- Posterior disc bulge is seen at L5-S1 level, compressing the thecal sac.

## 2.7 Samprapti Ghatak

**Dosha:** vata dosha

**Dushya:** Majja, Asthi, sira, snayu, kandara

**Strotas:** Asthivaha, Majjavaha

**Strotodushti:** Sanga

**Rogamarga:** Madhyam

**Agni:** Mandagni

**Udbhavasthana:** Pakvashaya

**Vyaktasthana** [11]: Sphik, Kati, Prushtha, Uru, Janu, Jangha, Pad.

## 2.8 Diagnosis

sVataj Gridhrasi (Sciatica due to IVDP).

## 2.9 Treatment Advised

By analyzing the above pathogenesis of disease in this patient following treatment plan was prescribe.

**Table 4:** Treatment Advised

Sr. No	Drugs	Dose	Time of Administration	Anupana	Duration
1	Aampachak vati	250 mg 2 tab BID	Before food	Lukewarm water	5 Days
2	Trayodashanga Guggulu	250 mg 2 tab BID	After food	Lukewarm water	30 Days
3	Rasnasaptak kwatha	15 ml BID	After food	Lukewarm water	30 Days
4	Cap. Palsinuron	1 cap BID	After food	Lukewarm water	30 Days

## 2.10 Assessment Criteria

### 2.11 Subjective Parameter Gradation

**Table 5:** Ruka (Pain)-(By Visual Analogue Scale)

Grade	Criteria
0	No pain (0)
1	Mild pain but no difficulty in walking (1-3)
2	Moderate pain with slight difficulty in walking(4-6)
3	Severe pain with severe difficulty in walking(7-10)

**Table 6:** Stambha (Stiffness)

Grade	Criteria
0	No stiffness
1	Sometime for 5-10 min
2	Daily for 10-30 min
3	Daily for 30-60 min
4	Daily more than 1 hours

**Table 7:** Toda (Pricking Sensation)

Grade	Criteria
0	No pricking sensation.
1	Pricking sensation occasionally.
2	Tolerable pricking sensation with hampering daily activities.
3	Intolerable pricking sensation persistently with hampering daily activities.

**Table 8:** Gaurav (Heaviness)

Grade	Criteria
0	No heaviness
1	Heaviness with no interference in daily activities
2	Heaviness with interference in daily activities
3	Heaviness with unable to do daily activities

### 2.12 Objective Parameter Gradation

**Table 9:** SLR (Straight Leg Raising Test)

Grade	Criteria
0	SLR>71 Degree
1	SLR 51-70 Degree
2	SLR 31-50 Degree
3	SLR <30 Degree

## 3. Observations

**Table 9:** Shows before treatment and after treatment

Sr. No.	Type of Assessment	Before treatment	After treatment
<b>Subjective criteria</b>			
1	Ruka	3	0
2	Stambha	2	1
3	Toda	3	1
4	Gaurav	2	0
<b>Objective criteria</b>			
5	SLR Test	3	0

## 4. Observation and result

After completion of one month of total ayurvedic therapy, the patient had found significantly relief in the lumbar pain, pricking sensation, heaviness and difficulty while walking and bending forward. After the treatment patient shows great result in her sign and symptoms of Gridhrasi. She started walking and bending forward comfortably. Assessment of patient was carried out by specific subjective and objective criteria. No radiological investigation was carried out after completion of therapy.

## 5. Discussion

The treatment principles applied for the management of this disease condition are Vedanasthapana Chikitsa (Analgesic), Shothahara (Anti-inflammatory), and vata dosha pacifying treatment along with physiotherapy.

## 6. Conclusion

Above treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. Treatment was easily administrated to patient, and no side effects were noticed.

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**Professional Negligence & Professional Misconduct in Relation to Medical Practice**

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**Medical Law & Ethics**

The legal and ethical considerations are integral to medical practice in the planning for the care of the patient. With the advances in medical sciences and growing sophistication of the legal framework in modern society and increasing awareness of human rights and changing moral principles of the community at large, doctors and other healthcare workers alike are now frequently caught in difficult dilemmas in many aspects arising from daily practice. There are plenty of examples such as the duty to respect informed consent, truth-telling, breach of confidentiality, disclosure of medical errors, rationing of scarce health resources, biomedical research, organ donation, etc. There is also growing anxiety both within the medical profession and in the community regarding increasing trends of complaints against doctors. From the bitter experience of many doctors who were engaged in complaint in the past, many of them had resulted from failing of their doctor-patient communication skill or inadequate ability to comprehend and resolve dilemmas in clinical settings.

**Duties of Medical Practitioners**

**Towards State**

1. Notification of infectious diseases
2. Notice to police
3. Notification of births and deaths
4. Issuing of certificates
5. Respond to emergency military services

**Towards Patient**

1. Treatment of patient is implied contract
2. Duty to sick
3. Duty to continue treatment
4. Duty to earn confidence

5. Duty to children and infirm
6. Charge for professional service
7. Right to choose a patient
8. Duty to give proper directions
9. Duty to offer proper regime of treatment
10. Duty to notify communicable diseases
11. Examination and consent
12. Duty as regards result of examination

**Towards One Another**

1. Extend same honor, respect & good behavior as expected from them
2. Should not do or utter anything to lower down the name of colleagues
3. Should not entice patients away from colleagues
4. Free medical service to fellow colleagues

**Medical Negligence**

- IPC Section 304A, reads as, "304A. Causing death by negligence - Whoever causes the death of any person by doing any rash or negligent act not amounting to culpable homicide shall be punished with imprisonment of either description for a term which may extend to two years, or with fine, or with both."

**Types of Culpable homicide**

- Culpable homicide further divided into two categories:
  1. Culpable Homicide not amounting to Murder (Section 299 IPC)
  2. Murder - Culpable homicide amounting to murder (Section 300 IPC).

**Civil Negligence**

Following conditions should be satisfied for proving liability of negligence-

1. Duty- existence of duty of care by the doctor
2. Dereliction-failure on the part of doctor to maintain applicable standard of care and skill
3. Direct causation- any damage was caused by breach of duty
4. Damage – lost wages, medical expenses and mental duress

2. by a rash or negligent act not amounting to murder
3. Gross carelessness in the treatment
4. Sec 304A IPC
5. Conducting operations without obtaining written consent from the husband & wife both; which result in sterility.
6. Fraudulent/ illegal Consent
7. Issue of false medical certificates
8. Covering up unqualified persons
9. Canvassing
10. To personally open chemist shop.
11. To prescribe habit forming drugs
12. Disclosing professional secrets of patients.
13. Treating patients under the influence of drink or drugs.

**Professional Negligence (malpractice)**

- Not supposed to do, or failing to do something that he is supposed to do
- Professional negligence – absence of reasonable care and skill, or wilful negligence of a medical practitioner in the treatment of patient which causes bodily injury or death of patient.

**Compensation formula**

Yearly income x Remaining years of Superannuation/retirement

Example:

Patient age 30 yrs, retirement age 60 yrs, remaining years 30

Rs.1000, 000/yr x 30 yrs / 2 = 15,000,000

The Minimum Wages Act – Rs 409/day for unskilled person.

Rs.147, 240/yr x 30 yrs / 2 = 2208600/-

Remedy – Amount is to be paid only when negligence is proved

**Vicarious liability**

- Liability of employer for the negligent act of his employees, within the course and scope of their employment.
- Principle of Respondent Superior

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**Professional misconduct**

Conduct considered as disgraceful or dishonorable by professional breather of good repute and competency.

1. Conducting unnecessary operations e.g. Hysterectomy.
2. Performing or enabling unqualified persons to perform an abortion or any illegal operation for which there is no medical, surgical or psychological reason
3. Undertaking sex determination with the purpose of aborting a female fetus.

**Criminal Negligence (malpractice)**

1. Medical practitioner prosecuted in criminal court on the charge of having caused death of his patient



## Case Study

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### A CASE STUDY ON THE ROLE OF TIKTA KSHEERA BASTI IN THE MANAGEMENT OF KATIGATA VATA WITH SPECIAL REFERENCE TO LUMBAR SPONDYLOSIS

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#### ABSTRACT

Katigata Vata or Lumbar spondylosis produces low back pain radiating towards the gluteal region of the leg and further towards the great toe. Symptoms include pain, stiffness, tingling numbness, difficulty walking, etc. No unique entity can be connected to Lumbar Spondylosis in Ayurveda. Under Vataja Nanatmaka vikara, it is classified as Katigraha (Stiffness in the lower back). Hereby presenting a case of 62 years old male who visited our institute with the presenting complaints of Katishool (low back ache), Sakashta Chankraman (Difficulty walking), Pain radiating towards the back, and an MRI Lumbar Spine which reported Osteoporosis at the Posterocentral disc protrusion at L2-L3, L4-L5 with L3 and L5 nerve root compression. He decided to undergo Ayurvedic panchakarma therapy along with Shaman Aushadhi. The treatment schedule of 21 days was planned to include therapy of Panchtikta Ksheera Basti along with shaman Aushadhi. Tikta Ksheera Basti tried to reduce the signs and symptoms of patients with Lumbar spondylosis after taking all these aspects into account. The following aspects of low back pain, tingling in the lower back and lower limbs, stiffness in the lower back and lower limbs, joint movements in the lower back and lower limbs, and the Straight Leg Rising Test (SLRT) were evaluated. Before and after administering Basti Karma, the data were gathered. The signs and symptoms of Lumbar Spondylosis were dramatically reduced throughout this 21-day basti, which showed significant efficacy.

**Keywords:** Tikta ksheer basti, Panchakarma, Katigata Vata, Lumbar Spondylosis.

#### INTRODUCTION

Ayurveda is a traditional branch of life science. Its goal is not just to prevent diseases; it has also consistently been shown to be successful in treating a variety of illnesses. Due to rising stress levels and sedentary lifestyles, different diseases are becoming more prevalent in the modern era. One of them is lumbar spondylosis. Several risk factors are connected to Lumbar Spondylosis, including aging, obesity, occupational causes such as prolonged sitting or standing, bad posture, poor sleeping postures, lack of exercise, and excessive vehicle use.<sup>1</sup>

The term "lumbar spondylosis" refers to osteoarthritic changes and degenerative disc degeneration in the lumbar spine.<sup>2</sup> In this condition, the space between the vertebrae narrows, compressing the spine and creating a range of issues, such as sciatica-like lower back pain, numbness and tingling in both lower limbs and rigidity of the lumbar vertebrae.<sup>3</sup>

In terms of treating Lumbar Spondylosis, current medicine only offers symptomatic treatments such as NSAIDs, steroids, and physical therapy. The first two of them have a reputation for seriously damaging the kidneys and liver. Surgery is sometimes recommended for serious illnesses, although this does not always result in a full recovery and may even result in a number of problems.<sup>4</sup>

No distinct clinical entity mimics Lumbar spondylosis, according to the Ayurvedic Samhitas. Nevertheless, Acharya Charaka cites

Katigraha, which is another name for stambha (lower back spasticity), in Vataj Nanatmaja vikara. As a disease that affects the bones, lumbar spondylosis can also be referred to as Asthyashrita vyadhi. As indicated by Acharya Charaka, the Vata dosha is thought to be the primary cause of symptoms like lower back discomfort, tingling, stiffness, etc.<sup>5</sup>

Lumbar spondylosis can be viewed as an overall case of vitiated Vata dosha affecting the lumbar (Kati) portion of the bones. The most effective remedy for Vata Vikara is basti.<sup>6</sup> Acharya Charaka remarked that Tikta Ksheera Basti is very helpful for Asthyashrit vyadhis.<sup>7</sup>

With all of these considerations in mind, it was hypothesized that Tikta Ksheera Basti might be successful in treating Lumbar Spondylosis symptoms such as lower back pain, tingling in the lower limbs, spasticity, etc. In order to control lumbar spondylosis, the current study, titled "Case study of Tikta Ksheera Basti," was conducted.

#### Case Report

Putting forth a case in this way of 62 years old male who visited CSMSS Ayurved hospital, Aurangabad with the presenting complaints of Katishoola (low back ache), Sakashta Chankraman (Difficulty walking), Pain radiating towards his back, numbness in the joints.

After consulting an orthopaedic surgeon, MRI Lumbar Spine was done which reported spondylitis changes with disc degeneration.

Postero-central disc protrusion at L2-L3, L4-L5 with L3 and L5 nerve root compression. A general and clinical examination of the patient was done.

The case was examined thoroughly and with the patient's written consent, he decided to undergo Ayurvedic panchakarma therapy along with Shaman Aushadhi for a period of 21 Days.

### Assessment Criteria

Subjective Criteria: Classical symptoms of Katigata Vata (Lumbar Spondylosis)

Objective criteria : SLRT (Straight Leg Raising Test)

**Plan of Work:** The treatment schedule of 21 days was planned then therapy sessions of Panchtikta Ksheera Basti regularly for 21 days. No specific dietary regimen was advised during the whole treatment procedure.

### Panch Tikta Ksheera Basti

#### Ingredients

- Panch tikta Kalka – each 5 gm  
Bhunimba – (*Andrographis paniculata*),  
Neem – (*Azadirachta indica*)  
Rasna- (*Pluchea lanceolata*)  
Saptaparni (*Alstonia scholaris*)  
Patol – (*Trichosanthes dioica*)
- Tila Taila 100 ml
- Godugdha 200 ml
- Jala 480 ml

**Method of Preparation of Tikta Ksheera Basti:** 480 ml of water were obtained and put in a steel container. Water was added to the Yavakuta choorna (coarse powder) of all the tikta dravyas. Milk was added to that mixture, and the entire mixture was kept on the gas to boil. The gas was switched off when all of the mixture's water had evaporated. The temperature was maintained to reach the lukewarm range. The Patient was then given Basti Drava via basti yantra. Every day, a fresh Tikta Ksheera paka was produced for the patient.<sup>8</sup>

Tikta Ksheera Basti was administered using the following method: patients were asked to eat lunch before Basti karma. The patients were required to adhere to the Basti Karma protocol<sup>9,10</sup>.

A. Basti Poorva Karma (Preparatory Measures for Basti Karma): A patient underwent sarvanga abhyanga (oil massage) with Mahanarayan taila for 10 to 20 minutes, followed by Peti Swedana (fomentation) with Dashamoola kwatha for 15 minutes.

B. Basti Pradhana Karma (Main Procedure – Basti daana-Administration of Basti): The patients were instructed to sleep with their left leg straight and their right leg bent and held close to their abdomen. The Sterilised Rubber Catheter No. 10 and enema pot, which are modified versions of Bastinetra, were used to administer the Basti. First, warm Tikta Ksheera Basti Drava is put into the enema pot. The enema pot's access portion was attached to the rubber catheter. When inserting the catheter into the anointed anal entrance, Mahanarayan taila was used as lubricant. Further placement of the catheter parallel to the spinal canal was made in the anal canal. The patient was then given the Basti gently. The catheter was removed from the patient's anal orifice when the enema pot had been completely emptied, and the patient was instructed to unwind in a supine position for five minutes. C. Pashchata Karma (Postoperative procedure) – In case of any possible Basti drava (liquid) leakage, the patient's anal orifice was pressed with cotton gauze. Only when the patients felt a natural urge to eject their bowels where they instructed to do so.

### Treatment Protocol

- Sarvanga Snehana (Abhyanga): Mahanarayan Taila
- Sarvanga Swedana: Peti Sweda
- Basti: Tikta Ksheera Basti daily (21 days)

### Subjective Assessment

Table 1: Katishool (Low Back Ache)

No pain	Grade 1
Mild discomfoting pain	Grade 2
Distressing pain	Grade 3
Horrible pain	Grade 4

Table 2: Sparshasahatva (Tenderness)

No Tenderness	Grade 1
Mild Tenderness	Grade 2
Wincing of face on pressure	Grade 3
Wincing of face and withdrawal of affected part on the pressure	Grade 4

Table 3: Daurbalya (General Debility)

No pain	Grade 1
Mild discomfoting pain	Grade 2
Distressing pain	Grade 3
Horrible pain	Grade 4

Table 4

Parameters	Before therapy (Day 0)	After Therapy (Day 21)
Katishoola	Grade 4	Grade 1
Sparshasahatva	Grade 4	Grade 2
Daurbalya	Grade 3	Grade 1
Sakastha chakraman	++++	+
SLRT	45 Degree	80 Degree

### OBSERVATION AND DISCUSSION

**Probable mode of Action of Tikta Ksheera Basti:** Because the Apanadi Vata spread the Virya of Basti dravya throughout the body due to its anupravana bhava, it has a systemic impact. According to Charaka and Hemadri, basti is effective in treating kshina dhatus and bhagna (fractures) of the Asthi and Sandhi. This virya of the basti dravya extracts the morbid doshas from all areas of the body. Half of the entire treatment, or the "Ardha chikitsa," is what is referred to as "basti," whereas the "Sampurna chikitsa," or complete treatment, is what other people refer to.

Basti: Tikta Ksheera Basti is given to expel these doshas from the body and to nourish the Kshina Asthi dhatu. The Basti contains Ksheera, taila, and tikta dravya as its main ingredients. Tiktarasatmaka dravyas include Musta, Kantakari, and Guduchi. The proper absorption of Basti was aided by Musta's deepana pachana guna, which is a combination of rasayana, balya, and tridosahara. Shoola is relieved by Kantakari who has Vatahara. As a result, it is evident that Lumbar Spondylosis, a specific Asthyashrit Vata vikara prevalent in Kati (Lumbar region), was significantly treated by Tiktarasa dravya siddha Ksheera Basti. Analysing the Panchabhoutik com positions of madhura, tikta, and katu rasa reveals that they are, respectively, Prithvi and Jala, Vayu and Akasha, and Agni and Vayu. As a result, Basti Dravya's Panchabhoutiktwa nourishes the Asthi because its overall makeup is identical to that of the Asthi dhatu. Additionally, cow's milk is the world's richest natural supply of calcium. Together with vitamin D, the proportion of calcium and phosphorus in cow's milk is optimum for their effective absorption and assimilation and, as a result, for bone growth.



## CONCLUSION

Tikta Ksheera Basti including Snehana and Swedana is significantly effective in reducing the degenerative changes occurring at the lumbar area reducing symptoms, especially Katishoola, Daurbalya, and Sparshaasahatwa. Asthi kshaya and vata dosha can be treated in a number of circumstances by using Tikta Ksheera Basti treatment. The study's future focus will be on randomized controlled trials.

"Low back pain" is a frequent condition caused by lumbar spondylosis. Better outcomes, including a notable decrease in signs and symptoms, are shown with Tikta Ksheera Basti together with preoperative and postoperative procedures. No patient experienced any negative effects from the therapy. Future attempts at producing Ksheerapaka with tikta dravyas are possible. Patients with Lumbar Spondylosis may benefit from this therapy because it is comparatively affordable.

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## Review Article

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### A CRITICAL REVIEW OF THE APPLIED ASPECT OF SHADVIDHUPAKRAMA

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#### ABSTRACT

Different kinds of chikitsa have been recommended for disease therapy by the timeless science of life known as Ayurveda. Shadvidha upakrama is a very important chikitsa among those given. Upakrama expertise is critical in this situation. According to the Ayurvedic system, only two upakramas, bruhana (vrudhikara) and langhana (hrasakara), are primarily discussed. Specifically, santarpana and apatarpana. Santarpana is defined as an excessive intake of overly nutrient-dense food and a lack of physical activity. Apatarpana is defined as consuming fewer, less nutrient-dense meals while engaging in more physical activity. Ayurveda has the potential to transform the current healthcare industry and create a more sustainable healthcare system in the future. Its prevention is better than cure philosophy, is to offer guidance for a healthy lifestyle that will promote general wellbeing. In Ayurveda, mandagni results in aamsanchiti, which causes santarpanjanya vyadhis like diabetes, kushtha, jwar, libido, sthoulya, etc., and undernutrition results in apatarpan, which causes vyadhis like decreased physical strength, oja, varna, shukra, and reduced muscle power. Shadvidh upakrama is used to prevent and treat various diseases.

**Keywords:** dosha, shadvidh, upakrama, apatarpan, santarpan

#### INTRODUCTION

Numerous varieties of chikitsa have been recommended by Ayurveda for treating disorders. Shadvidha upakrama (six upakrama) is a very important chikitsa among those given. Understanding upakrama is crucial in this situation. According to the definition of upakrama in the Ayurvedic texts, it is the preparation and flawless execution of a path of therapy for the benefit of the ill.<sup>1</sup> As a result, the combination of the six primary Ayurvedic upakramas known as the sadvidha upakrama can be regarded as a component of yuktivipashraya chikitsa of trividha chikitsa because it necessitates careful planning and medical skill for its successful use for health and the well-being of all human beings.<sup>2</sup>

#### Shadvidha Upakrama

The fundamental component of Ayurvedic medicine is shadvidha upakrama. A skilled physician needs to be familiar with shadvidha upakrama. It includes langhana, brumhana, rukshana, snehana, swedana, and stambhana.<sup>3</sup>

#### Shadvidha Upakrama in Dwidha upakrama

Shadvidha upakrama, which covers these six under the banner of two therapy modes called santarpana and aptarpana, emphasises the importance of dwidhaupakrama Vagbhata's notion of dwidhupakrama.<sup>4</sup> Because diseases are described as santarpanjanya and aptarpanjanya vyadhi.<sup>5</sup> As a matter of fact, apatarpana is the management line of santarpanjanya vyadhi, while santarpan is the management line for aptarpanjanya vyadhi.<sup>6</sup>

Table 1: Shadvidha upakrama

Shadvidha Upakrama	Dwidha Upakrama
Langhana	Apatarpana
Rukshana	
Swedana	
Bruhana	Santarpana
Snehana	
Stambhana	

#### Langhana <sup>2</sup>

The procedure or a substance that creates lightness in the body is called langhana.

Guna- laghu, ushna, tikshna, vishada, sukshma, khara, and sara kathina

Panchamahabhoot- Vayu and Aakash

**Table 2: Types of Langhana**

Acharya Charaka <sup>7</sup>	10	Shodhana – Vaman, Virechana, Shirovirechana, Niruha Basti
		Pipasa, Marut sevana, Atopa Sevana, Pachan, Upavasa, Vyayam
Acharya Vagbhata <sup>8</sup>	10	Shodhana- Vaman, Virechana, Nasya, Niruha Basti, Raktamokshana
		Shamana- Pachana, Deepana, Kshut, Trushna, Vyayam, Atopa, Maruta

Langhana treatments are broadly categorised into two types:

Shodhana (purification), by its eliminatory activity, expels severely inflamed doshas (biological energy) from the body. Enemas, nasya treatments, and detoxification are all included in this treatment.

Shamana (palliative), through its subsiding action in the body, changes dosha vaishamyata into dosha samyata. As a result, this treatment involves using herbal remedies, engaging in physical activity, being exposed to sunlight, and abstaining from harmful foods and beverages.

**Table 3: Application of Langhana Therapy<sup>9</sup>**

Type of langhan	Karma
Vamana	controlling Bahudoshakapha in Tamaka swasa to expel upastitha dosha
Virechana	maintains a major presence in Adhogata amlapitta, which performs the sthana suddha
Basti	In Avaranajanya vata vyadhi, it acts on both avarka and avruta.
Shirovirechana	Toxin elimination is achieved in Kaphaja shirashoola.
Pipasa	In alpa dosha or alpa chaya avastha, it is used.
Atopa	
Mruta sevana	
Upavasa	The treatment of taruna jwara should begin with langhana.
Deepan, Pachana	Amaja conditions are used to bring it to Nirama avastha.
Vyayam	Used for physical exercises in Urustambha and Stoulya.

**Mode of action**

Langhan is a particular type of treatment for lifestyle diseases brought on by srotorodha from abhishyandi and guru dravya, which results in vata heenatva. Modern research suggests that Langhana induces ketogenesis and fosters significant alterations in metabolic pathways and cellular functions like stress tolerance, lipolysis, and autophagy. Human studies revealed that several fasting methods may offer efficient ways to lose weight, optimise health and postpone ageing.<sup>10</sup>

**Bruhana**

The word "brihana" means "big," any procedure that increases bodily size or weight or causes the body to be nourished is referred to as a "brihanachikitsa."

Guna - attributes of guru, shita, mridu, picchhila, manda, snigdha, bahula,sthira, and slakshna  
Panchamahabhoota- Prithvi and Aap

The usage of drugs and techniques that will prove the body's growth is referred to as "brumhana." Body mass and volume will both rise as a result of brumhana. This procedure is covered under santarpana chikitsa. These medications function at the dhatvagni level, aiding in the right dhatu nutriment. Bruhana chikitsa is used to cure people with conditions like OA, impotence, infertility, azoospermia, etc., that are krush (leany) and kshaya janya vyadhiyukta.

**Table 4: Application of Brumhana therapy<sup>9</sup>**

Shashtika shali (Internally)	Used in karshya
Shashtika shali (Externally in form of shashtikshali pinda swedan)	Used on Pakshaghat
Matra basti	Vataj ghridhrasi
Ghrita tapana	Vata Pittaj jwara

**Mode of Action**

By virtue of their characteristics, brimhana dravya makes the body and dhatu bulkier and focuses primarily on the structural and functional aspects of the corresponding dhatu and organs, increasing the body's weight and strength. By enhancing the body's digestion and metabolism and boosting the immune system, we can argue that these medications promote the absorption of micronutrients at the Agni level. Along with that, it also acts at the level of the srotas by enhancing tissue perfusion and microcirculation. It also acts at the level of the rasa itself as direct nourishment. With all these advantages, it supports the body's regrowth and renewal.<sup>10</sup>

**Rukshana**

Rookshana means drying. The therapy eliminates extra mucus, fat, and water from the body's tissues and organs while also drying out and reducing the body's oily, sticky, and fatty elements.

Guna- ruksha, laghu, khara, sthira, picchila, teekshna, and kathinaand drava.

Panchamahabhoota- Vayu and Agni

**Table 5: Application of Rukshana Therapy<sup>9</sup>**

Bahya Rukshana	Abhyantar Rukshana
Udvardana	Takrapana
Application Of Various Rukshaa Lepa	Ruksha Annasevana
Dhanyamladhara	Bheshaja

**Mode of action**

Due to the body's ability to absorb all surplus and non-essential body fluids, the rukshana chikitsa dries the body and gives it a slimmer appearance. According to this action, various acharyas have stated that mandagni, which is primarily responsible for aam dosha, is the major cause of several diseases. When the khavaigunya stage takes place in the body, this aam dosha builds up. Srotavarodh is brought on by it, and the subsequent dhatu's adequate nutrition is impacted. Nowadays, adopting a lousy lifestyle and having incorrect eating habits—which are also the leading causes of aam dosha—are the causes of the majority of prevalent lifestyle disorders, both physical and psychological. Due to its unique role in the digestion of aam dosha, rookshana chikitsa can thus be applied in such situations to produce better outcomes in treating sickness.<sup>10</sup>

**Snehana**

Snehana is the process that results in snigdha (oiliness), vishyananda (liquefaction), mardavata (softness), and kledana (moistness).<sup>2</sup>

Guna<sup>2</sup>- drava, sukshma, sara, snigdha, picchila, guru, sheetala, manda and mridu.

Panchamahabhoota- Prithvi and Jala

**Snehana classifications**

As per to action<sup>11</sup> .

1. Shamana
2. Brumhana
3. Shodhananga

As per the route of Administration<sup>12</sup>

1. Bahya (external), such as Abhyanga, Lepa, karnapoorana, akshitarpana, Avagaha, and Parisekha.
2. Abhyantara (internal) such as Snehapana, Basti, Nasya.

**Shodhananga Sneh**

Sodhananga sneha is sneha administered prior to shodhana. It is given for dosa utkleshana before Vamana and Virechana for a maximum of 7 days.<sup>13</sup>

**Shamana Sneh**

Sneha is made using herbs that can be used to treat ailments. When the patient feels hungry during anna kala, the sneha dosage is usually given on an empty stomach. For example, administering Shatavari Ghrita to Kshinasukra patients.<sup>14</sup>

**Brumhana Sneh**

Brumhana Sneha refers to small amounts of sneha administered with food for nutrition.<sup>15</sup>

**Table 6: Application of Snehana Therapy<sup>9</sup>**

Shodhananga snehapana	Kushta
Nasya	Apabahuka
Abhyanga	Twakgata vata
Shirodhara	Anidra
Parisekha	Dhatukshayajanya Pakshghata

**Mode of action**

Regarding numerous shodhana treatments, snehana karma is practised as purvakarma. Snehana karma carries out the deeds above. It enhances digestion, renews bodily tissues, boosts physical stamina, enhances skin elasticity, and delays ageing. The solvent is how it works. By using shodhana chikitsa, it enters the gastrointestinal system and releases any trapped diseased and excreted waste materials, which the anal or oral routes can then evacuate.<sup>10</sup>

**Swedana**

Swedana is a procedure in which sweat or perspiration is created in the body through various techniques, relieving stiffness, heaviness, and coldness.<sup>2</sup> Swedana is administered using natural medications.

Guna- sara, snigdha, ushna, tikshna, ruksha, sukshma, drava, sthira and guru  
Panchamahabhoota- Vayu and Agni

**Table 7: Types of Swedana**

According to Acharya Charaka <sup>16</sup>	Sagni	Sankara, Prasthara, Nadi, Parisekha, Avagaaha, Jentaka, Ashmaghna, Karshu, Kuti, Bhu, Kumbhi, Kupaa and Holaka Swedana.	
	Niragni	Vyayama, Ushna Sadana, Guru Pravarana, Kshudha, Bahupana, Bhaya, Upanaha, Krodha, Aahata, Aatopa.	Kapha-meda avrutha Vata Roga
According to Sushruta <sup>17</sup>	Tapa	Karshu, Kuti, Jentaka, Kupa.	Kapha roga
	Ushma	Sankara, Prstara, Naadi, Ashmaghna, Kumbhi, Bhu .	Kapha roga
	Drava	Parisekha, Avaagaha.	Pitta anubandhi vata roga
	Upanaha		Vata Roga

**Table 8: Applications of Swedana therapy<sup>9</sup>**

Upanaha Swedana:	Vatavyadhi is predominant in Shula, Sankoca, and Stambha.
Shashtika Swedana, Parisekha, Annalepa	Karmakshya Pradhana Vyadhi like Pakshaghata.
Bashpa Swedana	Katishoola, Gridhrasi
Valuka Swedana	Aama Pradhana Sotha as in Aamavata.
Dhanyamla Dhara	Aamavata
Kshiradhooma	Ardita

**Mode of action**

Along with pradhan karma, purva karma is crucial and significant. It also plays a vital function in paschata karma. De-localising the sthanik and sarvadaihih doshas is made much easier by this procedure. It speeds up metabolism and promotes lipolysis, which causes an increase in oxygen demand and more waste to be expelled from the body. Additionally, it serves as a vasodilator, increasing blood flow to the area and allowing the body to absorb more nutrients. Swedan induces the sweat glands to produce more perspiration, resulting in more waste products expelled from the body. It helps burn calories and can be an effective treatment for obesity since it causes an excessive amount of perspiration to be produced.<sup>10</sup>

**Stambhana**

Stambhana refers to techniques or medications that stop the movement of a moving substance or restrict the flow of a substance.<sup>2</sup>

The therapy which inhibits or stops mobile, flowing body constituents and stabilises them is called stambhana. The therapy uses food or medicines with madhur, katu, and kashaya tastes. Those with liquid, thin, and cold properties are also applied in

stambhana therapy. It acts as a regulator or controller of various processes and activities. It increases Kapha dosha and pacifies Vata and Pitta dosha.

laghu, shita, mridu,  
Panchamahabhoota- Jala and Prithavi mahabhoota

**Table 9: Application of Stambhana therapy<sup>9</sup>**

Piccha basti	Used in Rakta Atisara
Avapida nasya with Vasa swarasa	Used in Raktapitta

**Mode of Action**

The medicine that stops, blocks or inhibits any biological activities can be viewed from the stambhana effect perspective. Thus, the medicines given as antidiarrheal, antiemetic, and styptic medicines can be included in the stambhana category; the mechanism of action involves blocking the respective receptors at the site and reducing the motility. The coagulating factors on agents can also be included.

The stambhana medications function as a vasoconstrictor and have kashaya rasa dominancy. The muscular wall of the vessels, specifically the big arteries and small arterioles, contracts as a

result. The procedure is crucial for stopping bleeding, stopping and treating blood loss, curing diarrhoea, and treating other lifestyle diseases such as ulcerative colitis, haemorrhoids, and fistula.

Stambhana medicines may cause vasoconstriction due to their astringent and cold properties. The delayed or extended medicines response can be related to the Manda (slow acting) sthira (stable) properties of stambhana medicines.<sup>10</sup>

## DISCUSSION

Shadvidha upakrama aids in balancing tridoshas anomalies, particularly those involving Kapha Pittaj. In addition to rukshana's reduction of Kapha and snehana's role as a Vata Pitta har, bruhana also plays this role. Swedan eliminates the Pitta and Vata dosha and is Vatakaphahar.

According to the samanya vishesh concept, shadvidha upakrama also affects guruvadi gunas. The laghu guna is possessed by langhana, the guru by bruhana, the ruksha by rukshana, the snigdha by sneha, the ushna by swedana, and the sheeta guna by stambhana. The principle denotes the significance of these six therapeutic techniques. By balancing the panchamahabhoota's proportion in the body, Shadvidha upakrama intends to take action. Snehan enhances the Jala and Prithvi mahabhoota as bruhana raises the Prithvi and Jala mahabhoota, and Stambhana increases the Prithvi and Jala. The Akasha, Vayu, and Agni mahabhoota are increased by langhana, whereas the Akasha, Vayu, and Agni are increased by rukshana. Swedan raises Akasha, Vayu, and Agni. These are in charge of the body's action in response to the modalities. So, shadvidha upakrama aids in tridoshas balance.

## CONCLUSION

Dosha samyata is the goal that is attained through all forms of upakrama. It is gained through bringing the gunas into balance and, finally, by reaching panchabhoothika steadiness. Shadvidha upakrama, according to Ayurvedic scriptures, is a succinct summary of Ayurveda's fundamental chikitsa principles. Based on the samanya vishesh siddhanta philosophy, shadvidha upakrama balances proportions and functions by combining the body's panchmahabhutas. It can be highly advantageous if the dosha, roga, and rogi are thoroughly assessed. It can, therefore, be regarded as yuktivyapashraya chikitsa. It can be used to control and prevent a variety of lifestyle disorders.

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## The scope of daivapurushakarvada in ayurveda: A review

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**Abstract**

The science of Ayurveda has its base in the darshanas. Ayurveda adopts the theories from darshanas with necessary modifications so as to suit its practical utility. Vaada is the methodology of discussion proposed by darshanas. Indian philosophers used vaada to unveil the unknown from known and Ayurveda utilizes all the available philosophies according to the context to justify its aim i.e. to prevent and cure diseases. Ayurveda is the science that follows the concepts of soul divine. Indian philosophers have understood the secret of the life creation. Ayurveda is a philosophy of life. So in this article discription about daivapurushkarvada given.

**Keywords:** Daivapurushkarvada, ayurveda

**Introduction**

Divineism has been accepted as life affecting feeling by imbibing it in this science of life. If there is anger of God then different types of diseases arise. Those diseases are called Aadhidaivik or Daivbalapravat vyadhi. Here daiva means fate, because fate is considered as the creator operator & term purushakar means the duty or purushartha performed by particular person. So here Daivapurushakaravada means fate & duty. According to Charak Sharir Adhyay 2 the case of disease & health, the mention of Daiva & Purushakara is presented as- The deeds done in the previous birth are called Daiva & deeds done in this birth are called purushakara. Therefore the mystery of life are naturally revealed in ayurveda. Various mysteries of death and birth. Daivapurushakarvada is the theory of fate and duty. Devineism has been accepted as a life affecting feeling by imbibing it in this science of life. If there is anger of God then this diseases are called Aadhidaivik or Daivbalapravrat disease. Here daiv means fate, because fate is considered as the creator, operator and the term purushakar is the duty or purushartha performed by particular person.

There is a difference bet Daiva & Purushakara, as if one is strong & one is weak then there is an origin or tendency of diseases & when these two meets, then patient becomes free from the disease (swastha).

**Aims and Objectives**

a) To discuss & elaborate Daivapurushakarwada.

**Materials and Methods**

This paper is based on textual review. Material related to Daiva and Purushakara was collected from Charaka Samhita, chakrapani tika and ayurvedic text were used to collect information on the relevant topic.

**Daivapurushakaravada**

दैवं पुरुषकारेण दुर्बलं ह्युपहन्यते ॥ ३३ ॥

दैवेन चैतरत्कर्म विशिष्टेनोपहन्यते ।

दृष्ट्वा यदेके मन्यन्ते नियतं मानमायुषः॥ ३४॥

कर्म किञ्चित्काले विपाके नियतं महत् ।

किञ्चित्कालनियतं प्रत्ययैः प्रतिबोध्यते॥ ३५॥-  $\overline{4 \cdot \sqrt{0.3}} / 33 - 34$

The age of living being expect Yukti<sup>(1)</sup> The strength of this bala is depends on both daiva & purushakar i.e. fate & karma. Achary Charak says that ("कर्म यत् पौर्वैहिकं ।"<sup>(2)</sup>)

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i.e. the fruit received according to the deeds done in the previous birth is called Daiva or Bhagya & deeds done in this birth is called purushakara. There are three types of karmas as-hina, madhyam & uttam<sup>[3]</sup>, when both daiva and & purushakar are uttama then combined result of both gives long & healthy life with pleasure. If both the daiva & purushakara are hina then their combined effect is short life with sorrow. When both the Daiva & Purushakar are moderate, then the Person will get moderate happiness & life. It has been said again that a strong Purushakara destroys weak fortune & vice versa. On this basis some people consider age a fixed <sup>[4]</sup>. But man thinks that he or she getting sorrow or happiness by luck only, but it is not totally correct because whatever Karma is man will get result.

### Types of Karma

1. Hina Karma
  2. Madhyama Karma
  3. Uttam Karma
- a) Uttama daiva+uttama purushakar=long & healthy life with pleasure.
  - b) Madhyam daiva+Madhyam purushakara=moderat e happiness & life.
  - c) Hina daiva + hina purushakara = short life with sorrow

### Aadhidaivik vyadhi

These are also of 3 sub-types. They are explained below Kaal Bal Pravritti Diseases which appear due to abnormal changes in cold, heat and rain occurring in 6 seasons are called Kaal Bal Pravritti Vyadhi (diseases caused by the force of weather).

### This is again of 2 types

**a) Vyappan Ritu Krita:** Due to abnormal seasonal changes. These are of 18 types. Basically the number of seasons is 6. They are Shishira (late winter), Vasanta (spring), Grishma (summer), Varsha (monsoon), Sharad (autumn) and Hemanta (early winter). In each season there are abnormal changes in 3 forms i.e. Ayog or Hina Yoga (expression of deficiency) – for example less heat or lack of heat in summer or summer season Atiyoga (excessive expression) – for example, summer or lack of heat Severe and abnormal heat Mithya yoga (distorted or inconsistent expression) in the weather – eg, absence of herain during the summer.

**b) Avyapanna Ritu Krita:** Diseases caused due to perturbation of naturally occurring doshas in normal seasons. There will be no seasonal changes, but the general season itself will have an effect on the doshas, causing either their increase or decrease, which when not balanced by appropriate diet and lifestyle, treatment and administration of medicines, will result in the manifestation of diseases. Each dosha increases in its particular season for its aggravation. Vata gets accumulated in grishma (summer) and gets vitiated in the rainy season (monsoon season). Pitta accumulates in the rainy season (monsoon) and deteriorates in the autumn season (sharad rutu). Kapha accumulates in Shishira (at the end of winter) and gets worse in Vasanta Ritu (spring season). These seasons of accumulation and aggravation of doshas are responsible for the vitiation of doshas.

### Daivabal Pravritti

Diseases caused by the following reasons are called Daivabal Pravritti Vyadhi: Anger and fury of Devadi planets (gods etc.

supernatural powers and energies) • Deva (God), Guru (Teacher), Vipra (Brahmin), Curses given by Siddhas (divine ones), Rishis (sages and sages) etc. (when we ignore, insult or reject them) Abhicharaka mantras or maraka mantras (hymns to effect destruction of others) mentioned in the Atharva Veda.

### There are 2 types of diseases caused by devils

1. Electricity-induced diseases and destruction caused by natural calamities like lightning, storms, falling of asteroids and comets etc.
2. Pishachadi Krit - Diseases caused by Pishach (evil superpowers like ghost, soul) etc.

### These diseases are also classified into these 2 types

1. Sansargaja - People who curse us (eg. Liye Dev etc., as explained in the above reference) Diseases caused by our being in close proximity or direct contact with people suffering from infected or contagious diseases.
2. Sudden diseases whose causes are not known and which appear suddenly are called sudden diseases.

### Discussion

The life span of all living beings depends the proper coordination of two factors, namely daiva & purushakara. Daiva in previous life, while Purushakara stands for one's actions in this life. If person has done austerity, charity, kindness & charitable deeds in the previous birth, but in this birth he may have caused pain to someone, then he gets the result according to strong virtue, he has done in the past.

In this situation, the general public has the same concept that he is getting this fruit due to Daiva or Luck, while the fact is that he is getting the result of his own action according to deeds of his previous birth.

Similarly, if someone has committed many heinous crimes in previous birth & is doing some charity in this birth, then also the person gets sorrow & short life according to strong inauspicious deeds of the previous birth. The duration of these actions is not fixed.

### Conclusion

Sometimes it happens in some diseases, even after complete treatment, there is no cure, then that disease becomes incurable by karma.

If the same disease occurs in two different persons, one gets cured quickly and the other does not get cured, this also happens because of daiv purushkara.

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# AYURVEDIC MANAGEMENT OF MADHUMEHA– A CASE REPORT

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## Abstract

Diabetes mellitus (DM) is probably one of the oldest diseases known to man. It was first reported in Egyptian manuscript about 3000 years ago. In 1936, the distinction between type 1 and type 2 DM was clearly made. In *Ayurveda*, the corresponding term for diabetes mellitus is madhumeha (*Madhu* means “sweetness” and *Meha* means “excessive urination”). A case study of type 2 (DM) treated with *Ayurvedic Shaman Aushadhi*

**Keywords** Diabetes mellitus, *Madhumeha*

## 1 Introduction

Diabetes mellitus is a group of metabolic diseases characterized by chronic hyperglycemia resulting from defects in insulin secretion, insulin action, or both. Metabolic abnormalities in carbohydrates, lipids, and proteins result from the importance of insulin as an anabolic hormone. Low levels of insulin to achieve adequate response and/or insulin resistance of target tissues, mainly skeletal muscles, adipose tissue, and to a lesser extent, liver, at the level of insulin receptors, signal transduction system, and/or effector enzymes or genes are responsible for these metabolic abnormalities. Although classification of diabetes is important and has implications for the treatment strategies, this is not an easy task and many patients do not easily fit into a single class especially younger adults<sup>[1,2,3]</sup> and 10% of those initially classified may require revision<sup>[4]</sup>. The classical classification of diabetes as proposed by the American Diabetes Association (ADA) in 1997 as type 1, type 2, other types, and gestational diabetes mellitus (GDM) is still the most accepted classification and adopted by ADA.

*Prameha* is not restricted in the stage of *Poorvarupa*, it progresses to advanced stage and depending on the predominance of *doshas*, it is classified into 20 types. <sup>[5]</sup> From the *Prameha* pathogenesis it appears that all the three *Doshas* especially *Kapha Dosh* causes a progressive loss of *Dhatu*s such as *Meda*, *Rakta*, *Shukra*, *Ambu*, *Vasa*, *Lasika*, *Majja*, *Rasa*, *Oja*, *Mamnsa* through the *Mutravaha strotasa*.<sup>[6]</sup> There is an associated *Dhatushaithilaya* and *Dhatuksharan* followed by gross *Dhatukshaya* with the depletion of *Ojas*. It is cited as *Santarpanotthavyadhi* in which *Sthula Pramehi*, i. e. obese diabetics require *ShodhanottaraShaman Chikitsa*.<sup>[7]</sup>



## 2 Materials And Methods

### Subjective Criteria Polyuria

3-6times/day,rarelyatnight 0

6-9times/day,0-2timesatnight 1

19-12times/day,2-4timesatnight

### Jointpain

No pain 0

Paininjoint,routine  
movementsnormal 1

### Jointpain

No pain 0

Paininjoint,routine  
movementsnormal 1

Paininjoint,slightlimitationsof movements2

Paininjoint,limitationsofmovementswithmuchreducedactivity 3

### BodyWeakness

Candoroutineexercise/work 0

Candomoderateexercisewithhesitancy1

Candomildexerciseonly, withdifficulty 2

Cannotdomildexercisetoo 3

### ObjectiveCriteria

BSL Fasting

BSL PP

## 3 Case Report

A 51 year old, married, Hindu male patient visited *Ayurvedic* Hospital on 8<sup>th</sup> October 2022, with the chief complains of *Sarvangavedana* (body ache ), *Madhuryamasyata* (Sweet taste of mouth), *Karapadadaha* (Burning sensation at sole), *Pipasadhikya* (polydipsia), *Mootraadhikya* (polyurea) for more than 4 to 5 month, and other associated complains were *Kshudha Yriddhi* (excessive hunger), *Atichinta* (excessive mental stress), and *Nidravriddhi* (excessive sleepiness) for last 1 month.

Table1:GeneralExamination

GeneralCondition	Weak
Height	150cm
Weight	62kg
Skin	Normal
BP	110/60m mHg
Pulse	69/min
Respiratoryrate	17/min
Temperature	36.3C <sup>0</sup>
Tongue	notcoated
Pallor/Icterus/Cyanosis/ Clubbing/E	Absent
dema/Lymphadenopath y	

table2:Ashtawidha Pariksha

<i>Nadi</i>	69/min,regular
<i>Jihwa</i>	notcoated
<i>Mala</i>	twiceperdaywith Niramalakshana
<i>Mutra</i>	6-7times a day and 3-4 times atnightpaleyellowinc olour, odourless
<i>Shabd ha</i>	Normal
<i>Spars ha</i>	Normal
<i>Drik</i>	Normal
<i>Akriti</i>	Madyama

#### 4 Aims & Objectives

To evaluate the efficacy of *Ayurvedic* medicines and life style modification in the management of Diabetes.

#### 5 Treatment plan

*Nisha amlaki churna 3gm BD with Koshnajala*

*Chandraprabha vati 250 mg BD with Koshnajala*

*Vasant Kusamakar Ras 125 mg BD*

#### 6 Observations

Table3:Subjective(Signs&Symptoms)

Signs	After1 week	2we ek	3wee k
Pain(R UL& LL)	2	1	0
BodyWeakn ess	2	1	0
Polyurea	1	0	0

Table4:ObjectiveParameters

Investigation	Before treatme nt on 05/10/2 022	After Treatment 18/10/2022
BSL Fasting	196mg/ dl	148m g/dl
BSL PP	245mg/ dl	212m g/dl

The role of *Ahara* and *Vihara* are equally or even more important than drugs in order to control blood sugar level as well as to prevent complication of this disease. Cereals-*Yava*–Barley (*Chenopodium album*), *Godhooma*- Wheat, *Shyamaka*, *Kodrava*, *Bajara*. Pulses- Mainly beans- *Mudga* (Greengram), *Chanaka* (Bengal gram). Vegetables- *Thikthashakas*, *Methika* (*Trigonella foenum-gracum*), *Nimba* (*Azadirachta indica*), *Karavella* (*Momordica charantia*), *Patola* (*Trichosanthes anguina*), *Rasona* (Garlic), *Udmbara* (*Ficus racemosa*). Fruits- *Jambu* (*Syzygium cumini*), *Talaphala* (*Borassus flabellifer*), *Kharjura* (*Phoenix sylvestris*), *Bilwa* (*Aegle marmelos*).

*Pathya* and *Apathya* <sup>[8]</sup>

*Shyama*, *Kodrava*, *Uddalika*, *Godhum*, *Chanaka*, *Aadak* and *Kullatha* which are old- are suitable to be used as foods by patients of *Madhumeha* (Diabetes). Vegetables of bitter taste (*Tikta*), meat of animals and eggs of birds of deserts like regions (*Jangala mamsa*), boiled *Yava* and its preparations, *Mudag*, *Shali*, and *Shastika* are all suitable as foods. *Shauviraka* (fermented gruel), *Sura* (beer), Buttermilk, oils, milk ghee, jaggery, foods processed with sours, sugarcane, juice, food prepared from flour, meat of animals of marshy regions should be avoided from use.

*Yoga - Yoga* improves all sorts of metabolism in the body. So diabetics should perform different types of yoga. Yoga will definitely help diabetes mellitus. Yoga now-a-days has attracted the attention of Western people. Common *Aasana* that can be very effective in Diabetes are *Padmasan*, *Shalabhasan*, *Mayurasan*, *Suryanamaskar*, *Dhanurasan*.<sup>[9]</sup> Exercises- Brisk walking, jogging, bicycling, swimming, playing badminton & tennis

## 7 Discussion

*Nisha Amalaki*<sup>[10]</sup> churnais a simple combination of two *Ayurvedic* herbs-dried fruits of *Amla* and rhizome or dried underground stem [Kanda] of turmeric both mixed in equal parts in the form of fine powder. *Nishamalaki* possess anti-hyperglycemic, anti-diabetic, insulinomimetic,  $\alpha$ -Amylase inhibitory and  $\alpha$ -glucosidase inhibitory, antioxidant properties. It improves insulin sensitivity, increases glucose uptake by skeletal muscles and is beneficial in the management of *Madhumeha*, *Prameha* and Diabetes as well as prevention of its complications microvascular-like diabetic nephropathy, neuropathy, retinopathy, gastropathy and macrovascular like atherosclerosis *chandrprabhavati* is found to be beneficial in cases of *Phenameha* and is frequently being practiced by *Ayurvedic* fraternity. *Chandrprabhavati* contains mainly purified *Guggulu* and *Shilajatu*. Majority of drugs has *Katu*, *Tikta*, *Kashaya* and *Madhurarasa* and dominant *Guna* of *Candrprabhavati* are *Laghu*, *Ruksha*, *Tikshna* and *Ushna Guna*. The prime *Virya* is *Ushna*, dominant *Vipaka* is *KatuVipaka*. This formulation is mostly effected in *Kapha* and *VataDosha*. According to pharmacodynamic actions *RaktaPrasadana*, *Sothahara*, *Krimigna*, *Mutra Janana* and *Rasayana* actions are the prevailing actions of the *Candrprabhavati*. The *Phenameha* is mentioned under the *Kaphajameha* and *Katu*, *Tikta*, *Kashayarasa*, *UshnaVirya* and *KatuVipaka* pacifies mainly the *Kapha Dosha*.

The possible mechanism of the action of *Vasant KusumakarRas* is possibly by the combined effects of each of the ingredients of the drug. The drug itself is a potent antidiabetic (*Mehaghna*) agent. Each individual ingredient is said to have this property as well. All the ingredients have a property of acting at the level of the *Dhatu*s, imparting them strength, preventing their *Shaithilya* and also their *Ksharan* through the urinary system. All ingredients possess a *Rasayana* property, thus restoring the lost strength and replenishing the lost *Dhatu*s.

## 8 Conclusion

According to this study, it can be concluded that *Ayurveda* management is most effective when using with *Pathya-Apathya*. Also it was revealed that *Ayurveda* medical system can handle kind of severe *Diabetic* cases

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# A Ayurvedic Management of Vatarakta: A Case Study

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**Abstract :** The general prevalence of gout is 1–4% of the general population. Gout is a systemic disease that results from the deposition of monosodium urate crystals (MSU) in tissues. Increased serum uric acid (SUA) above a specific threshold is a requirement for the formation of uric acid crystals. Gouty arthritis can be well correlated to Vata-Pitthadhika Vatarakta. Vata and Rakta are the main factors involved in this disease and sandhi or joints are the main site of manifestation. Vatarakta characterized by the symptoms like Sandhi Shula (joint pain), Sopha (swelling), Raga (Erythema), Sparshasahatva (Extreme tenderness in affected joints) and Stambha (Joint stiffness). So, it can be correlated to Gouty arthritis. A 37 year female patient diagnosed with vatarakta and successfully treated with Ayurvedic management.

**Index Terms - Gout, Vatarakta, Ayurveda**

## I. INTRODUCTION

The word Vatarakta is made of two words Vata & Rakta. The Vata is the chief (King) without which no disease may take place, the Rakta is also a very important Dhatu which gives nutrition to each & every body tissues & maintains them normal by eliminating toxins –Malas (waste products) through the natural orifices of the body. It is a disorder of Vata associated with Rakta. In an era when modern science is progressing with advent of advanced techniques for disease, diagnosis and treatment, there is still no easy solution for innumerable chronic difficult to treat disease. Current available medicines are capable of providing pain relief and some reduction of inflammation. Gout is a picturesque presentation of uric acid disturbance. It is the most well understood and described type of arthritis. Gout is the most prevalent form of inflammatory arthritis and is associated with impaired quality of life [1–3]. Vata-rakta is an illness where both Vata and Rakta are afflicted by distinct etiological factors [4]. VataRakta is also known as-Khudaroga, Vata-balasa, Vatashra & Adhya vata [5]. The chief complaint of the patient is severe joint pain with onset at Hasta, Pada, Mulagata sandhi [6] and then migrates to other joints in a way similar to Akhuvisha [7].

### Samprapti Ghatak

- Dosh: Tridosha
- Dushya: Rasa, Rakta.
- Adhishtana: Twaka

### Hetu [8] of vatarkata as

- Ahar:
  - Improper and irregular diet causes the disturbance of vatadosha.
  - Lawan-ama-kshar food (different types of spicysaltychimize dish)
  - ShushkaAahar (whephars)
  - Ambujaanupmamsa Matsyasevan (daily)
  - Dadhi.
- Vihar:
  - Prolong standing

## II. AIMS AND OBJECTIVES

To study the effect of Ayurvedic treatment in the management of Vatarakta.

**III. METHODS AND MATERIALS**

Centre of study: CSMSS Ayurved College and hospital Single Case Study.

**IV. CASE REPORT**

The present case study is about the successful Ayurvedic management of a case of Vatarakta w.s.r to gout. A 37 year old female patient came to OPD of Dept Ayurvedic Medical College & Hospital, with chief complaints of Sandhi soola: Severe pain slight difficulty in flexion and extension, Sandhi Graha: Stiffness lasting more than 1 hour Sandhi Shotha: Swelling obvious greater than 2 joints, Vaivarnya: Moderate discoloration of skin (shiny overlying skin) Moderate redness Sparshasahatva: winces and with draws the affected part, Daha: burning sensation-Frequent, self approach for its aversion Associated Symptoms are mild constipation, loss of appetite. Patient had the above complaints since one year

**4.1 History of present illness**

The patient was normal one year back. But since then patient has been suffering from the symptoms. Pain is rapid in onset reaching maximum severity in just 2-6 hrs The joint affected initially is the 1stmetatarsophalangeal joint 50% other side ankle, heel upto knees. Often walking the patient in the early morning with severe pain which is often described as the "worst pain" ever. There is burning sensation and extreme tenderness on accounts of which the patient is unable to wear socks. There is marked swelling with over line red shiny skin on the affected joints. During attack the joint shows the signs of marked synovitis, sometimes the attack may be accompanied by fever. When the attack subsides purities common. Associated symptoms are loss of appetite, constipation, pains all over the body. The attack continues for one week after which the joint becomes completely normal till another attack occur

**Ashtavidhparikshana**

a.Nadi (pulse) = 78/min.

b.Mala (stool) = parkrut

c.Mutra (urine) = Normal.

d.Jeeva (tounge) = saam.

e.Agni = Kshudhamandya.

f.Shabda (speech) = Normal.

g. Sparsha (skin) = sandhi pradeshi shoth,ushnasparsha

h.Druka (eyes) = Normal.

i.Akruti= Madhyama.

j.Bala= Madhyama.

Raktadaaba (B.P) = 140/80 mm/Hg.

**V. TREATMENT GIVEN**

Table 5.1: Shows Treatment

Sr.No.	Drayva	Dose	Anupama	Duration
1	Tab Amritadi Gugglu	250mg	Luke warm water after food thrice daily	8days
2	Kokilaksha kasaya	30ml	Luke warm water after food	8days
3	Jalaukavcharana			
4	Virechana			

**VI. OBSERVATION AND RESULT**

TABLE 6.1: BEFORE AND AFTER TREATMENT OBSERVATION

SR No	Symptoms	Before treatment	After treatment
1	Pain in the right big toe, ankle joint	Severe	Mild
2	Swelling in the ankle joint	Present	Absent
3	Burning sensation of both the soles	Present	Absent
4	Stiffness over the elbow joint	Present	Absent

**Serum uric acid**

Before treatment: 9

After treatment: 4.8

**VII. DISCUSSION**

Amrutadi guggulu mentioned in Bhavaprakash madhyam khanda, Vatarakta chikitsa. It is mainly Vata pitta shamaka. Kokilaksha kashay Shothaghna, shoolaghna, Bhaishajya Ratvali, Vatarakta Rogadhikara. Mode of action of Virechana: Ushna guna does Srothoshuddi and Ama pachana, so it relieves stiffness. Snigdha Virechana is given to expel out the vitiated Dosha, due to the elimination of Kleda, laghuta is achieved. Stambha, Gaurav, Swayathu are the symptoms of Vatarakta. In this patient Jalaukavacahrana was done on every 5 day which relieved the symptoms like localized Shopha, Raktavaivarnya, Shoolaand Daha

**VIII. CONCLUSION**

On understanding proper Nidan, Lakshana and Samprapti of Vatarakta we can treat it successfully with Oral medications along with panchakarma therapy. Thus, the present study revealed that Ayurvedic therapeutic interventions can play a major role in the management of gouty arthritis.

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## SIRA KAUTILYA: A REVIEW ARTICLE

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### ABSTRACT:

Ayurveda, the ultimate goal of Indian wisdom, explained the causes, symptoms, and treatments of several pathological illnesses. It also provided guidelines for healthy living and wellbeing. Varicose veins are one such health issue that is primarily seen in people who are involved in a specific occupation of continuous sedentary life style like seating job, multiple pregnancies, prolonged riding and standing postures for long periods, etc. Ayurveda also placed emphasis on anatomical health issues. A vatavyadhi known as sira akunchana (sira kautilya) is brought on by sira gata vata, or vitiated vata that affects sira. Although vatavyadhi is a rare condition, it is extremely serious, severe, and challenging to treat. Vata that is vitiated can lead to vatavyadhi and impact any region of the body. Path and lungs are what sira akunchana means. Veins are blood vessels that return deoxygenated blood from the outer parts of the body back to the heart and lungs. When veins become abnormally thick, full of twists and turns, or enlarged, they are called varicose vein.

**Keywords-** Vatavyadhi, Varicose vein, Sira kautilya , Siraj granthi etc.



## INTRODUCTION

*Sira gata vata* is the condition known as *sira ankunchana*. There are two basic pathologies of veins caused by vitiated *vata*: *akunchana* (*kautilya*) and *purana* (engorgement)<sup>[1]</sup>. The *vatavyadhi adhaya* has several ayurvedic *acharyas'* descriptions of *sira ankunchana*. Due to its independence, the *vata* element can show *jvaradi* illnesses on its own or in conjunction with the *doshas*, *dhatu*, and *mala*.<sup>[2]</sup> *Srotas* may also be referred to as *sira*<sup>[3]</sup>. *Srotas*, sometimes known as channels, are open passageways that provide the free movement of a variety of materials<sup>[4]</sup>. The hectic daily routine may be a contributing element in the dysfunctional anatomical and physiological operation of many organs. One such ailment, varicose veins, is mostly brought on by the extreme physical strain in which dilated, elongated, tortuous veins with or without discomfort exist. According to popular belief, deep and superficial perforating veins mostly develop into varicose veins. Due to the increased pressure brought on by tense posture, varicose veins typically have a dark colour, a deep agonising discomfort, are bloated, and have lost their suppleness. Varicose veins can be exacerbated by ageing, pregnancy, obesity, injuries, constipation, increased abdominal pressure, long-term job, genetic factors, and more. If the lower limb's

veins become less elastic from prolonged weight bearing, especially in the calf and ankle region, varicose veins develop, which causes swelling, pain, and dilated veins. Menopause, exhaustion, damaged valves, bad sitting habits, and illness, Similarly deficiencies in diet or malnutrition, wearing tight clothing and lack movement or flexibility can also leads varicose veins. *srotodusthi* is the abnormality in structure or in function of that *srotas*, as a result *srotas* do not function properly. The *sung* or *shiranam granthi* type of *srotodusthi* is *sira akunchana*, which is the obstruction of free flow through these channels or the source of odd growth. The signs of vitiated *vata* can manifest in any or all parts of the body and include *sransa* (looseness), *vyasa* (expansion), *sanga* (obstruction), *toda* (piercing agony), *vyatha* (pain or discomfort)<sup>[5]</sup> etc. *Sira ankunchana* (also known as *Sira Kautilya*) is a form of *vatavyadhi*, hence its etiological causes and signs will be similar to *vatavyadhi*. Ayurveda outlines a number of methods for treating this disease as follows:

- 1) *Veshtana*
- 2) *Basti*
- 3) *Sira Vyadha*
- 4) *Abhyanga* or Massage
- 5) Yoga/Exercises

Causes of varicose vein

Ageing

The veins lose elasticity with ageing & get stretched; valves also lost their strength and cause blood to flow in opposite direction. Evans CJ et al.(1999) done cross sectional survey on 1566 participants concluded that approximately one third of men and women aged 18-64 years had trunk varices [6].

#### Pregnancy

Pregnancy affects flow of blood and pressure effect due to which veins get enlarged and stretched in leg leading to the swelling and inflammation.

#### Genetics

Genetic predisposition and hereditary factors affect risk of developing such condition if patient.

#### Gender

Women have a higher incidence of varicose vein disease due to female hormones and their effect on the vein walls. Brand FN et al. (1988) examined 3,822 adults, concluded that incidence of varicose veins is higher among women than men, and who had lower levels of physical activity and higher systolic blood pressure and higher smoking rates [7].

#### Heredity

If parents and grandparents had the problem, it will increase risk of varicose veins. Kohno K et al (2016) reviewed the data and concluded that genetic factors make a strong contribution to the familial

transmission of varicose vein from parents to offspring [8]

#### Prolonged Standing

Occupations that involve prolonged standing cause increased volume and pressure of blood in the lower limbs due to the effects of gravity. Kohno K et al. (2014) concluded that exposure to both prolonged standing at work and overweight exacerbate varicose vein development [9].

#### Obesity

Obesity is one of the important causes of varicose veins due to the enhanced pressure on lower limb.

#### Occupation

Certain occupations which involve standing posture for longer period and posture wearing continuous pressure can increase risk of varicose veins.

#### Constipation / *Vibandha*

Constipation / *Vibandha* is one of the important cause of varicose veins due to the enhanced pressure on sigmoid colon which further reflects abnormal vascular signs on left lower limb. Increased abdominal pressure while straining on defecation may be responsible for occurrence of varicose veins.

Ayurveda also mentioned various causes of varicose veins including *Shramatiyogat*(excess work), *Bharavahana* (weight lifting) & *Adwagamana* (long walk)

which causes pressure on legs leading to the swollen and painful veins. Similarly consumption of *Guru, Manda* and *Snigdha Ahara* can blocks *Srotas* thus initiate pathogenesis of varicose vein.

#### *Samprapti*

The stress and pressure wearing condition weakened valves of vein leading to the lost of elasticity this occurs due to the *Ruksha Guna* of *Vayu*. The vitiation of *Doshas* mainly *Pitta* and *Vata* or *Vata* along with *Kapha* takes places at specific sites; calf and ankle due to the weight bearing stress. This imbalanced *Doshas* disturb flow of blood due to the obstruction in blood vessels. Ultimately veins become dilated and stasis of blood (*Grathana*) occurs especially at their weak points (lower limbs) and *Siraja Granthi* resulted which commonly popular as *Sirakutilata*. Symptoms Ayurveda described symptoms such as; *Toda, Sada, Gowrava, Ayasa, Grathitha sira* and *Krishnarakta sira, Pindikoudveshtana, Siraakunchana, Sirakutilata* and Sushruta also described clinical features of *SiragataVrana* as a complication of *Sirakutilata*.

Etiological factors of *vatavyadhi*<sup>[10]</sup>

Excessive consumption of unctuous, cold and scanty food.

Excessive sexual intercourse

Excess vigilance

Excessive movements such as leaping, jumping and physical exercise.

Excessive emaciation due to worry, grief and affliction of disease.

Sleeping on uneven beds and sitting in bad postures

Excessive day sleep

Suppression of natural urges.

Trauma, injuries to vital parts

Modern science described as below:

Veins look becomes dark in color

Venous flare

Dilated and tortuous veins

Dull aching & tiredness

Pain in legs and heaviness

Muscle cramps

Lipodermatosclerosis

Edema

Ulcer formation in advanced condition.

Diagnosis

In the Ayurvedic literature, the diagnosis of *Siraj Granthi*/varicose vein is divided into four categories: *Nidanpanchaka* screening, *Vatadosha* function assessment, *Aavaruttavata Lakshana*, and confirmation based on the presence of *Updravas* like *Siraja Vrana*. In contemporary literature, the confirmation of varicose veins is carried out with the aid of a history, physical examination, clinical examination, and special clinical tests

like the cough impulse test, Trendlenburg test, Tourniquete test, Prats test, and occasionally radiological investigation. These tests can help determine the proper and prompt course of treatment as well as the outcome. Ayurveda How to Treat Varicose Veins Pacifying Vata is the primary method of treatment for varicose veins since they require vitiation of *Vyana vayu*, particularly in *Rasa Dhatus. Veshtana*, or the wrapping of a cloth or elastic bandage, releases Vata, which improves symptoms like discomfort, heaviness, and numbness, among others. Since *Siravyadha* purifies *Rasa Dhatus*, it is said to be an excellent method for treating this ailment. *Jalouka Vacharana* is beneficial in treating varicosity in all stages, from venous flare to venous ulcer. According to contemporary science, hesperidin and diosmin help to lessen the pathophysiology and symptoms of varicose veins. In the beginning stage, elevating the leg and applying an Eleastocrape bandage are also beneficial. Varicose veins can be surgically treated with sclerotherapy, venous stripping, Ligation, or Trendlenburg's procedure.

Herbs for Varicose veins

*Manjishta* helps to pacify *Pitta* and blood vitiation

*Eranda* helps to relieve pain and inflammation due to its anti-inflammatory activity

*Punarnava* suppress stiffness and swelling  
Local application of *Snuhi* oil helps to maximize venous return supply and dissolution of *Grathana* formation occurs due to *Ushana*, *Tikshana*, *Sukshma*, *Vyavayi*, *Vikashi* and *Shonit Sanghata Bhinnati* properties.

*Sariva* can be used to suppress down *Pitta* predominant symptoms such as pain and inflammation.

Herbal paste of *Vacha*, Turmeric and *Tulasi* along with Aloe vera juice can impart relief in varicose vein. This paste can help in aching pain associated with varicose vein.

*Abhyanga* with *Sahachara taila* improve venous return blood supply and minimize *Sirakutilata*.

Leaf juice of *Karanja* and castor along with honey helps to correct blood circulation partially especially in affected area.

Ayurveda Medicines

*Sarivadyasava* is used as natural blood detoxifier thus helps to purify blood circulation

*Chirabilvadi kashaya* is used to reduce burning sensation and to pacify *Pitta Doshas*

*Kaishora guggulu* prevent symptoms of early ageing, cure joint pain and acts as blood cleanser thus provide pathological as well as symptomatic relief in varicose vein

*Rasnerandai kashaya* helps to manage aches and pains of lumbar and limb region

*Punarnavashtakakwatha* suggested for inflammatory condition to relive pain and swelling.

Yoga Poses for Varicose Veins:

1. *Uttanasana*
2. *Tadasana*
3. *Viparita Karani*
4. *Navasana*
5. *Pawanmuktasana*
6. *Matsyasana*
7. *Shirshasana*

Complications of Varicose Veins

Rather than cosmetic problem, most cases of venous varicosity are accompanied by varying levels of discomfort, which may be described as heaviness, pigmentation, eczema, bleeding, edema and thrombophlebitis, deep vein thrombosis and healing or non healing venous ulcers.

## DISCUSSION

Sira ankunchana is associated with varicose veins in contemporary culture. Although there are four types of *siras* in ayurveda: *suddh rakta vaha sira*, *kaphavaha sira*, *vata vaha sira*, and *pittavaha sira*<sup>[11]</sup>. Given that *akunchana* and dilatation are characteristics of blood vessels (arteries and veins), only *vata vaha sira* should be understood in this regard. Varicose veins are veins that have dilated, twisted, or thickened walls. According to Acharya Vagbhatta, *sira gata vata* exhibits the

*adhayaman* (distension) and *rikt-ta* (emptiness) of *siras* symptoms<sup>[12]</sup>. It can be interpreted as excessive *sira* fullness and emptiness brought on by *sira sathilya* (muscle looseness), which is a result of the *mansa* and *meda dhatu* receiving insufficient nutrition as a result of *ama* production. The term "*sira sathilya*" refers to the looseness of vein valves, which causes excessive blood filling on one side and empty veins on the other<sup>[13]</sup>. The majority of the etiological reasons mentioned cause the body to produce *ama*, which hinders the *dhatu*'s ability to properly eat, leading to *sira sathilya*<sup>[14]</sup>.

## CONCLUSION

A health issue known as varicose veins, which affects a person's quality of life severely, impairs blood flow, inhibits movement in the legs, and produces cramping<sup>[15]</sup>. Ayurveda termed it as *Siraja Granthi* in which swollen blood vessels gets uncomfortable. The problem involves the veins losing their flexibility or becoming ineffective owing to prolonged weight-bearing posture, which causes the veins to swell and widen. Varicose veins can be brought on by ageing, menopause, obesity, occupational stress, *Shramatiyogat*, *Bharavahana*, and *Adwagamana*, among other things. Varicose veins can cause *Toda*, *Sada*, *Gowrava*, *Ayasa*, *Grathitha Sira*, and *Krishnarakta Sira*.

Veshtana, bloodletting, therapeutic enema, oil massage or *Abhyanga* Ayurveda medicines, and *Yoga*, etc. are some approaches suggested in Ayurveda for the management of varicose vein. The today's scenario of life style imparting great physical and mental burden on society due to which incidences of such cases arises. Therefore, it is important that we concentrate on altering our lifestyles through an Ayurvedic regimen in order to live a life free of sickness. Early diagnosis and treatment of the disease will undoubtedly enhance the patient's quality of life, improve the prognosis for the condition, and stop additional complications.

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# CONCEPTUAL STUDY OF MED-DHATWAGNI BY EVALUATING ROLE OF LIPID PROFILE

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## ABSTRACT-

The concept of tissue metabolism, or Dhatwagni Paka is unique to Ayurveda. It comprises complete nutrient absorption and body structure development. The primary functional component of the Dhatwagnipaka is Agni, which is the chemical responsible for metabolic transformations. The phrase "Dhatwagnipaka" describes the sequential changes that occur when food is digested through the use of seven Dhatwagni entities. The structural and functional units known as Dhatus (tissues) in Dosha Dhatu Mala Shaareeram (Ayurvedic Physiology) serve as the seats of Doshas and Malas. Between these factors, there are several correlations and interactions. The other factors alter the physique while keeping the Dhatus in the lead. One of the Agnis working on Meda to transform it into Asthi Dhatu is the Med-Dhatwagni. The idea of a lipid profile in modern medicine is quite comparable to the Meda-Dhatwagni, which serves as the body's carrier for several molecules.

**KEY WORDS-** Medo-dhatwagni, Meda-Dhatu, lipid profile, HDL, LDL, triglycerides, cholesterol, fats, lipids

## INTRODUCTION:

Tridosha, Trimala, and Saptadhatus are the foundations of the venerable science of Ayurveda. Seven Dhatus are created sequentially one after the other, and Dhatwagni is the agent that converts them all. Food that has been consumed is split into two portions, Poshak Bhag and Kitta Bhag. Poshak is utilized to create the Dhatus, which serve as the Sharir's building components. Ras, Rakta, Mansa, Med, Asthi, Majja, and Shukra are the names of these seven Dhatus.



## 1.MED DHATU AND MED DHATWAGNI-

One of the seven Dhatus mentioned in Ayurveda is Medo Dhatu or fat tissue. It is the fourth tissue in the series and is made up of muscle tissues or Mansa Dhatu. Asthi Dhatu or bone tissues, are preceded by Med Dhatu.

The formation of Med Dhatu or fat tissue, occurs when the Mansa Dhatwagni (tissue fire of the muscle tissue) interacts with the Poshaka Mamsa (nutrients of the muscle tissue creating it). Mamsa Dhatwagni should be in its regular condition for this conversion. As a result, Prakrit Med provides the body with Lepana Karma (insulation and protection).(1)

## 2.MARGAG DHATU TRIGLYCERIDE AND CHOLESTEROL CONCEPT

Triglyceride and cholesterol levels are significant indicators of health. There are some significant variations between them. Some diseases may be avoided by monitoring and maintaining triglyceride and cholesterol levels within a safe range.

Triglycerides are a form of blood fat that are used as an energy source. The liver produces cholesterol, which is a fatty, waxy molecule. Cholesterol is used by the body to create some vitamins and hormones as well as new cells. The body uses triglycerides and cholesterol for many purposes. Both of them should remain within the advised ranges as they are significant indicators of general health. (2)

### TRIGLYCERIDES AND CHOLESTEROL-TRIGLYCERIDES: DIFFERENCES

The most prevalent type of fat in the body is a lipid called a tryglyceride, which is found in the blood.

It holds extra energy that comes from the food a person consumes.

RANGES-Normal: less than 150 mg/dL, Borderline: between 151 and 199 mg/dL, High: more than 200 mg/dL, and Very High: more than 500 mg/dL

### CHOLESTEROL

It is a lipoprotein, which is a waxy molecule. It contributes to the synthesis of hormones, food digestion, and vitamin D production.

RANGES- 199 mg/dL or less for normal, High: > 240 mg/Dl, borderline: 200–239 mg/Dl

### CHOLESTEROL TYPES

LDL or "bad," cholesterol is a form of low-density lipoprotein.

HDL or "good," cholesterol is a type of lipoprotein.

## 3. ACTUAL FAT CONCEPT OF STHANASTH DHATU/STHAYI DHATU

We might not appreciate body fat, especially if it builds up in certain places like our thighs or belly. But when we are unable to access food for a prolonged period of time, fat is a significant source of stored energy. In addition to fat cells, the matrix of body fat, also known as adipose tissue, also contains neuron, immunological, and connective tissue cells.(3) Hormones that regulate metabolism, hunger, and insulin sensitivity are released by fat tissue, including leptin, adiponectin, tumor necrosis factor-alpha, and interleukin-6. Some of the immune cells that are present in adipose tissue that are involved in inflammation, both pro- and anti-inflammatory, include macrophages, neutrophils, and eosinophils. Additionally, fat cells release proteins and create immune system-related enzymes.

## CLASSES OF BODY FATS

The color of fat tissue ranges from white to brown to beige to pink. Some are essential for health.

**BROWN FAT** - The most brown fat is seen in infants, which helps to keep them warm. Cold temperatures encourage it to produce heat. Increased caloric intake has little effect on the amount of brown fat and obese or overweight people often have lower levels of brown fat than lean people.

**WHITE FAT:** The most prevalent type of fat is white fat, which is composed of large, rounded cells that are designed to store fat and build up in the hips, thighs, and belly. More than 50 different hormones, enzymes, and growth factors are secreted by them, including leptin and adiponectin, which improve the response of the liver and muscles to the blood sugar regulator insulin. However, if there are too many white cells, these hormones are disturbed and may have the opposite effect, leading to chronic inflammation and insulin resistance.

**BEIGE FA:** This variety of white fat can be changed to exhibit characteristics akin to those of brown fat, such as the capacity to produce heat when exposed to cold temperatures or while exercising.

**PINK FAT:** During lactation and pregnancy, this white fat type turns pink, generating and secreting breast milk.

**ESSENTIAL FAT:** This type of fat, which can be brown, white, or beige in color, is necessary for the body to operate normally. The majority of organs, muscles, and parts of the brain's central nervous system contain it. It aids in the absorption of vitamins and minerals and regulates hormones including estrogen, insulin, cortisol, and leptin as well as body temperature. There could not be enough necessary fat to carry out these activities when a person's body fat falls below a particular threshold (about less than 5% in males and less than 10% in women).(3)

### LOCATION-

- **Subcutaneous** - This layer of fat, which lies right beneath the skin's surface and cushions the bones and joints, can be pinched. Since it is the most prevalent type of fat in the body, it tends to collect in the areas of the waist, hips, upper back, buttocks, and thighs. Though not as much as visceral fat, extremely high levels of subcutaneous fat can raise risk of disease.
- **Visceral** - An excess of this type of white fat is commonly referred to as "belly fat" or "central obesity," as it builds up deep within the abdominal cavity and encircles vital organs like the heart and digestive systems like the pancreas, intestines, and liver. High levels of visceral fat are associated with an increased risk of diabetes, cardiovascular disease, and several malignancies. It might release inflammatory substances.

### MED-LDL/HDL/CARRIIER L4.

To and from cells, two different lipoprotein types transport cholesterol. Low-density lipoprotein, or LDL, is one. High-density lipoprotein, or HDL, is the other. The quantity of each type of cholesterol in your blood is determined by a test. (4) Bad LDL cholesterol

Due to its role in the development of atherosclerosis, or the deposit of fat in the arteries, LDL cholesterol is regarded as the "bad" cholesterol. As a result, the risk of heart attack, stroke, and peripheral artery disease (PAD) is increased.

## GOOD CHOLESTEROL HDL

Because a healthy amount of HDL cholesterol may prevent heart attack and stroke, it is sometimes referred to as the "good" cholesterol.

LDL (bad) cholesterol is transported by HDL from the arteries back to the liver, where it is digested and eliminated from the body. However, LDL cholesterol is still there even when HDL cholesterol is present. HDL can only carry between one-third and one-fourth of blood cholesterol.

## TRIGLYCERIDES

High triglyceride levels, high LDL (bad) cholesterol, and either low HDL (good) cholesterol are linked to fat deposits within artery walls, which increases the risk of heart attack and stroke.

## AVERAGE RANGE OF CHOLESTEROL

Less than 200 mg/dL of total cholesterol.

- HDL ("good cholesterol") levels of at least 60 mg/dL.

Less than 100 mg/dL for LDL ("bad cholesterol").

Triglyceride levels should be under 150 mg/dL.

## 5. FAT FORMATION

Within the body, fats (or triglycerides) are either eaten through meals or are produced from carbohydrate precursors by adipocytes or hepatocytes. The process of metabolizing lipids involves oxidizing fatty acids to produce energy or create new lipids from their smaller subunit molecules. Due to the fact that metabolites of glucose, such as acetyl CoA, can be transformed into lipids, lipid metabolism is linked to carbohydrate metabolism.

In the intestine, pancreatic lipases, which break down fats after they have been emulsified by bile salts, break down ingested triglycerides into free fatty acids and a monoglyceride molecule. Cholecystokinin (CCK), a digestive hormone, is released by intestinal cells in the intestinal mucosa when food enters the small intestine as chyme. In order to release the stored bile salts into the intestine, the pancreas releases pancreatic lipase, and the gallbladder contracts in response. Additionally, CCK travels to the brain, where it can reduce hunger.

## 6. LDL/HDL'S ROLE IN FAT FORMATION

Triglycerides are broken down into free fatty acids by pancreatic lipases after being emulsified by bile salts. The gut membrane can be crossed by these fatty acids. However, after passing through the membrane, they unite once more to create new triglyceride molecules. These triglycerides are packed with cholesterol molecules in phospholipid vesicles known as chylomicrons within the intestinal cells. The lymphatic and circulatory systems' watery environments are made possible by the movement of lipids and cholesterol by chylomicrons. Chylomicrons exit the enterocytes through exocytosis and travel to the intestinal villi's lacteals to enter the lymphatic system. The chylomicrons are delivered to the circulatory system from the lymphatic system. Once in circulation, they can either be stored in fat cells (adipocytes), which make up the adipose (fat) tissue found all over the body, or they can be transported to the liver.(5)

In PRAMEH and Sthalyana 7.

The special idea of Srotas was introduced by Acharya Charak in the fifth chapter of Vimana Sthana. According to him, "Srotas are the channels which carry Dhatus undergoing transformation" (6)

According to Ayurveda, there are opiates that lower the degree of medodhatwagni (tissue metabolism), which in turn causes Jatharagni (digestive force) to make Ama, which ultimately causes sthalya. Case of Med Dhatwagni (#7)

With the help of metabolic processes and Ayurvedic notions of Prakriti, it has been established that different diseases are linked to specific genotypes. Along with Srotas, Prakriti is a significant factor in the development of different metabolic illnesses like obesity, diabetes, etc. since the vitiation of the Medovaha srotas contributes to this.

The serum levels of cholesterol, triglycerides, low density lipoproteins, and very low-density lipoproteins were shown to be greater in the kapha dominant Prakriti patients. These lipid molecules are digested and absorbed by the small intestine and may be compared to Amarasa (undigested food substance), which is further converted into chylomicrons. Amarasa is produced as a result of a diet that is Kapha dominant, frequent eating, inactivity, and daytime sleep, and it moves throughout the body and leads to excessive fat deposition that results in stoutness.(7) The fat tissue is called medo dhatu. The element that regulates the metabolism of fat is medo dhatwagni.

Pathological manifestation results from the Medo dhatwagni or tissue fire of fat becoming weaker or stronger than usual. This causes the body's fat tissue to either increase or decrease. This then causes a variety of illnesses, many of which are the root causes of systemic diseases including hyperlipidemia, diabetes mellitus, obesity, neurological disorders, etc.

**DISCUSSION-** Because the carrier will be more effective, molecule movement won't be a problem. The lipid profile's elements will keep fats in transit. believing in medo-dhatwagni as a force that transforms med dhatu into the following dhatu, asthi dhatu. For the medo dhatu pachan to operate normally, Medo-Dhatwagni must be in good condition.

## **CONCLUSION:**

Med-dhatwagni is in charge of converting Margag Dhatu, which is present in the form of total cholesterol and serum triglycerides, into ASthayi Dhatu. According to this observational study, lipoproteins in the form of LDL, HDL, and VLDL are serving as transport vehicles. Due to the fact that lipoproteins with triglycerides or total cholesterol are precursors to steroid hormones, they actively participate in the transportation of Margag Med-Dhatu into Sthayi Med-Dhatu.

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## Exploring The Conceptual Dimensions of Rog Marg



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**Introduction:** Rogamarga is a combination of two words, roga and marga. Rogamarga displays the occurrence, progress, and recurrence of vyadhi. Bahya Rogamarga is quoted by Acharya Hemadri as roganam bahirmarga and by Arunadatta as bahyanam roganam ayana sthana. In accordance with this interpretation, abhyantara rogamarga and madhyama rogamarga can be seen as the pathways for internal and middle diseases, respectively.

**Classification of rogamarga:** A Roga Marga is created by taking the Gati into account and is divided into three parts. 1. Bahya Rogamarga/ Shakhasritamarga. 2. Madhyama Rogamarga/ Marmasthi sandhi marga 3. Abhyantara Rogamarga /kosthasritamarga

**1. Shakha Marga (Bahya)** - Doshas make Gamana in Raktadidhatus (Rakta, Mamsa, Meda, Majja, Shukra, Twak) causes - Ganda, Pidaka, Alaji, Apachi, Charmakila, Adhimamasa, Mashaka, Kushta, Vyanga, External varieties of Visarpa, Shwayatu, Gulma, Arsha, Vidhradi. **2. Marmasthi Sandhimarga (Madhyama)** - Doshas make Gamana in Marma, Asthi and Sandhi. (Marma, Asthi, Sandhi, Snayu, Kandara) - causes Pakshavadha, Pakshagraha, Apatanaka, Ardita, Sosha, Rajayakshma, Asthisula, Sandhisula, Gudabramsha, Sirorogas, Hridayarogas, Vastirogas. **3. Koshtha Marga (Abhyantara)** - Doshas make Gamana in Koshtaangas. (All Kostangas) causes - Jwara, Atisara, Charadi, Alasaka, Visucika, Kasa, Svasa, Hikka, Aanaha, Udara, Pliha. Internal varieties of Visarpa, Svayathu, Gulma, Arsha, Vidhradi.

Rogamarga is considered the adhithana of diseases, or the place where diseases originate. Madhyama Rogamarga and Abhyantara Rogamarga

include koshtangas such as Basti, Hrudaya yakruta, and Vrukka. If raktadi dhatu causes diseases in Basti, Hrudaya, yakruta, or Vrukka, they are considered madhyama rogamarga and not punarukta. Asthi, Sandhi, Shira, Hrudaya, Baisti are included in the Madhyama Rogamarga when the diseases occur in the Svatantra Roots. All of these are connected in one way: they perform vital functions in the body and, if damaged, can cause serious health problems.

**Anatomical aspect of rogamarga:** Bahya Rogamarga/ Shakha - Chakrapani explains that the term " Shakha" should not be interpreted as extremities in this context. Instead, it signifies the remoteness of these structures. These structures include Rakta, Mamsa, Meda, Majja, Shukra, and twak, which are observed sequentially along this pathway.

Madhyama Rogamarga/ Marmasthi Sandhi Marga - The structures within the Madhyama Rogamarga are not closely interconnected anatomically. However, they perform essential functions within the body, and any damage to them can lead to serious consequences.

Abhyantara Rogamarga/ Kosta - The inner pathway of diseases is known as Abhyantara Rogamarga or Kosta. Here, "kosta" refers to the site where ama (undigested food), pakwa anna (partially digested food), mutra (urine), and rakta(blood) reside. Consequently, all the components of Kosta are considered part of the inner disease pathway.

**Physiological aspect of rogamarga:** The Rogamarga exhibit a relationship through nourishment. The organs within the Abhyantara rogamarga are associated with the processes of digestion (pachana) and the elimination of waste. For

instance, the mahasrotas, along with the annavaha and purisavaha srotas, are involved in the absorption and transformation of food as well as the separation of waste products. The organs connected to the Pranavaha Srotas are responsible for the intake of pure air (shuddha vayu) and the expulsion of impure air (malarupa vayu).

Similarly, the Bahya Rogamarga is physiologically interconnected through the process of Dhatu Parinama. Each dhatwagni (metabolic fire) produces Saramsha and Kittamsha. From Kittamsa, malamsha (waste) and doshamsha (excess dosha) are generated. The saramsha forms the foundation for the subsequent dhatu (tissue) formation. Consequently, any imbalance in the production of a specific dhatu can disrupt the dhatu nirmana paramapara (sequence of tissue formation). The nutrition is obtained through the Abhyantara Rogamarga and then passed on to the Bahya Rogamarga. The organs within the Madhyama Rogamarga serve as reservoirs for the circulating fluids. These organs constantly maintain contact with a significant and fixed quantity of blood. The nourishment of these three pathways is interdependent.

**Pathological aspect of rogamarga:** Rogamarga refers to the path through which the dosha involved in a disease travels. Samprapti, which denotes the process of dosha accumulation leading to the manifestation of a disorder, is closely related to rogamarga. Once dosha imbalances occur, they travel through different parts of the body via the rogamarga pathways.

The actual role of rogamarga begins in the Prasara Avastha. During this stage, the pathways themselves are not vitiated, but the vitiated doshas can spread through them. In the sthanasamsrayaavastha, Khavaigunya (channelopathy) takes place within the rogamarga and is crucial for the occurrence of pathological processes. It serves as the starting point that determines the direction of disease progression. The Moola Sthana (origin) of many srotas (channels) is common and interconnected. Therefore, the pathogenesis can advance in various directions. Khavaigunya, which occurs within the rogamarga, determines the specific direction and pattern of progression. Dosha-dushyasammurcchana

(interaction between vitiated doshas and tissues) is completed in the Vyakta Avastha. The field of samprapti extends up to the Rogotpatti stage. In the Bhedavastha, the disease may become chronic, complicated, or serve as a nidana (causative factor) for other diseases. Once again, rogamarga plays a significant role in the Nidanarthakarata (causative relationship) of the disease, as there is a movement of aggravated doshas from one pathway to another. Disease is a progressive process rather than an abrupt state. It undergoes stages of formation, and rogamarga actively participates in all these stages. Khavaigunya acts as the ignition point for the progression of Samprapti in a particular direction. Doshas travel from one pathway to another, whether in their manifest (vyakta) or differentiated (bhedavastha) state, indicating that rogamarga is inseparable from Dosha Gati (movement of doshas). In the bhedavastha, rogamarga helps demonstrate the interconnectedness between different disease pathways. Thus, one disease acts as a causative factor for another, and the spread of disease occurs from one dhatu (tissue) to another, from one location to another, through the rogamarga pathways.

**Methods of correcting pathological development:** The progression of diseases involves the movement of Doshas from the Koshta (gastrointestinal tract) to the Shakha (channels). Consequently, the appropriate treatment approach would be either 1) to redirect the Doshas back to the Koshta and eliminate them through the nearest accessible pathway whenever feasible, or 2) to suppress them if removal is not feasible. The preferred and ideal method is the first option, which involves bringing the Doshas back into the Koshta and eliminating them from there.

**Sadhyasadyata according to rogamarga:** Having knowledge of the prognosis is extremely important for effective treatment. According to Chakrapani and Gangadhara, sadhyasadyata (predictability of outcome) is well established in rogamarga. When diseases occur within a specific rogamarga, they are considered sadhya (curable). Gangadhara specifically states that diseases of the bahyarogamarga are usually Sukha Sadhya (easily curable), while those of the madhyamarogamarga

are classified as Kruchra Sadhya (difficult to cure). Diseases affecting the abhyantara rogamarga can be categorized as Sukha Sadhya (easily curable), Kruchra Sadhya (difficult to cure), Yasya (manageable), or Asadhya (incurable), based on the symptoms observed in each case, as described in the roga lakshana (characteristics of diseases).

The complexity of the anatomical structure of the organs within the madhyama rogamarga, which are consistently covered by various membranes, is the reason for its evident kruchrasadhyata (difficulty in cure). This intricate arrangement makes it challenging to approach these organs easily. Diseases affecting the madhyama rogamarga tend to have severe complications that are intense in nature. During the manifestation of these complications, the organs need to exhibit significant resistance. If the complications surpass this resistance, it can result in serious and permanent structural or functional disorders, potentially leading to the demise of the individual. In diseases of the abhyantara rogamarga, the complications can range from mild to severe within a short period of time. Conversely, in bahyarogamarga, upadrava (complications) are typically minor or infrequent. This indicates an unfavorable environment for the occurrence of significant complications.

**Chikitsa according to rogamarga:** In the Madavanidana, the rogamarga is specifically mentioned for the purpose of treatment differentiation, in Chikitsa bhedartha. It is through the rogamarga that the vitiated doshas travel and spread. Therefore, understanding the concept of rogamarga is crucial for devising an appropriate management plan.

The diseases associated with the abhyantara rogamarga (Kosta) indicate the main involvement of jatharagni mandhya (reduced digestive fire). Thus, the treatment approach should focus on resolving jatharagnimandhya, and Kosta serves as a convenient pathway to eliminate the morbid doshas from the body through their natural routes. These treatments primarily involve deepana (stimulation of digestive fire), pachana (digestive support), and either vamana (therapeutic emesis) or virechana (therapeutic purgation) based on the predominant site of dosha accumulation, whether in the stomach (amashaya) or

in the intestines (pakwashaya), respectively.

The disorders associated with the madhyama rogamarga have distinct characteristics. They are primarily characterized by pain, and there may be sudden loss of function. Individuals affected by these disorders are unable to tolerate strenuous measures due to their delicate condition. Therefore, the shodhana (purification) therapy must be swift, effective, and should not overly exhaust the patient. Given the involvement of vital organs (marma), it is crucial to provide proper care and support to these organs. In this regard, the administration of Basti (therapeutic enema) and Nasya (nasal therapy) have shown great effectiveness. Basti therapy has the ability to prevent and alleviate afflictions of the marma and asthisandhi (joints and bones). On the other hand, Nasya is particularly beneficial for treating diseases of the head (shiras) such as Ardita (facial paralysis), Manyastambha (stiffness of the neck), Pakshaghata (hemiplegia), and more. In summary, Basti and Nasya therapies are highly suitable for managing diseases related to the madhyama rogamarga.

In diseases affecting the bahya rogamarga, the prominent factor is the impairment of dhatwagni (metabolic fire). Ama (toxic waste) tends to accumulate in the dhatus, such as rasa (plasma) andrakta (blood). To address this, it is necessary to redirect the morbid dosha back to the kosta (gastrointestinal tract). This can be achieved through snehana (oleation) and swedana (sudation) therapies, which help facilitate the movement of dosha towards the kosta. The kosta, being an organ with a hollow structure, is capable of accommodating the dosha within its cavity. Subsequently, the dosha can be eliminated through therapies like Vamana (therapeutic vomiting) or Virechana (purgation). Additionally, dhatvagni vardhaka (enhancing the metabolism), bahirparimarjana (external purification), and raktamoksana (bloodletting) therapies are also beneficial. In classical texts, Virechana and raktamokshana are commonly recommended for diseases affecting the bahyarogamarga, as there is a predominant involvement of the rakta (blood).

**Relation of Dosas with Koshta Shakhadi Margas:** Aahara (diet) undergoes a transformation in the body, resulting in the production of Aahara Rasa



(nutrient essence), Dosha (bioenergetic forces), and Kitta(waste). Even a normal diet has the potential to generate Doshas, Dhatus (tissues), and Malas (excretory substances) within the body. Therefore, Doshas originate in the gastrointestinal tract from the process of food digestion, specifically in the portion known as Sara. These Doshas, which are derived from Aahara Rasa, play a vital role in various bodily functions. Kapha Dosha is responsible for tissue building, Pitta Dosha facilitates anabolic and catabolic processes, and Vata Dosha governs impulsive actions and movements. These three functions occur throughout the body, including at the cellular and psycho-intellectual levels. In order for these functions to be performed effectively, Doshas need to pervade the entire body. To achieve this, Doshas constantly move from the Koshta (gastrointestinal tract) to the Shakhas (peripheral tissues) and back, according to the body's requirements. They enter the Koshtas for intake and digestion, and return to the Shakhas once that function is completed. This back-and-forth movement of Doshas occurs smoothly under normal physiological conditions. However, when Doshas become imbalanced, this smooth transit is hindered due to various reasons. One of the main reasons is that vitiated Doshas cause pathological changes, both in the structure and function of Dhatus (tissues) or Shakhas (channels). Doshas afflicted with imbalance cannot freely move between Shakhas and Koshtas, so they adhere to imbalanced Srotases(channels). This entire process is known as the Sthanasamsraya (lodging of Doshas) in Dhatus. Consequently, the Rogamargas(pathways of diseases) are closely associated with the progression of a disease. After the Doshas become vitiated, they travel to different parts of the body through the Rogamarga. As a result of Shakhagati, the normal physiological activity of the Doshas switches to pathological activity.

**Causes of transit of Doshas from Koshta to Shakhas:** As per Acharya Charaka, there are primarily four factors that contribute to the movement of Doshas from the Koshtato other Rogamargas. These factors include excessive physical exercise, the influence of digestive fire, improper behavior and dietary habits, and increased Vata activity. Due to these reasons, Doshas are transferred from the

Koshta to other pathways of diseases (Rogamargas).

In addition to Charaka's perspective, Vagbhata has included the involvement of Asthi Marmani(vital points related to bones), whereas Charaka only mentioned Shakha(channels). In this context, the term " Shakha" encompasses both the Madhyama Rogamarga (intermediate pathway) and the Bahya Rogamarga (external pathway), as Dos has originating from the Koshta can enter both of these pathways.

**Conclusion:** Rogamarga serves as an indicator of the disease's pathway. It involves the travel of imbalanced doshas through specific routes. Rogamarga plays a vital role in the occurrence, progression, and recurrence of a disease. Understanding rogamarga is essential for comprehending the pathogenesis, prognosis, and effective treatment planning.

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## Ayurvedic review article on pilonidal sinus

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**Abstract**

Pilonidal sinus disease is chronic acquired condition leading to significant morbidity and associated healthcare costs. Several techniques have been described to manage this condition with no treatment gaining universal acceptance. Pilonidal sinus is a common disease of the natal cleft in the sacrococcygeal region with weak hair accumulation occurring in the hair follicles, which can be chronic and undergo acute exacerbation. The patient presents with the complaints, which are characteristics of inflammation-a painful swelling, redness, local temperature raised or with a sinus discharge. Prolong sitting, presence of deep natal cleft, obesity; repeated irritation due to hair, family history may increase the risk of disease. In Ayurvedic science Pilonidal sinus is better correlated and treated as the Nadi vrana. Acharya Sushruta mentioned eight types of sinuses as Nadivarna. Among these, pilonidal sinus can be considered under Shalyaj Nadivrana.

**Keywords:** Pilonidal sinus, Nadi vrana, Ayurved

**Introduction**

Pilonidal sinus is chronic inflammatory disorder consisting of a midline pit sited in midgluteal cleft behind the anal canal between the buttocks associated with hairs [1]. Pilonidal sinuses usually occur in the postanal region but they may be found in the axilla, the groins, and the inter digital web of the hands or feet and on the occiput. The most important predisposing factors for the development of pilonidal sinus are the existence of a deep natal cleft and the presence of hair within the cleft. A deep natal cleft is a favorable atmosphere for maceration, sweating, bacterial contamination and penetration of hairs. Thus, for treatment and prevention, these causative factors must be eliminated [2-3]. Loose hairs in the natal cleft skin create a foreign body reaction that ultimately leads to formation of midline pits and in some cases secondary infection [4-5]. Postanal pilonidal sinus can present acutely as a pilonidal abscess, asymptotically as a small pit or non-tender lump, or as a discharging lesion with or without pain or a lump. The main features of the chronic sinus are present of a midline primary pit (or more than one) at the base of the natal cleft, which is epithelial lined and usually not inflamed and may have several hair fragments inserted into it that can be pulled out. A secondary opening may be present, which usually on one side (laterally) and it may discharge pus or blood and be lined by granulation tissue. There may be a palpable track leading from the midline pit. More than one secondary opening means the sinus track has branches. Several treatment modalities have been tried for pilonidal disease, including shaving, incision and drainage, phenol application, cryosurgery, excision with primary closure, excision with open packing, excision with marsupialization, and recently, flaps surgery [6-9].

**Materials and methods**

Related references were collected from classical texts of Ayurveda, modern text books, various publications, internet and research papers

**Ayurveda concept**

In Ayurvedic texts, the pilonidal sinus is classified as Nadivrana (Shalya nimittiyaj), which is produced by Shalya (ie, a foreign substance). Shalyaj Nadivruna is a track that has gone undiscovered due to the presence of pus unhealthy granulation tissue, and hairs, among other things.

**Nidan (Aetiology)**

According to Ayurveda, the 'Nadi Vrana' arises when the surgeon drains the Apakva Vrana Shophya (Immature abscess) rather than the matured Vrana Shophya (abscess), when the patient

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practises Ahita Ahara and Vihara (unhealthy food and lifestyle), and when the patient has Salya (foreign body)."

### Samprapti (Pathogenesis)

According to Ayurveda, if a Shalya (foreign body) becomes stuck within the body for an extended period of time, it creates a tract or Gati that tends to burst open the skin. Puya (pus) discharge that is frothy (Phenayukta) and mixed with blood can be seen from this tract. The discharge is always linked with discomfort and worsens with movement of the part. This is known as the Shalyajanya form of nadvrana."

### Types of Nadi Vrana

Vataja, Pittaja, Kaphaja, Vata-Pittaja Pitta-Kaphja, Vata-Kaphja, Sannipataja& shalyajanya (Agannija Nadi Vrana) These are the eight types According to Susrutha, According to Vagbhata itis of five types due to Vata, pitta, Kapha, Sannipathaja and sahaj "Treatment according to Ayurveda. Sushruta describes the Samanya Chikitsa (general therapy)of Nodi Vrana as follows: Sushruta has explained separate treatment for all types of Nadi Vrana.Use of Pratisarneeeya Kshara (Caustic alkali) as a general therapy in all sorts of Nadi Vranas indicated when discussing the indications of Pratisarneeeya Kshara (caustic alkali) Performing Bhedana karma (Incision) in all forms of Nadi Vrana described when discussing the signs of Bhedya vrana, Chedana (Excision) is indicated in shalya (Foreign body) lodged in marma (Flesh) in Chedya Vyadhit (Excisional disease).According to above, treatment principle for the Nadi Vrana can be summarized as follows. 1 Surgical incision) Patana Karma signifies that a wise physician should first probe the Nadi Vrana's Gati (tract) and then determine the exact orientation of the track. The entire length of it should then be opened, followed by general Shodhana Ropanudi (Cleaning and healing) operations. 'patana' is represented by Charaka in Nadvrana and Anta-Salya (Foreign body inside body),Para-surgical technique Kshara Karma, Kshra Sutra.

Kshara Karma It is a method in which Bhedana (incision), Chedanu (Excision), and Lekhana (scrapping) are conducted using specially compounded Yogas known. as Kshara (caustic alkali). The patient lie down in a prone position. The tract is next probed to determine its length. An elliptical incision is created around the pilonidal sinus with a knife. The whole sinus tract will be removed all the way up to the presacral fascia. Pratisarneeeya Kahara will be used after the above mentioned Chedana Karma. Wait 100 Matra Kala (1) minute) after applying the Kshara, then cleanse the operation wound with Jambheera Swarasa (lime juice). During the postoperative period, daily dressings will be used until the incision is completely healed.

Kshara Sutra It is a unique method of excision that uses mechanical pressure and chemical action instead of a knife. Sushruta suggests using Ksharasutra in Nadi Vrana for patients who are emaciated, timid, and positioned in the Marma Sthanas (Vital portion). Probing is done via the hole, and the tract is tracked to its blind end, where an opening is formed. After feeding the Kshara Sutra, the probe was retrieved via the generated orifice and correctly ligated; weekly Kshara Sutra changes will be performed until the tract was severed.

### Modern concept

A pilonidal sinus is a small hole or tunnel in the skin at the top of the buttocks, where they divide (the cleft. It does not

always cause symptoms and only needs to be treated if it becomes infected

### Etiology

Because of male sex hormone, hairy body, greater perspiration, and maceration, the pilonidal sinus has a 74% masculine preponderance. It is more common in children due to an active pilosebaceous gland. Because of their rigid hair, dark folks are less impacted.

### Pathogenesis

The buttocks bear the weight of the body while sitting, causing vibration and friction. It induces hair shedding and consequently collects in the gluteal cleft and enters sweat glands. Dermatitis and irritation develop around the loose hair once the hairs first enter. Once the sinus has established, the area's occasional negative pressure may draw more loose hair into the pit. Histological investigation supports the aetiology of pilonidal sinus as a foreign body response. It is seen as an acquired disorder as a result of hair implantation. This is the most widely held theory

### Management

Pilonidal disease can be treated conservatively and does not necessarily surgery. Conservative therapy for a pilonidal sinus is shaving any hair in the afflicted area (preferably with hair removal lotion) and keeping the area clean as much as possible. Any pilonidal abscess that forms must be treated like any other abscess, with incision and drainage +/-washout +/-packing. If the patient continues symptomatic, elective surgery for pilonidal sinus disease can be undertaken at a later date. The several minimally invasive treatments available for the treatment of pilonidal illness have the advantages of being generally traumatic and allowing the patient to resume work practically immediately. They are appropriate for tiny lesions that have not previously been surgically treated. These procedures have a greater recurrence rate than excisional treatments. It is unclear if minimally invasive methods using laser or endoscopic technologies can minimise the likelihood of recurrence. Off-midline techniques (the Karydakis procedure, the Limberg procedure, and others) resulted in faster wound healing than excision with open wound treatment; off-midline techniques should thus be preferred for patients who have had previous surgery and for those with large lesions.

### Discussions



Fig 1: Pilonidal sinus

There are so many modalities are available in the treatment of Pilonidal sinus nowadays Ksharsutra is becoming more potential to treat Pilonidal sinus. The mechanical and chemical action of thread coated with medication does the cutting, curetting, draining, and cleaning of the sinus tract, but it is time taking process and had to visit repeatedly in hospital for Ksharsutra changing. In ancient times Acharya Sushruta mentions Ksharsutra therapy in Nadivrana chikitsa. This minimally invasive procedure a Ksharsutra has good potential in the management of Pilonidal sinus. It minimizes rates of complication and recurrence and enables the patient to resume work and normal social activities as early as possible. According to Ayurveda the action of Ksharsutra is thought to be due to its healing and cleansing effect in the area where it is applied. In this technique, scar formation is minimal and can be cosmetically supported technique.

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### Conclusion

Pilonidal sinus is a therapeutic challenge. Evidence supports both open and closed operative approaches has no much difference in recurrence rate. By doing Ksharsutra and Kshara application recurrence rate is quite negligible since all pits adjacent to sinus track are scrapped. Kshara has anti inflammatory and antibacterial property. Local removal of hair and sitz bath plays an important role in avoiding recurrence rate.

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## Fundamentals of *Jalaukavacharan* (Leech therapy) and its importance in clinical practice: A review article

**Kiran Wagh, Rajesh Gundre and Babasaheb Gadve**

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**Abstract**

*Ayurveda* is an ancient system of medicine based on Holistic concept of Health which depends on a balance between mind, body and spirit. *Acharya Sushruta* explain rakta as fourth *dosha*. *Raktamokshana* is the main and effective treatment of *Rakta* when it is being vitiated by *Pitta Dosha*. There are *Siravedh*, *Prachhan*, *Jalaukavacharan* etc. methods to do *Raktamokshana*. Among various methods of *Raktamokshana*, *Jalaukavacharan* is an ancient technique of bloodletting. *Acharya Sushruta* has given the detailed description of *Jalaukavacharan* in *Sushrutsamhita* and *Jalauka* under *Anushastras*. The inborn qualities of *Jalauka* are *Sheeta* and *Madhura* and opposite to *Pitta Dosha* and these helps to pacifying *Pitta Dosha*. According to modern science the saliva of the leech consists of anesthetic agents, anticoagulant, antiplatelet aggregation factor, antibiotic, anti-inflammatory substances, and gelatinous substances which helps in the removal of toxins accumulated in the body which mainly helps to stimulate the growth of new blood vessels and restores the blood supply. *Jalaukavacharan* is quite safe, effective, minimal expensive, easy process to do *Raktamokshana*. This paper discusses fundamentals of leech therapy and uniqueness and miscellaneous uses of *Jalaukavacharan* in various diseases in clinical practice.

**Keywords:** *Ayurveda*, *Raktamokshan*, *Jalaukavacharan*, leech, blood letting

**Introduction**

*Ayurveda* is one of the healing science with its main objective to maintain health which is balance between mind, body and spirit. In *Ayurveda*, primary aim is to balance the *Dosha*. Balance of *Dosha* is health and imbalance means illness.

According to *Acharya Sushruta*, *Rakta* (blood) is considered as *Chaturtha Dosha* with pathological and physiological roles, and responsible for the origin, existence, and destruction of the body [1]. Since ancient time, *Raktamokshan* i.e., bloodletting is a parasurgical technique practiced worldwide. *Raktamokshan* involves two types of procedures: *Shastra Visravana*, which includes bloodletting through the use of sharp instruments like *Prachana* and *Siravedha* and *Ashashtra Visravana*, which involves the use of non-instruments or measures like *Jalauka*, *Shringa*, *Alabu* [2].

*Jalaukavacharana* is one among the bloodletting therapy which is used in *Atyanta Sukumaras*, *Twak Vikaras*, *Sthanik Rakta Dushti* etc. [3]. The very first documented evidence of *Jalaukavacharan* is found in *Sushruta Samhita*, written by *Acharya Sushruta*. *Pitta* and *Rakta* are having *Ashrayaashrayee Bhavas*. The main and best *Chikitsa* for *Pittaj Rogas* in *Raktamokshana* is *Jalaukavacharana* [4].

The word leech comes from an old English word 'laece' meaning 'physician'. The word later became Leech. In medieval England, leeches were linked with healing because of the etymology of the word [5]. Leeches are given the name *Jalauka* because the very basis of their life, the site of their dwelling, and the source of their nutrition is *Jala* i.e. water [6].

Ancient history suggest that Lord *Dhanwantary* evolve in this world after *Samudramanthan* with *Jalauka* along with pitcher filled nectar in his hand. This show immense significance of Leech in clinical practice [7].

Leeches are blood sucking invertebrate belonging to Phylum Annelida, Now a days Leech therapy has gained greater attention worldwide, because of its medicinal value. The saliva of Leech contains numerous biologically active substance, which have Anti-inflammatory, analgesic, anaesthetic properties as well as probable anti-oxidant effect [8].

So the present article provides concise knowledge about *Jalauka* and *Jalaukavacharan* (Leech therapy). The application of Leech therapy in different diseases has been reviewed in this article.

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**Aim:** To do a literature based study of *Jalaukavachran* and its efficacy in different diseases in clinical practice.

**Objectives:** To study the indications, contraindications and complications of leech therapy.

To study details about *Savisha* and *Nirvisha Jalauka*.

Review the literature of recent researches about *Jalaukavacharan* (Leech Therapy).

## 2. Material and Methods

All data for this study is collected from ayurvedic literature viz. *Brihatrayi* and *Laghutrayi* and from some published articles related to Leech therapy.

**2.1 Ayurvedic Synonyms of *Jalauka*** <sup>[9]</sup>: Jalauka, Jalaragi, Jalayuki, Jaliasika, JalaJantuka, Veni, Jalaka, Jalookasa, Raktapayani, Rakta sandamshika, Vamini, Jalahjivani, Raktapata, Jaliasoochi, Jalatanou, Jalapatatmik, Jalika.

### 2.2 Importance of *Jalaukavacharan* in Ayurveda

The ancient sage of surgery, *Acharya Sushruta*, extensively described *Jalaukavacharana* in "*Sushruta Samhita*," *Sutrasthan* of 13<sup>th</sup> *Adhyaya* named "*Jalaukavacharniya*

*Adhayay*" is full of the scientific knowledge about leech and method of its application. Leech application is an easiest method of Bloodletting therapy. The diseases which cannot be cured by *Snehan & Swedan* can be cured by bloodletting and also controlled the recurrence. Leech therapy is a para surgical method of bloodletting. The condition where surgical management is not possible at that time parasurgical methods should be used.

### 2.3 Brief Review of *Jalauka*

The importance of *Jalauka*, commonly known as Leech, in medical treatments has been recognized as a significant therapeutic modality for various disorders. *Jalauka*, or Leech, derive their life from water, hence the name "*Jalauka*," highlighting their aquatic nature <sup>[10]</sup>. *Acharya Sushruta* highlighted the inherent qualities of *Jalauka*, describing them as *Sheeta* (cold) and *Madhura* (sweet), which stand in opposition to *Pitta Dosha* <sup>[11]</sup>.

### 2.4 Classification of *Jalauka*

<sup>[12]</sup>

The classification of Leeches is based on their therapeutic roles. They are categorized into two main varieties:

**Table 1:** *Nirvisha Jalauka* (Non-poisonous Leech) <sup>[13]</sup>

Kapila	These Leeches have their sides coloured like Manashila (realgar) and their dorsal surface are slimy and coloured like Mudga (green gram)
Pingala	Pingala exhibits a reddish-brown coloration and possesses a circular body morphology, displaying rapid locomotion.
Shankumukhi	It is characterised by a brown coloration resembling that of liver, a rapid blood-sucking ability, and a long, pointed mouth structure.
Mushika	It is characterised by its brown coloration and physical resemblance to mice with an unpleasant odour.
Pundarikamukhi	Characterised by a greenish hue akin to that of Mudga, and a wide aperture reminiscent of the lotus flower.
Savarika	Savarika is a reddish-pink coloured substance, possessing an oily texture and measuring eighteen angula (equivalent to 36 cms.) in length.

**Table 2:** *Savisha Jalauka* (Poisonous Leech) <sup>[14]</sup>

Krushna	It is having a dark complexion, resembling the colour of Anjana powder (Antimony) with large head.
Karbura	A grey coloration along with a broad body structure akin to that of Varmimatsya, a type of fish with segmented abdomen and appears to be bulging.
Alagarda	Exhibits hirsute characteristics with prominent lateral regions and a dark oral cavity.
Indrayudha	Exhibits distinctive stripes on their dorsal region.
Samudrika	Exhibits a blackish yellow coloration and displays intricate floral patterns on its body.
Gochandana	Exhibits a bifurcated lower region resembling the scrotum of a bull, accompanied by a diminutive oral aperture.

### 2.5 Zoological classification

**Kingdom:** Animalia.

**Phylum:** Annelida.

**Class:** Clitellata.

**Order:** Hirudinia.

**Family:** Hirudinidae.

**Genus:** Hirudo.

**Species:** *H. Medicinalis*.

### 2.6 Mode of Action of *Jalaukavacharan*

<sup>[15]</sup>

Leeches function by releasing bioactive compounds through their salivary secretions. The saliva comprises numerous components, that encompass an antiplatelet aggregation factor, anaesthetic, and anti-inflammatory and antibiotic agents. The saliva of leeches is known to possess hirudin, an

anticoagulant that effectively works on the process of blood clotting and facilitates the dissolution of thrombi. This mechanism helps in the clearance of both partial and complete blockages in distal arteries. Upon biting, leeches release certain chemicals in their saliva that have the ability to dilate the blood vessels of their hosts and reduce the viscosity of their blood. The act of secreting a local anaesthetic by leeches has the effect of masking any pain that may be caused by their bite, thereby rendering their hosts unaware of their presence. Leeches are known to promote healing and reduce tissue swelling by consuming excessive amounts of blood. The microcirculatory processes facilitate the delivery of newly oxygenated blood to the affected regions of the hosts prior to the reinstatement of regular circulation.

**Table 3:** Bioactive substances present in saliva of leech

No.	Constituent	Function
1.	Acetylcholine	Vasodilator
2.	Bdellins	Anti-inflammatory, inhibits plasmin, trypsin, and acrosin
3.	Calin	Inhibits blood coagulation by blocking the binding of Von Willebrand factor to collagen; inhibits collagen mediated platelet aggregation
4.	Carboxypeptidase-A	Increase the inflow of blood at the bite site of inhibitors
5.	Destabilase	Monomerizing activity; dissolves fibrin
6.	Eglins	Anti-inflammatory; inhibits the activity of $\alpha$ -chymotrypsin chymase, substilisin, elastase, and cathepsin G
7.	Factor Xa inhibitor	Inhibits the activity of coagulation factor Xa by forming equimolar complexes
8.	Hirudin	Inhibits blood coagulation by binding to thrombin
9.	Hirustatin	Inhibits kallikrein, trypsin, chymotrypsin, and neuropholic cathepsin G
10.	Histamine-like substances	Vasodilator
11.	Hyaluronidase	Increases intestinal viscosity and antibiotic action
12.	Tryptase inhibitor	Inhibits proteolytic enzymes of host mast cells

## 2.7 Method of *Jalaukavacharan*: (Leech Application)

### *Purva Karma* (Before procedure) [16]

**Preparation of patient:** First the patient is selected and his general health is examined. The patient who is curable by bloodletting treatment through leeches is selected.

Contraindicated conditions like Coagulating disorders (like haemophilia), anemia, diabetes, pregnancy, hepatitis, HIV patients should be ruled out.

### Preparation of Leeches

Fresh leeches are taken and a mixture of mustard and turmeric paste in water should be applied upon them which acts as disinfectant. After this the leeches should be transferred in another fresh water jar.

### *Pradhana karma* (Main Procedure) [17]

The patient should be made to sit or lie down and the desired site should be cleaned with water. Avoid soap or any antiseptic, as leeches are sensitive to odour they may not bite. The leeches should be hold at its neck and should be applied directly to the affected part. The leech when starts sucking the blood, elevates its neck assuming the shape of a horse shoe. Once leeches start sucking the blood, they should be covered with wet gauze and cold water should be poured on them from above time to time, so as to make the leeches comfortable during sucking. If leech refuses to stick to desired spot a small prick should be made at the affected site. If they do not stick even then, another one may be tried. The *Jalauka* (leech) first sucks only the vitiated blood from a mixture of vitiated and non-vitiated blood just like the swan sucks only milk from the mixture of milk and water. When itching or pricking pain is produced at the site of application it should be inferred that the leech is now sucking the pure blood (after having sucked the vitiated blood). When sucking pure blood leech should be removed. If it does not withdraw, a little turmeric powder or common salt powder should be sprinkled on the sucking part of the leech.

### *Paschata karma* (after procedure) [18]

- Patient care:** The site should be cleaned with normal saline and bandaging should be done after sprinkling turmeric powder to the bleeding site.
- Leech care:** After falling off, the leeches should be made to vomit. This is carried out by applying turmeric powder at their mouths. When the blood comes from the anterior sucker, gentle squeezing is required for proper emesis. If the leech is active when placed in water, it indicates that the vomiting is proper. The used leeches are kept in

separate jars/pots labelled with the details of the patient (name, OPD/IPD number, date of application etc.). The leech should be applied once in a week and one leech should be reserved for a particular patient to avoid cross infection.

### Leech Therapy and Infection Control

The complications of leech therapy, though considered rare, are blood loss necessitating blood transfusions and local bacterial infections mainly due to *Aeromonas hydrophilia* [19]. Various infection control strategies have been proposed to prevent nosocomial infections through leeches. Investigators attempted to disinfect the guts of leeches before they are applied on patients by placing them in 0.02% chlorhexidine for 15s or in antibiotic (tetracycline and cefoparazone) solutions for 12 hours [20].

### External decontamination of wild leeches [21]

External decontamination of wild leeches with 12.5 ppm hypochloric acid enables bacterial suppression. Also can prevent possible infections caused by contamination from leech oral flora and transport medium without causing negative effects on leech sucking function and life.

### 2.8 Precaution during leech application [22]

- BT and CT, HB%, Viral markers of patient should be normal.
- Gentle handling of leech.
- Cover the leech with wet gauze/ Cotton.

### 2.9 Complications of *Jalaukavacharana* [23]

Prolonged bleeding time, Bacterial infection, Allergic Reactions, Hypotension and Vasovagal attack, Fever, Local pain, Itching, ulcerative necrosis, local discomfort and itching etc.

### 2.10 Therapeutic Indication of *Jalaukavacharan* According to Classical Ayurvedic Text [24]

*Gulma.*  
*Arsha.*  
*Vidradhi.*  
*Kushtha.*  
*Vatarakta.*  
*Galroga.*  
*Netraroga.*  
*Vishavikara.*  
*Visarp.*

## Indications of *Jalaukavacharan* (Leech Therapy) other than classics

### Venous disease, varicose veins

Leech therapy has proven beneficial in the patients suffering from venous diseases [25]. Medicinal leech is effective treatment in the management of complicated varicose veins. It helps to heal ulcers, decreases the oedema and limb girth, and decreases hyperpigmentation [26]. Leeches have also been used after breast surgery to relieve the possible complication of venous congestion at the nipple [27]. Leeches used to treat post phlebitis syndrome in which venous valves are obliterated by deep vein thrombosis [28].

### Peripheral vascular diseases

Leech therapy is effective in management of Burger's disease as it relieves the inflammation and thrombosis. It gives fruitful results in other peripheral vascular diseases [29].

### Diabetic foot ulcer

The effectiveness of leech application in managing diabetic foot ulcers is notable [30].

### Non healing ulcer

The application of leech therapy in the treatment of non-healing ulcers has been very helpful in the relief of pain and acceleration of the healing process [31].

### Thrombosed Haemorrhoids

*Jalaukavacharana* (leech therapy) is very effective treatment in the management of thrombosed haemorrhoids. Pain, severe tenderness and bluish-black discolouration are the characteristic features of thrombosed pile mass. *Bdellin* present in the saliva of leech acts as anti-inflammatory agent thereby reducing inflammation maintains normal circulation and recovering discolouration. Anesthetic agent present in saliva of leech reduces pain and tenderness and giving symptomatic relief [32].

### Gout (Vatarakta)

Leech therapy is very useful in relieving pain, swelling, erythema in acute gout [33]. Leech application has significant role in treatment of Vatarakta. It reduces sandhishoola (Joint pain), Sandhishopha (Joint swelling), Sandhivaivarna (Erythema), and Sandhidaha (burning sensation at joint) [34].

### Vitiligo

Leech application along with Ayurvedic medication (*Arogyavardhinivati* 500 mg twice daily, *Guduchisatva* 500mg twice daily, *Haridrakhand* 6gm twice daily with normal water after food) is effective in preventing progression and inducing repigmentation of fast spreading vitiligo without any associated serious side-effects [35].

### Eczema

Bloodletting by making use of leeches is an effective, time saving, cost effective and acceptable treatment in skin diseases, especially in Eczema [36].

### Osteoarthritis

Leech therapy reduces knee osteoarthritis pain quickly and safely. Leech therapy is an easy, beneficial and safe treatment in symptomatic management of degenerative knee [37]. It helps by rapid reduction of pain associated with osteoarthritis of knee [38].

## Reconstructive plastic surgery

Leech therapy is a traditional treatment that is both safe and cost-effective. It is commonly employed in reconstructive plastic surgery to salvage reattached body parts and flaps, particularly in instances where blood circulatory issues are present [39].

### Reconstructive surgery

Leeches are being utilised by reconstructive surgeons to eliminate stagnant blood from a flap or reattached limb. In 1995, medicinal leeches were utilised to successfully reattach the ear of a five-year-old boy. Leeches have been utilised extensively for the purpose of reducing venous congestion in various body parts such as fingers, toes, ears, scalp, limbs, or other reattachments and replants following traumatic amputation [40-41].

### Tenosynovitis

Leech therapy is the best alternative therapy that can be used to treat tenosynovitis that surpasses the pharmacological treatment of tenosynovitis i.e. NSAIDS or corticosteroids [42].

### Keloids

In this study keloids treated with leech therapy show significant results [43].

Leech therapy also useful in Infectious diseases, Cardiovascular diseases, Cancer and metastasis, Diabetes mellitus and its complications, Dentistry, Audiology [44].

## Contraindications of *Jalaukavacharana*: (Leech Therapy) According to Ayurvedic classics [45]

*Sarvanga shoth*

*Udar roga*

*Shosha*

*Ksheena*

*Garbhini*

*Pandu*

## Contraindications of leech therapy in modern medicine [46]

Anticoagulant medications e. g. Warfarin.

Absolute haemophilia.

Severe anemia.

Erosive gastritis and potential GI bleeding.

Individuals with HIV infection.

Severe allergic diathesis [ Allergy to foreign proteins].

Hypotension.

Active tuberculosis.

Pregnancy.

Mental disorders during acute episodes.

Severely ill and bed ridden patients.

Extremely fearful patients.

## 3. Discussion

First documented evidence of the use of leech for medicinal purpose goes back to 200 BC. *Jalaukavacharana* comes under *Raktamokshana* in *Ayurveda*. It comes under *Ashastra* category. Wherever there is contraindication of *Shastra karma*, *Anushastras* like *Jalauka* can be used. It is one of the best parasurgical treatment modality for treating different medicosurgical conditions. Because of its safety and high efficacy, *Jalaukavacharan* (Leech therapy) is considered as a foremost therapy. It is used mainly in *Rakta* and *pitta doshaj vyadhi*.

The saliva of leeches contains a variety of bioactive substances such as hirudin, *bdellin*, *apyrase*, *eglin*,



destabilase, hyaluronidase which act as anti-coagulant, platelet anti-aggregate, anti-oxidant anti-radical, antibiotic. Bioactive agents in leech saliva having vasodilators, anesthetics and analgesic properties which are effective than topical analgesics and inflammatory agents are useful for managing inflammatory and degenerative joint conditions, such as gout and osteoarthritis. The anti-coagulation action of hirudin is beneficial in treating vascular disease, cardiovascular pathology, etc. Leeches are also proved effective in non-healing ulcers and diabetic foot ulcers. Now a days Leech therapy in the field of plastic and reconstructive surgery is found to be important due to the ease of leech application and reduced side-effects.

#### 4. Conclusion

*Jalaukavacharan* (Leech therapy) is very useful in many acute and chronic disorders. This unique therapeutic approach presents a non-invasive, incision-free, less time consuming cost effective and easily adopted for patients. It is very cheap and short procedure without obstructing patient's daily routine. Wherever there is contraindication of Shastrakarma Leech application is the best one because pre-surgery precautions like anaesthesia, antibiotics are not necessary.

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## Ayurvedic management of fistula in ano: A case study

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**Abstract**

A track that connects the rectum or anal canal and typically runs parallel to one or more exterior apertures is known as a "anal" fistula. It is rare for the rectum to communicate distantly. The condition presents challenges because to its recurrence, particularly in high-level and remote communications. In India, ksharasutra therapy, also known as medicated seton therapy, is used to treat difficult anal fistulas with a high success rate (recurrence rate of 3.33%)., in the present article detail description about A 36 year male diagnosed with fistula in ano treated well with ksharasutra ayurvedic treatment is given.

**Keywords:** Ksharasutra, Bhagandar, fistula in ano, Ayurved

**Introduction**

A fistula-in-ano is an irregular, chronic, granulation tissue-lined channel that extends from the internal opening of the anorectal lumen to the perineum or other nearby structures [1]. The majority of anal fistulas are the consequence of an infection in the anal glands, which causes an abscess to form in the intersphincteric plane. From there, the sepsis can spread in all four directions, opening either internally or externally or blindly [2]. Fistulas are complex in nature and present treatment challenges due to the expansion of sepsis into deeper or numerous planes and a larger involvement of the sphincter musculature (> 30%) [3]. In the traditional Indian Medicine system of Ayurveda, anal fistula is described as *bhagandara*, a surgical disease to be treated either by excision or laying open. Sushruta (500 BC), the ancient Indian surgeon, in addition, prescribed an alternative, safe, and minimally invasive treatment with the use of a medicated seton known as *ksharasutra* (*kshara* -caustic/alkali, *sutra* - thread; in Sanskrit) [4]. A *ksharasutra* is prepared by smearing oleoresins of *Commiphora mukul*, powder of *Curcuma longa* and the alkaline ash (*kshara*) obtained from *Achyranthes aspera* on a surgical linen thread no. 20. According to the conventional therapeutic mode, the *ksharasutra* is applied snugly in the fistulous track from one end (opening) to the other using a probe and is changed weekly by the railroad technique. The drugs coated on the thread gradually dissolve and cause lysis of the unhealthy granulation tissue; the whole track is therefore laid open gradually by chemical fistulectomy as well as by mechanical pressure, with an average cutting and healing rate of 1 cm per week [5]. Although the success rate of this conventional mode of *ksharasutra* therapy has been reported to be as high as 96.5% with a low incidence of incontinence [6], the duration of treatment has been long, with patients requiring multiple hospital visits in long fistulas and other complex cases [7].

**Case report**

In the present case study, a 36 year old male patient came to our OPD of Shalya Tantra, Ayurveda Hospital, with a chief complaints of pain and pus discharge from perianal region since last 8 months. perianal region approximately 5-6 cm away from anal verge. Internal opening also at 3 o' clock position into the anal canal at dentate line on digital per rectal examination. Probing also was done to confirm site of internal opening of bhagandara. Patient did not have previous H/O any medical and surgical illness with negative family history. Patient was diagnosed a case of Bhagandara (Fistula-in-ano) on the basis of clinical presentation.

**General Examination**

- GC - Moderate
- Pulse - 86/min

- BP - 140/84 mmhg
- RS - 16/min
- Temp - 98.8 F
- Appetite - Normal
- Bowel - Normal

### Investigations

Complete blood count, CT, BT, random blood sugar was normal and HIV I & II, and HBsAg were non-reactive.

### Treatment given

Following the patients' assent, he was scheduled for Apamrga Kshar Sutra management. Following xylocaine jelly application, 2% probing was carried out. Afterwards, the fistulous track was lined with the Apamrga Kshar Sutra. The patient was instructed to take care of good bowel habits in addition to maintaining local hygiene by taking a sitz bath in warm water. While treading, the wound was in good condition. Kshar Sutra was modified once a week using the Rail-Road approach until the fistulous track was completely severed. The track was initially 5-6 cm long, and it was cut in 21 days. Kshara sutra was changed every week that time it causes burning pain in ano only for one day and subsides after taken sitz bath. After cut through of the track patient was followed up for 3 months weekly. Unit cutting length of track was 1.33 cm per week. No sign and symptoms of recurrence were observed.



**Fig 1:** Apamrga Kshar Sutra application in Fistula in Ano

**Table 1:** Observation

Lakshana	Before	After
Daha	+	-
Kandu	++	-
Shula	++	+
Shrava	+++	-

### Result and Discussion

Ksharasutra in ano-rectal disorders has shown miraculous results. The ingredients of apamarga kshara sutra are Snuhi ksheera, Apamarga Kshara and Haridra Powder. Snuhi ksheera having shodhana as well as Ropana properties along with Katu, Tikta Rasa & UshnaVirya thus improve process of healing. Its cures infection and inflammation [8]. Apamarga Kshara has properties of Kshara i.e. Chhedana (excision), Bhedana (incision), Lekhana (scrapping) and Tridoshaghna (alleviating all Dosha). Apamarga Kshara on Ksharasootra cauterize the tissue of mass indirectly by its Ksharana Guna (Corrosive properties) [9]. Haridra powder has the properties

like Rakta Shodhana (blood purifying), Twaka Doshahara, Shothahara (anti-inflammatory), Vatahara (allivate vata), Vishaghna (antimicrobial) and it is useful in Vrana Ropana (wound healing) [10]. The action of turmeric powder provides the effect of bactericidal action with healing properties [11]. Apamarga Kshar Sutra is having the ability to perform chemical and mechanical cutting action with simultaneous healing effects on fistulous track. Recently ICMR WHO, CSIR proposed a plan or the setup of kshar sootra centres that will exclusively work on ano rectal diseases on the national basis. Kshar sootra has got validation in the modern books also and is a successful proven method for treating fistula in ano and other ano rectal disorders [12].

External opening was present at 3 o' clock at

### Conclusion

*Ksharasutra* therapy is a very affordable, risk-free procedure when carried out by a qualified surgeon. *Ksharasutra* is a very successful minimally invasive surgical method for the treatment of fistula-in-ano, or *Bhagandara*. This is a simple and effective treatment that saves the sphincter.

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## Ayurvedic management of renal calculus: A review article

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**Abstract**

Renal calculus is one of the most prevalent clinical diseases seen in clinical practice. Renal calculus is becoming more common in both industrialised and developing nations. This entity is considered complex, involving genetic, biochemical, and epidemiological aspects. The epidemiology of renal calculus may fluctuate in different parts of the world as a result of changes in key parameters, such as dietary habits and socioeconomic position. Acharya Sushruta has provided a detailed account of the urinary system and disorders associated with it. It is obvious from the research of ancient texts that urological issues remain a very significant component of medical science. Currently, different forms of therapies are accessible but they are very costly and only available in higher centres, and it is not possible to avoid recurring stone formation even after surgical intervention. It is therefore essential to find out an economical, efficient, readily accessible and acceptable treatment of Ashmari.

**Keywords:** Ayurveda, Ashmari, renal calculus

**Introduction**

मूत्रस्य कृच्छ्रेण महता दुःखेन प्रवृत्तिः मूत्रकृच्छ्रः। मा .नि/ .मूत्रकृच्छ्र/ १ टीका.<sup>[1]</sup>

The most prevalent, broad, and ancient illness in the urinary tract is renal calculi. It is the third most prevalent urinary illness condition and is recurring in nature<sup>[2]</sup>. Urinary stone tract disease is estimated to afflict over 10% of people in industrialised regions of the world<sup>[3-4]</sup>. It is estimated that 12% of Indians suffer from urinary stones<sup>[5]</sup>. According to epidemiological research, the prevalence is higher in men (12%) than in women (6%), peaks between the ages of 20 and 40 for both sexes, and then declines after the age of 50. Numerous causes, including a heated environment, food, metabolic diseases, elevated urine citrate, immobility, insufficient urine drainage, etc., are the cause of it<sup>[6]</sup>. Calcium containing stones are the most common kidney stones (75-90%) followed by magnesium ammonium phosphate(struvite) (10-15%), uric acid (3-10%) and cystine (0. 5-1%)<sup>[7]</sup>. *Mutrashmri*<sup>[8]</sup> is a most painful and common disease of urinary system. Renal stone is resembled with *Ashmari*. In Ayurveda, *Ashmari* is one among the disease come under *Astamahagada*<sup>[9-10]</sup> i. e., difficult to cure.

The Ayurvedic classical text Sushrut Samhita provides a comprehensive account of the process of stone formation, including its symptoms and management, as elucidated by Acharya Sushruta. According to Acharya Sushruta, there are four types of calculi that are classified based on their association with Kapha, Vata, Pitta, and Shukrajashmari<sup>[11]</sup>. Shleshmashari is caused by the overconsumption of kapha-enhancing foods, which results in sediment accumulation below and around the bladder opening, leading to obstruction of the urinary passage. This obstruction causes pain in the form of grinding, tearing, and pricking sensations, and the bladder becomes heavy and cold<sup>[12]</sup>. The combination of Kapha and Pitta results in the manifestation of hardness, proliferation, and subsequent blockage of the bladder's opening. This obstruction of the urinary tract leads to the onset of a painful sensation characterised by burning, sucking, and heating in the bladder, accompanied by Ushnavata<sup>[13]</sup>.

**Etymology**

The word "Ashmari" is derives from the root "Ashu" which has the meaning "Samghata". By adding the suffix "Mnin" and "Krit", it results in the derivation of the term "Ashmara". The suffix "Meesh" is added to give the significance of gender, so the term "Ashmari" is obtained.

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**Definition**

Ashma (stone) formation as substances within the urinary system is called Ashmari.

**Synonyms:** Ashmari, Ashmarih, Pathari, Stone, Gravel, Calculus, Calculi.

Etiopathogenesis In five steps in Ayurveda, which are Nidana, Purvaroop, Roopa, Upashaya and Samprapti, the manifestation of any disease is described. These are the five steps that help the doctor to reach a correct diagnosis.

**Nidana**

‘व्यायामतीक्ष्णौषधरुक्षमद्यप्रसंगनित्यद्रुतपृष्ठयानात् ।  
आनूपमांसाध्यशनादजीर्णास्युर्मूत्रकृच्छ्राणि नृणां तथाऽष्टौ ॥’  
- मा .नि/ .मूत्रकृच्छ्र/ १<sup>[14]</sup>

Nidana includes all the factors of aetiology. Nidana’s knowledge is useful for proper diagnosis, disease prevention, and treatment. Acharya Sushruta has separately described Ashmari’s causative factors, while it was included under Mutrakrichchra by Charaka and Kashyapa. In people who are not regularly purified and indulge in unhealthy foods and activities, kapha becomes aggravated, combines with urine, reaches the urinary bladder, stays there and produces Ashmari.

**According to Acharya Charaka:** The factors responsible for the production of eight types of Mutrakrichchra including Ashmari are Ati vyayama, Tikshna, Aushadha, Ruksha sevana, Madya sevana, Drutaprishthayana, Aanupa mansa sevana, Matsya sevana, Adhyasana, Ajirna bhojan.

**According to Acharya Kashyapa:** Bharavahana on Kati and Skandha produces dysuria, which later causes the formation of Ashmari.

**2. Purvaroop**

Every disease must necessarily have certain signs and symptoms before it manifests in the body. The Purvaroop of Ashmari, according to Acharya Sushruta are. Basti peeda, Aruchi, Mutrakrichchra, Basti shirovedana, Mushka vedana, Shepha vedana, Jwara, Avasad, Basti gandhitva, Sandra mutra, and Avila mutra.

**According to Ashtang Hridayam:** Basti peeda, Aruchi, Mutrakrichchra, Jwara, Basti gandhitva, Asannadesh paritetirukta, and Basti Adhmana.

**According to Ashtanga Sangraha:** Basti peeda, Aruchi, Mutrakrichchra, Basti shirovedana, Mushka vedana, Shepha vedana, Jwara, Basti gandhitva, and Basti Adhmana.

**According to Madhava Nidana:** Basti peeda, Aruchi, Mutrakrichchra, Jwara, Basti gandhitva, Asannadesh paritetirukta, and Basti Adhmana<sup>[15]</sup>.

**3. Roopa**

When fully manifested, signs and symptoms are called Roopa, which are useful in diagnosing a manifested disease. The Roopa of Ashmari according to Acharya Sushruta are. Nabhi, Basti, Sevani and Mehana vedana, Mutra dharasang, Sarudhira mutra, Mutra vikirana, Gomeda Prakasham, Atyavilam, Sasiktam, and Dhavana- Plavana-Langhana Prishthayana-adhvagamana vedana<sup>[16]</sup>.

**According to Acharya Charaka:** Basti, Sevani, and Mehana vedana, Sarudhira mutra, Vishirnadhara, Mridanati medhra, Muhu sakaran Munchati Mehana, and Sukham Mehati Vyapyate.

**According to Ashtang Hridayam:** Nabhi, Basti, and Sevani vedana, Sarudhira mutra, Gomeda Prakasham, Vishirnadhara, Mutravarodha, and Sukham Mehati Vyapyate.

**According to Ashtang Sangraha** Nabhi, Basti, and Sevani vedana, Mutra dharasang, Sarudhira mutra, Gomeda Prakasham, Atyavilam, Sasiktam, and Dhavana-Plavana-Langhana- Prishthayanaadhvagamana vedana, and Sukham Mehati Vyapyate.

**According to Madhava Nidana** Nabhi, Basti, and Sevani vedana, Sarudhira mutra, Gomeda Prakasham, Vishirnadhara, Mutravarodha, and Sukham Mehati Vyapyate.

**4. Upashaya-Anupashaya**

The factors relieving disease signs and symptoms are called the Upashaya, while the factors aggravating the disease are called the Anupashaya<sup>[17]</sup>. Upashaya is a disease-fighting guideline. In comparison to Ashmari, none of the Ayurvedic classics cited Upashaya and Anupashaya. Logically, however, Ashmari is a Kapha dominant disease, so all the steps leading to Kapha’s control can be regarded as Upashaya. Likewise, all measures vitiating Kapha can be regarded as Ashmari’s Anupashaya.

**5. Samprapti**

पृथङ्गलाः स्वैः कुपिता निदानैः सर्वेऽथवा कोपमुपेत्य बस्तौ ।  
मूत्रस्य मार्गं परिपीडयन्ति यदा तदा मूत्रयतीह कृच्छ्रात् ॥’ - मा .  
नि/ .मूत्रकृच्छ्र/ २<sup>[18]</sup>

The method of manifestation of a specific disease is known as Samprapti. Through Samprapti, the Doshas, Dushyas, Srotodushti, Agni state etc. can be evaluated. “Samprapti Vighatanam evam Chikitsa” is another important aspect of Samprapti in Ayurvedic therapy. According to Acharya Sushruta Either vaatayukta kapha, pittayukta kapha or just kapha get aggravated in people who do not frequently go through shodhana processes and unhealthy diet. Then it reaches Basti, mixes with mutra and takes the form of an Ashmari<sup>[19]</sup>.

**According to Acharya Charaka Acharya:** Charaka shows Ashmari’s formation cycle with Gorochana’s instance. He suggests that when the Doshayukta mutra or Shukrayukta mutra reaches Basti, where they are dried up by Vayu and Pitta’s intervention, mutra is transformed into Ashmari.

**According to Acharya Vagbhatta:** Acharya Vagbhatta, like Acharya Charaka, outlined the development of Ashmari.

**Type of Ashmari**

The Ashmari disease was categorized into four kinds by Acharya Sushruta. 1. Shleshmashmari 2. Pittashmari 3. Vatashmari 4. Shukrashmari All the Acharyas have categorized Ashmari in the same fashion, except for Charaka i. e. over four different types. Acharya Charaka did not give Ashmari classification.

**Sadhyata Asadhyata**

Ashmari is regarded by Acharya Sushruta among Ashtamahagadas and Mahagadas is very hard to treat because in nature they are Asadhya. Ashmari's prognosis in kids is better due to the lower room that occupies lesion and decreased subcutaneous fat. Ashmari is a serious disease like the God of Death. It can be cured with drugs when freshly created and smaller in size, but needs surgical treatment at an advanced point.

Ashmari associated with complications and Arishta Lakshnas should be prevented. Upadrava Sharkara (urinary gravel), Sikata meha (diabetes variety) and Bhasmakhya roga (Mutrashukra-like similarities mentioned in Sushruta Samhita-Uttara tantra's Mutraghaatpratishedhamadhyay) are all secondary Ashmari illnesses. Due to resemblance in form and symptoms, only Sharkara should be recognized as Ashmari itself. No particular upadras have been referenced by Ayurvedic classics other than Sushruta in relation to Ashmari except for Sharkara.

**Arishta Lakshana According to Sushruta:** If patients are inflamed with Nabhi and Vrishanas, serious pain and urine obstruction occurs and the Ashmari is linked with Sharkara or Sikata, it rapidly kills the patient.

**Chikitsa**

Ashmari can be managed in different ways

1. Aushadha Chikitsa 2. Basti Chikitsa 3. Kshara Chikitsa 4. Shastra Chikitsa.

1. Aushadha Chikitsa Ashmari is known to be a fatal and serious illness. Rapid diagnosis and treatment of it is mandatory. At the Purvaroop stage itself, Acharya Sushruta has recommended to treat the disease. A newly formed Ashmari can be treated with medicines while surgical steps should be used to treat a large or chronic Ashmari.

**Vatashmari Chikitsa:** Ghrita is to be cooked with a decoction of Pashanabheda, Vasuka, Vashira, Ashmantaka Shatavari, Gokshura, Brihati, Kantakari, Brahmi (Kapotvanka), Artagala, Kacchaka, Ushira, Kubjaka, Vriksadini, Bhalluka, Varuna, Shaka-phala, barley, Kulattha, Kola and Kataka fruits, and with the Kalka that make up Ushakadi Gana's group. This Ghrita breaks down the Ashmari induced by Vata easily. Alkali, gruels, soups, decoction and milk well prepared with Vata-subduing drugs should also be recommended as food and beverages.

**Pittashmari Chikitsa:** Ghrita should be cooked with the decoction of Kusha, Kasa, Sara, Gundra, Itkat, Morata, Pashanabheda, Shatavari, Vidari, Shalimula, Trikantaka, Bhalluka, Patola, Patha, Pattura, Kuruntika, Punarnava and Shirisha; and the Kalka of Shilajatu, Madhuka, Indivara (blue lotus), Trapusha and Ervaruka. This Ghrita disintegrates the Pitta-caused Ashmari easily. Often recommended as food and drinks should be alkali, gruels, soups, decoction and milk properly prepared with above Pitta-subduing drugs.

**Shleshmashmari Chikitsa:** Ghrita of Goat's milk should be cooked with the decoction of Varunadi Gana, Guggulu, Cardamom, Harenu, Kutha, Bhadradi, Maricha, Chitraka and Devadaru and the Kalka of Ushakadi Gana. This Ghrita breaks up the Ashmari caused by Kapha easily. Often recommended as food and drinks should be alkali, gruels, soups, decoction and milk properly prepared with the above Kapha-subduing medicines.

**Shukrashmari Chikitsa:** Spontaneously brought down to the urinary passage a seminal concretion or gravel, it should be extracted through the same channel. The urethra should be cut open and a hook like instrument (Badisha shastra) or any other tool should be used to remove the stone if the passage does not eject it. The person must refrain from sexual intercourse, horseback riding or an elephant's back, diving, climbing on trees and up mountains and exchanging indigestible substances for one year.

**2. Basti Chikitsa:** All the Acharyas suggest Basti chikitsa in Ashmari. According to Sushruta When decoction of latex trees is delivered through a urethral bath, the calculus flushes out instantly along with the blood accumulated in the bladder.

**3. Kshara Chikitsa:** Acharya Sushruta has promoted the preparation of Kshara from the above medicines to prepare Ghrita. This Kshara removes calculus, abdominal swelling and urinary gravel. To dissolve urinary gravel, an alkali made from Tila, Apamarga, Kadali, Palasha and Yava paste should be taken with the sheep's urine. Patala and Karvira alkali should also be used.

**a) Purvakarma**

- In the first instance, the patient should be compensated by the use of the oleaginous material.
- Then the body channels of the patient are washed and drained with emetics and purgatives, so that all doshas are eliminated.
- After being sedated and massaged with oil, the patient is now given meal.
- After that Bali-pradaan, Mangal-paath, Swasti-vaachan karma is over.
- Collect all the tools and medicines listed in Agropaharaniya adhyay.
- The surgeon must inform the patient afterwards. Positioning of the patient A person with a strong body and not a nervous person should first be made to sit as high as the knee joint on a table. The patient should then be allowed to lie on his/her back on the table positioning in the lap of the attendant, the upper part of his/her body with his/her waist lying on an elevated cloth cushion. Then it is appropriate to contract the elbows and knee joints (of the patient) and bind them by ropes or straps. Pre-operative manipulation of the stone
- After positioning, the patient's umbilical region should be massaging with oil, then pressing down the left side of the umbilical region with a closed fist to bring down the stone.
- The surgeon should insert his lubricated index and middle finger into the rectum. Then the finger should be brought up to the perineum's raphe i. e. in the middle line to put the stone between the rectum and the penis when pushed to appear like an elevated granthi.

**b) Pradhana karma**

- On the left side of the perineum raphe, an incision should be made at the length of a barley-corn and with enough width to allow free stone egress.
- For the ease of the procedure, most experts recommend that the incision to be made on the right side of the perineum raphe.
- In removing the stone from its cavity, careful care should be taken to prevent it from breaking into pieces and

leaving any broken particles behind (inside the bladder). Even if a small particle is left behind then it again increases in size, therefore by the Agravakra yantra (curved forceps) it should be completely removed.

- For women, the uterus is adjacent to the urinary bladder, which is why the stone should be removed by making an oblique and upward incision, otherwise there would be a urine exuding ulcer will occur. During the procedure, any injury to Bastimukha would be attended in a male patient with the same case.
- Patient is fomented by sitting in a Droni after stone removal, which avoids the chance of blood accumulation in the bladder. However, if blood is accumulated in the bladder, a Pushpa-netra instrument should be used to administered decoction of latex trees into the bladder.

### c) Pashchata karma

- A treacle solution is supplied to the patient for clearing the urinary tract, and the operated wound should be lubricated with honey and Ghrita after taking him out from the Droni.
- The patient should be given a yavagu boiled with drugs (which purify the urine) and combined with Ghrita for three consecutive days every morning and evening.
- After that, rice milk and a large amount of treacle are given to the patient for ten days (for urine and blood purification, as well as moistwound).
- After the lapse of ten days, the patient is made to share a diet (rice) with the soup of Jangala animals' flesh and the expressed citrus fruit juice.
- The patient's body is carefully administered sudation therapy either by oil or by liquid after that period. Then the wound with the decoction of latex trees should be cleaned.
- The wound is filled with pastes from, Rodhra, Madhuka Manjishtha and Prapundarika.
- The wound should be treated with medicated oil or ghrita prepared from the same substance together with Haridra. Precaution during Surgery In a situation where the stone is handled, the person drops down motionless with his head bent down and eyes fixed on the vacant stare like that of a dead man, no effort should be made to remove the stone. In such a scenario, the death is sure to follow. In the absence of such an event, the procedure should be continued.

As Sushruta explained the initial line of treatment Snehana<sup>[20]</sup> as a major tool, here Avapidaka Snehana is one of the ideal choices of Snehana, as explained by Vagbhata in Astanga Hrudaya Sutrasthana 4th chapter "Rogaanutpaadaniya Adhyaya". The diseases in Adhonaabhogata Vata can be pacified by the administration of medicated ghee in Madhyama Matra - the quantity that digests within a period of 12 hours only. In two divided doses- One part of Ghee before food and the Second part after the proper digestion of formerly taken Ghee and Food. This mode of administration of Ghrita is known as 'Avapidaka sneha<sup>[21]</sup>'. It helps in reducing the Vibhanda lakshanas, Mutrasanga, Adhmana, Atopa etc in turn helps in reducing the abdominal pressure. Followed by Sadyo Virechana can help to remove all vitiated Doshas from root and it will reduce the re-occurrence of calculi.

### Virechana in Mootrashmari

- Gandarva Hastadi Eranda Taila can use as Nitya Virechana with small dosage with Ksheera. Dose fixation

after accessing Kosta of patient. After Shodhanartha Snehapana Virechana with Tilvala Gritha is indicated in Mootrashmari.

- Grithas like Varunadi, Shatavari, Trikantakadi etc. indicated in Mootrashmari can use for Shodhanartha Snehapana purpose. After assessment of Kosta, Virechana dose should fix.
- Abhayadi Modaka is another Yoga which is indicated in Mootrakricha.

### Ingredients of Abhayadi Modaka

Abhaya, Mareecha, Shunti, Vidanga, Amlaki, Pippali, Pippli Moola, Tvak, Musta, each one part, Danthi - 2 part, Trivruth - 8 part, Sharkara, Madhu. Dosage - Karshapramana (12g)

### Basthi Prayoga in Mootrashmari

Basti Chikitsa has important role in Ashmari Ashmariharayukta Nirooha or Snehika Basti is indicated in this condition. According to Astanga Hridaya for Uthara Basthi Kevala Snehana can use. Uthara Basthi with Varunadi Taila There is a reference of Uttara Basthi in classics for Mootrashmari. In Astanga Hridaya there is a direct use of Varunadya Tailam in the form of Anuvrasna Basthi for Mootrashmari Chikitsa. So, in clinical practice after Kosta Shodhana Varunadyam Taila can be given through Mootra Marga as Uthara Basthi. Other Ashmagna Taila and Grithas also can be used in Uttarabasthi.

**Pathya-Apathya:** Charaka Samhita Harita Samhita, Bhaishajya Ratnavali mentioned Ashmari's Pathyapathya, but it was not listed explicitly by Acharya Sushruta. Pathya: Useful in Ashmari are Langhana, Vamana, Virechana, Basti, Avagaha sweda. The recommended dietetic items are Yava, Kulattha, Purana Shali, Mudga, flesh of Krauncha bird, Yavakshara and all Vata Nashaka Aahara. Most of these items are Vatanulomana and Mutrala. Gokshura, Yavakshara, Varuna, Punarnava and Pashanabheda are also listed as medicine.

**Apathya:** According to Acharya Sushruta, for Ashmari Ativyayama (physical work or exercise), Adhyashana, Samashana, Sheeta, Snigdha, Guru, Madhura Aahara, defecation and micturition suppression and heavy diets are viewed as Apathya. For Ashmari, according to Acharya Charaka, Vyayam, Sandharana, Sushka, Ruksha, Pishtanna, Vaartaka seven, Vyavay, Kharjur, Shalook, Kapittha, Jambav, Bisma (kamal mool), Kashaya rasa sevana etc.

### Discussion and Conclusion

Mutrashmari can be correlated with urolithiasis. It is one of the most common and painful diseases of urinary system. Acharya Sushruta has described the problem of Mutrashmari under ashtamahagada. Ashmari can grow in any part of mutravaha srotas. Based on the variation in the characteristic features of pain it is concluded that the nature of pain is depending on the location of the stone where it is lodged. Ayurvedic drugs has potential to act as antilithogenic by multiple actions such as diuretic, alteration of physiological pH, regulates crystalloid imbalance, antimicrobial activity, anti-inflammatory, analgesic activity and improve renal function. Even after surgery the formation of a subsequent stone does not stop. Thus for there is no drug or therapy known that would dissolve or fragment the stone in the system by changing the lithogenic potential of a particular



person. Hence in this aspect Ayurvedic drugs like Varuna, Punarnava etc are useful

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## An ayurvedic review concept of *Vatashteela mutraghat* W.S.R TO BPH (Benign Prostatic Hyperplasia)

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**Abstract**

As a person enters into geriatric age group so many health issues start in the form of chronicity like osteoarthritis, dementia, Alzheimer's disease and Parkinson's, osteoporosis, COPD and diseases related to lower urinary tract symptoms (LUTS) which are quite common in old aged males. There are various diseases related to LUTS in which most common which is found at higher incidence rate is BPH. Since ancient time *Ayurveda* had explained urology under the section of *Ashmari*, *Mutrakrichhra* and *Mutraghat*. Acharya Sushruta explained symptoms like inability to pass urine completely, straining frequent micturition and nocturia under *Mutraghat*. This disease belongs to *Mutravah strotas* (Urinary tract). BPH is benign enlargement of prostate which occurs after age of 50 years but usually between 60 and 70 years age group. In Modern science conservative and surgical treatment explained where as in *Ayurveda* Acharya mentioned various *Kashaya*, *Uttarbasti* and various *shodhanopakrama* for the management of *vatashteela*.

**Keywords:** BPH (Benign prostatic hypertrophy), mutraghat, vatashteela, mutrashteela, uttarbasti

**Introduction**

Benign prostatic hyperplasia is an enlargement of prostate above 50 years of age, which is non-malignant overgrowth of the prostate gland. Usually occurring in between 60 and 70 years age. BPH affects both glandular epithelium and connective tissue stroma [1].

Other names of BPH are senile enlargement of the prostate, adenoma, adenomyoma, benign prostatic hyperplasia or hypertrophy and nodular hyperplasia [2].

In India Prevalence rate of BPH is 37% in the age group more than 50 years.

By the age of 60 years 50% of the men have histological evidence of BPH [3].

As *Ayurveda* is an ancient science of medicine had explained about the diseases of urinary tract system i.e. *mutravaha strotas* under the topic of *Ashmari*, *Mutraghat* and *Mutrakricchara*.

BPH is correlated with *Vatashteela*. *Vatashteela* is a disease of *Mutravah strotas*, which is one among the 12 types of *Mutraghat* described by *Acharya Sushrut* [4]. The term *Mutraghat* is composed of two words "Mutra" and "Aghat" means obstruction in the passage of urine which leads to low urine output. "Mutraghato mutravarodh" [5].

*Acharya Sushruta* explained complete pathophysiology of *Vatashteela* as the *apan vayu* situated in the space between rectum (*shakrinmarga*) and urinary bladder (*basti*) which produces a hard swelling like a stone, immobile and prominent growth. This growth causes obstruction in the passage of stool, urine and flatus (*Vida Mutranil Sanga*) leading to distension of bladder due to retention of urine and severe pain at suprapubic region. [6]

*Acharya Dalhan* had explained regarding the structure and location of *paurush granthi* in the body i.e. in the *bastimoola Pradesh*. [7]

The *vatashteela* shows the symptoms like urine retention, incomplete voiding, dribbling and frequent micturition along with this straining for micturition. All these are the features of Lower Urinary Tract Symptoms (LUTS) and can be correlated with Benign Prostatic Hyperplasia according to modern.

**Clinical features of BPH:** Hesitancy, Dysuria, Frequency, Urgency, Haematuria, Pain, Retention of urine, renal failure, Prostatism [8].

*Sushrut* has described general guidelines for management of all types of *Mutraghat* by using *Kashay*, *Kalka*, *Avaleh*, *Kshira*, *Madya*, *Upanaha*, *Avagah Swed* and *uttar basti*. Other *shodhan upkram* also advised.

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## Aim and Objectives

To do literature-based study of Mutraghat and vatashteela along with its modern aspect.

**Material and Methods:** All data for this study is collected from an ayurvedic literature viz. Laghutrayi and Bruhatrayi and from some published articles related to Vatashteela.

## Ayurvedic Review

### Samhita period

The samhita period (1500-1200 BC) is supposed to be the golden period of when the Ayurveda developed as a scientific and systematic system of medicine. In the samhitas detailed description regarding the anatomy, physiology, causative factors, classification, clinical features and management of various urological conditions explained.

### Classification of Mutraghat according to different Acharyas

Vatashteela is a type of Mutraghat according to different Acharyas it is classified as follows

Sr. No	Sushrut (S.U/58)	Charak (Ch.si/9)	Vagbhat A. Hr.N/9	Madhavkara (M.N./31)
1.	Vatakundalika	Vatakundalika	Vatakundalika	Vatakundalika
2	Vatashteela	Ashteela	Vatashteela	Ashteela
3	Vatavasti	Vatavasti	Vatavasti	Vatavasti
4	Mutrasteeta	Mutrasteeta	Mutrasteeta	Mutrasteeta
5	Mutrajathara	Mutrajathara	Mutrajathara	Mutrajathara
6	Mutrasang	Mutrasang	Mutrasang	Mutrasang
7	Mutrakshaya	Mutrakshaya	Mutrakshaya	Mutrakshaya
8	MutrAGRAnthi	MutrAGRAnthi	MutrAGRAnthi	MutrAGRAnthi
9	Mutrasukra	Kricchra	Mutrasukra	Mutrasukra
10	Ushnavata	Ushnavata	Ushnavata	Ushnavata
11	Mutroksada pittaj	Mutroksada	Mutrasada	Mutrasada
12	Mutroksad kaphaj	Vidvighat	Vidvighata	Vidvighata
13	-	Vastikundala		Vastikundala

**Sushruta Samhita:** Acharya Sushrut is the father of shalyatantra (surgery) who had been given the detailed description regarding various diseases. Sushruta had explained in detail regarding anatomy, physiology and Pathophysiology of various diseases of Mutravaha strotas along with its hetu, purvaroop, roop, samprapti and chikitsa. In the topic of Ashmari nidan Acharya Sushruta mentioned the location of basti and physiology of formation of urine. Acharya Sushruta has explained Mutraghat in uttar tantra in the 58<sup>th</sup> adhyay in this adhyay he mentioned 12 types of Mutraghat in which vatashteela is mentioned.

**Charak Samhita:** In charak samhita description regarding anatomy, physiology diseases of mutrawah strotas and its management given but in different sthan.

Explained the factors which causes diseases mutravaha strotas in viman sthan those are holding urine for long time, excess coitus, trauma at the place of mutravaha strotas and weakness. Also explained the symptoms of diseases excessive and frequent micturition, dysuria and painful micturition

In sutra sthan adhyay 4 shadvirechanashatashritiya in which he mentioned Mutrasangrahaniya, Mutravirechaniya and Mutraviranjaniya kashaya mentioned [9].

In siddhi sthan thirteen types of basti rogas have been mentioned under the caption of Mutradosha, which are similar to that of Mutraghat as explained by the Acharya Sushruta.

## Ashtang Sangrah & Ashtang Hridaya

Mutraghat has been described in detail in the adhyay of Mutraghat nidan, which includes Mutrakricchra and Ashmari roga. Even he explained anatomy and physiology of mutravaha strotas. Ashtang sangrahkar categorized diseases of mutravaha strotas into parts i.e. Mutra – atipravrittijanya and Mutra – Apravrittijanya Roga.

## Madhav Nidan

In Madhav nidan Madhavkar mentioned all the diseases of Mutravaha Strotas in separate parts i.e. Mutraghat, mutrakricchra and Ashmari [10]. He also described the Mutraghat same as per the Charak and Sushrut. He has differentiated Mutraghat and Mutrakricchra on the basis of obstruction to the flow of urine and stream of the urine.

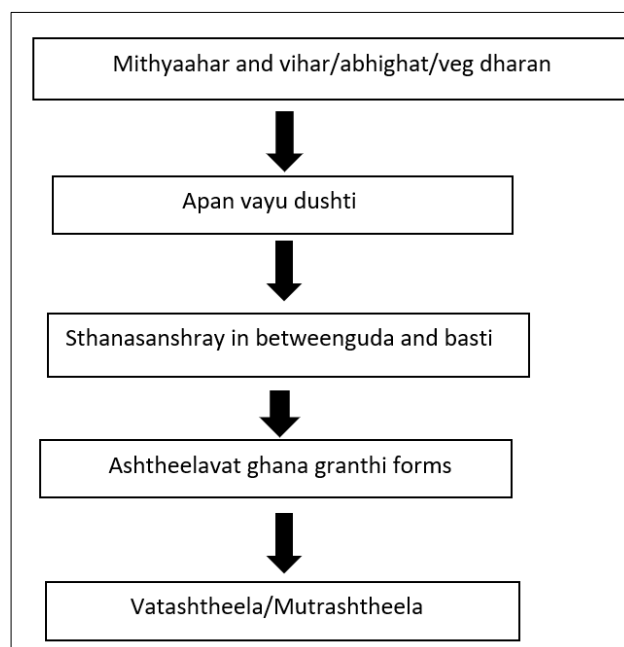
**Bhavprakash:** Vitiated apan vayu causes distention between Gud and Mutrashaya region due to which there is a formation of painful, mobile lump (Granthi) results into obstruction of the passage of urine [11].

Even Acharya mentioned the management of Mutraghat in detail along with its kalp in pain associated Mutraghat snehan, swedan performed after this virechan and uttarbasti advised to treat it. [12].

## Nidan (causative factors) [13]

1. Vata prakopak ahar- vihar
2. Vegaavdharan
3. katu-tikt ahar
4. Adhyasan
5. Ajeernashana

## Samprapti [14]



## Samprapti Ghatak

Dosh	Apan vayu
Dushya	Ras, Rakt, Swed, Mootra
Agni	Dhatwagni, Jatharagni
Sthana	Pakwashay
Adhishthan	Basti
Strotas	Mootravah strotas
Strotodushti	Sanga, Vimargagaman, SirAGRAnthi
Sadhyasadhya	Krichrasadhyata

**Chikitsa**

Ayurvedic approach

1. *Nidan parivarjan*.
2. *Shodhan (Abhyang, Niruh basti, Uttarbasti, Virechan)*
3. *Shaman (Vatashamak chikitsa)*.
4. *Mootrakrichhra chikitsa*.
5. *Rasayana*
6. *Pathyapathya*

**1. *Nidan /Hetu parivarjan*:** Avoiding the exposure to causative factors i.e. nidan/ hetu

**2. *Shodhan*:** When doshas inside body raises and shows its signs and symptoms at this time *shodhan karm* is performed in which *snehan* followed by *swedan* is performed after this *sneh virechan* given.

**Contents of the Uttarbasti tail:** *Teel tail, madhu, saindhav and bheemseni karpur*

**Mechanism of action of Uttarbasti:** As it contains madhu and saindhav it is having properties of lekhan and ksharan karm it acts on the size of prostate glands and also improves urine flow rate.

So many drugs are used in uttar basti but the media through which it is given is teel tail. So here probable mode of action is described. Teel tail is having vaat kaph shamak, mrudu, sukshma, sar, vikasi properties. It can be absorbed into deeper tissues and cells which results into increase in elasticity and proper healing of the tissue along with regeneration of tissues. Teel tail also helps in reducing the shoth over the paurush granthi by reducing vaat and kaph dosh as it is having vaat kaph shamak properties. The poorana of *basti* is done by *tila taila* according to *Upasnehan Nyaya*. The detrusor muscles which become hypertrophied or atonic in case of benign prostatic hyperplasia, are nourished & rejuvenated by *tilataila*. Hence frequency & urgency of micturition are minimized. Also it helps to improve force of urine stream.

**Drug formulations**

1. Kwath of Nal, kush, kash, ikshu, bala and mishri (rock candy) given early in the morning.
2. Kwath of Veerataradi gan with Shilajeet
3. Root of Mayurshikha (*Adiantum caudatum*) with tandulodak used to treat Mutraghat.
4. Chandraprabha vati.
5. Gokshuradi guggulu
6. Pashanbhedadi churna
7. Dhanyagokshur ghrut

**Benign enlargement of the prostate/ benign prostatic hyperplasia (BPH) As per Modern medicine**

A few other names have been given to this condition like senile enlargement of the prostate, adenoma, adenomyoma, benign prostatic hyperplasia or hypertrophy and nodular hyperplasia.

Hormonal influence on the prostate - The principal hormone, which acts on prostate, is testosterone secreted by the Leydig cells of the testis under the control of luteinizing hormone (LH) of anterior pituitary, which is again under control of luteinizing hormone-releasing hormone (LHRH) of hypothalamus. An enzyme called 5  $\alpha$ -reductase, which is present in high concentration in prostate, converts testosterone to 5-dihydrotestosterone (DHT). In old age serum oestrogen is increased which acts on the hypothalamus decreasing the

secretion of LHRH and hence LH, causing ultimately decrease in serum testosterone level. Moreover. Oestrogenic steroids secreted by the adrenal cortex in aging male play a part in disrupting the balance between DHT and local peptide growth factors thus increasing the risk of benign prostatic hyperplasia.

**Aetiology**

Though the pathology has been well established that it is a nodular hyperplasia, but its cause is not known definitely. It is a disease process with a well-defined age incidence. It is essentially a disease of old age, after 50 years. Only under the rarest circumstances it may occur in early life. Sir Benjamin Bordie's adage is very appropriate in this respect. He said, 'when the hair becomes grey and thin, when there forms a white zone around the cornea, at the same time ordinarily, I dare say invariably, the prostate increases in volume'.

Two theories have been put forward to indicate the cause of such hypertrophy of the prostate as follows -

**(I) The hormone theory**

According to this theory it is caused due to disturbance in the ration of DHT and estrogen. Level of testosterone. Activation of alpha-1 adrenoreceptors, which increases bladder neck and prostate smooth muscle tone

**(ii) The neoplastic theory**

Fibrous tissue proliferation of all the elements of prostate like fibrous, muscular, and glandular resulting in fibromyoinoma of prostate which leads to formation of BPH.

**Pathology:** BPH usually involves median and lateral lobes or one of them. It involves adenomatous zone of prostate, i.e. sub mucosal glands. Median lobe enlarges into the bladder. Lateral lobes narrow the urethra causing obstruction. Urethra above the verumontanum gets elongated and narrowed. Bladder initially takes the pressure burden causing trabeculations, sacculations and later diverticula formation.

Enlarged prostate compresses the prostatic venous plexus causing congestion, called as vesical piles leading to haematuria.

Incrimination of BPH as the source of haematuria before excluding other causes is termed as "Decoy prostate". Kidney and ureter: Backpressure causes hydronephrosis and hydronephrosis. Secondary ascending infection can cause acute or chronic pyelonephritis.

Often severe obstruction can lead to obstructive uropathy with renal failure. BPH causes impotence [15].

**Clinical Features**

- Frequency occurs due to introversion of sensitive urethral mucosa into the bladder or due to cystitis and urethritis.
- Urgency, hesitancy, nocturia.
- Overflow and terminal dribbling.
- Difficulty in micturition with weak stream and dribble.
- Pain in suprapubic region and in loin due to cystitis and hydronephrosis respectively.
- Acute retention of urine.
- Chronic retention also can occur in BPH. 0
- Retention with overflow. High pressure chronic retention with functional obstruction.
- Impaired bladder emptying with its problems like cystitis, urethritis, stone formation and residual urine.
- Haematuria.

- Renal failure.
- Prostatism is a combination of symptoms like frequency both at day and night, poor stream, delay in starting and difficulty in micturition.
- Tenderness in suprapubic region, with palpable enlarged bladder due to chronic retention. Hydronephrotic kidney may be palpable.
- Per rectal examination shows enlarged prostate.
- Features of urinary infection like fever, chills, burning micturition <sup>[15]</sup>.

### Special Investigations

1. **Examination of urine:** Microscopic, culture and sensitivity
2. **Examination of blood:** Serum urea, N.P.N. and creatinine should be performed to assess renal function besides the usual blood count, haemoglobin estimation and E.S.R.

### 3. Estimation of prostate-specific antigen (PSA) <sup>[16]</sup>

It is used as a marker for prostatic disease. It is more important in the diagnosis of carcinoma of prostate. The normal upper limit is about 4nmol/ml. In benign hyperplasia of prostate the level goes upto 4-10nmol/ml. In localised cancer the level goes upto 15nmol/ml. In metastatic cancer the level goes upto 30nmol/ml.

### 4. Post void residual (PVR) estimation <sup>[17]</sup>

Although there is a high degree of extra individual variation in the PVR it may still provide valuable information with regard to bladder emptying. It may not distinguish adequately between bladder outlet obstruction and poor detrusor function. Greater than 300 ml considered a potential risk factor for upper urinary tract dilation and renal impairment.

### 5. Uroflowmetry <sup>[18]</sup>

Uroflowmetry is the electronic recording of the urinary flow rate throughout the course of micturition. It is a common non-invasive urodynamic test used in the diagnostic evaluation of patients presenting with symptom of BOO. Some considers Uroflowmetry most useful urodynamic technique for the assessment of obstructive uropathy.

6. Straight X-Ray
7. Excretory urography
8. Cystoscopy
9. Ultrasonography
10. Transrectal ultrasound scanning

### Differential Diagnosis

1. Stricture urethra.
2. Bladder tumour,
3. Carcinoma prostate.
4. Neurological causes of retention of urine like diabetes, tabes dorsalis, disseminated sclerosis, Parkinson's disease.
5. Neurogenic bladder
6. Idiopathic detrusor activity.
7. Bladder neck stenosis; bladder neck hypertrophy <sup>[19]</sup>.

### Complications of BPH

1. Retention of urine (Acute and chronic)
2. Recurrent urinary tract infections
3. Bladder calculi

4. Secondary bladder instability
5. Haematuria

### Management of BPH

Treatment of BPH depends upon the severity of the disease. Patients with mild symptoms may be treated on conservative basis and if the disease progresses it should be treated on the basis of surgical intervention.

### Conservative management

1. Regular prostatic massages may combat prostatic congestion.
2. To protect vesical tone the patient should be cautioned against excessive intake of fluid in a short period of time. Similarly alcohol should be avoided due to its diuretic effect. Also to avoid the fluid intake at evening and avoid caffeine and smoking.
3. Alpha 1 adrenergic blocking agents-which inhibit smooth muscle contraction of prostate. They reduce the bladder neck resistance so as to improve the urine flow
  - a) Short acting drugs - prazosin and indoramin
  - b) Long acting drugs are terazocin and doxazosin
  - c) Adrenoceptor blocking agent: Tamsulosin 0.2 to 0.4 mg OD for 12 weeks.
  - d) 5-alpha reductase inhibitor inhibits conversion of testosterone to dihydrotestosterone.

### Surgical interventions

1. Suprapubic prostatectomy
2. Retropubic prostatectomy
3. Transurethral prostatectomy
4. Transurethral resection of prostate
5. Trans urethral microwave therapy
6. Trans urethral laser ablation of the prostate

### Discussion

BPH is very common health problem in geriatric age group and incidences are also increasing day by day. BPH is correlated with Vatastheela which is subtype of Mutraghat in Ayurveda as the sign and symptoms resembles with each other. In old age group Vaat dosha is dominant, as the vaatashtela also develops due to vitiated vaat dosha. Due to increase in apan vayu and kaph which gets located at basti and gud Pradesh which produces stone like swelling due to which obstruction to the flow of urine occurs and related symptoms like dribbling of urine, burning micturition, hesitancy, pain at suprapubic region. Mutraghat can be treated with Aushadh chikitsa, basti karm and by following lifestyle changes. Sushruta had mentioned certain principles for the management of all type of Mutraghata with use of Kashaya, Kalka, Avaleha, Kshar, Madya, Aasava, Snehana, Swedana, Basti and Uttarbasti which is based on pathogenesis told in Ayurveda classics.

Mootra-virechaniya and Mutra-visodhaniya drugs are useful in benign prostatic hypertrophy like Gokshuradi Guggulu, Punarnavdi Guggulu, Chandraprabha vati etc. Drugs having Vata and Kapha pacifying properties like Yavakshara, Moolak kshara etc can be prescribed. The dose of all the above mentioned drugs should be adjusted according to severity of disease and strength of patient.

Vasti karma: Vata dosha is highly influencing element in the genesis of benign prostatic hyperplasia. Vata pacifying Vasti (i.e. uttar vasti) is effective in reducing the symptoms of BPH

with kashayas of Dashamool, Gokshuradi and Varunadi Gana medicines.

### Conclusion

BPH affects the normal physiology of urination and also causes the another related diseases like cystitis, bladder calculus, hydronephrosis etc. In Ayurveda vatashtheela is correlated with BPH. From above review it is concluded that uttar basti is very much effective in giving relief from the symptom i.e. it improves urine stream flow, reduces post void volume of urine in the bladder.

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# LITERARY REVIEW OF NIDANPANCHAK OF VICHARCHIKA W.S.R. TO ECZEMA.

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**Abstract:** In Ayurveda, all skin diseases are categorized under the term 'Kustha,' which is further divided into two types: 'Maha Kustha' and 'Kshudra Kustha.' One of the conditions falling under Kshudra Kustha is 'Vicharchika,' which typically follows a chronic course and is often challenging to cure. Even when it is treated successfully, relapses are common. Vicharchika is characterized by symptoms such as itching (Kandu), discharge (Srava), vesicles (Pidika), and skin discoloration (Shyava vrana). The clinical presentation of Vicharchika is like modern dermatology's description of eczema, also known as atopic dermatitis. Eczema presents dry and itchy skin, displaying areas of poorly defined redness and scaling. In the acute phase, eczema may have blisters and oozing, while in the chronic phase, it can become hyperpigmented and thickened (lichenified). Scratches and marks from scratching are commonly observed. Modern dermatology has made significant advancements, but there is no specific medication that guarantees a complete cure for eczema. Symptomatic treatments, such as antihistamines and steroids, are used, but they come with serious side effects like kidney damage, osteoporosis, and an increased risk of skin cancer. Ayurveda provides a treatment approach that addresses the root cause of eczema by purifying the imbalanced doshas and dhatus. The primary treatment modalities in Ayurveda for this condition include Shodhana (cleansing), Shamana (pacifying), and Rasayana (rejuvenation) therapies.

**Index Terms - Kushtha, Mahakushtha, Vicharchika, Eczema.**

## I. INTRODUCTION

In today's modernized world, people place significant importance on their appearance, often spending considerable amounts of money on cosmetic enhancements. However, it is crucial to recognize that inner well-being is equally important. Neglecting internal health can lead to bodily toxicity, which can manifest in various ways, particularly on the skin. The skin serves as the body's primary interface with external environmental factors, including physical, chemical, and biological agents. It acts as a reflective mirror, providing insights into both internal and external health conditions and aiding in the diagnosis of diseases (as mentioned in the 18th edition of Davidson's). Skin issues can affect individuals of all ages, from newborns to the elderly, causing discomfort, disfigurement, disability, and other challenges. In clinical practice, we frequently encounter patients with skin diseases who suffer not only physically but also mentally. Skin ailment sufferers often experience depression because these conditions erode their confidence in facing the world. While skin diseases rarely result in fatality, they can lead to disfigurement, discomfort, depression, and disability. Among the various skin ailments prevalent in society, such as Taenia infections, psoriasis, and eczema, eczema affects a significant portion of the population. Chemical exposure and allergens can directly contribute to this condition. The rapidly changing lifestyle patterns also contribute to the rising incidence of skin diseases. The use of cosmetics in modern times is another factor contributing to skin issues. Ayurveda offers promising solutions for these skin conditions, primarily due to its timeless principles. Ancient texts outline two therapeutic approaches: Shodhana and Shamana. Shodhana involves the elimination of morbid doshas from the body, while Shamana therapy focuses on pacifying and treating the remaining doshas. Additionally, Rasayana therapy is employed.

## Nidanpanchak Review Of Vicharchika –

According to Achary Charak, Vicharchika is characterized by skin lesions accompanied by symptoms like Kandu, Pidka, Shyava, and Bahusrava.<sup>[10]</sup> Acharya Charak classified it as a disorder primarily driven by an imbalance in the Kapha dosha. Acharya Sushrut's definition of Vicharchika involves a combination of prominent lines, intense itching, pain, and skin dryness at the lesion site.<sup>[11]</sup> Acharya Sushrut categorized it as a condition primarily influenced by an imbalance in the Pitta dosha. Acharya Vagbhat included "Lasikadhya" instead of "Bahusrava" as a symptom, but the other characteristics remain the same as described by Acharya Charak.<sup>[12]</sup>

## Nidan –

The factors responsible for the development of a disease are known as "Nidan" <sup>[13]</sup>, and understanding these factors is essential for preventing the disease. While there isn't a specific description of the etiological factors for Vicharchika, it is categorized as a type of Kshudra Kushth (skin disorder), so the causative factors accepted for Kshudra Kushth are generally considered applicable to Vicharchika <sup>[14]</sup>. The Nidan (causes) of Kushth, including its subtypes, can be classified into the following categories:

**Aharaj hetu:** These are the primary dietary causes of Kusht, with "Viruddh aahar" (incompatible diet) and "Mithya aahar" (improper diet) being the main dietary factors.

a) Mithya aahar: Mithya aahar is defined as dietary intake that goes against the principles outlined in the Ashtau aahar vidhi vishesh aayatanani, which are guidelines for proper dietary habits.

b) Viruddh aahar: There are 18 types of viruddha aahar, as described by Acharya Charak, such as desh (place), kaal (time), agni (digestive capacity), matra (quantity), satmya (adaptation), dosh (body constitution), sanskar (preparation), veerya (potency), kosht (gastrointestinal tract), avastha (condition), karma (activity), parihara (remedies), upachar (treatment), vidhee (rules), viruddh (opposite), and others. Mithya and Viruddh Aahar cause Agnimandya (weak digestion) in patients, which leads to incomplete digestion and fermentation. This, in turn, results in the production of Ama (undigested material), leading to Tridosh dushti (imbalance of the three doshas) and the formation of vitiated Kled (body fluids). Due to the relationship between Ashrya (host) and Ashrayi (agent), this leads to impairment of Mansa (muscle tissue), Twak (skin), Lasika (lymph), and Rakta (blood), ultimately causing Vicharchika.

**Viharaj hetu:** These are lifestyle-related causes, including improper daily activities, such as excessive exercise, abrupt changes in temperature, and improper methods of undergoing Panchakarma therapy. This category can also include "Aupsargik Vyadhi" (contaminated diseases) as described by Acharya Sushrut.

a) Mithya vihar: This refers to improper activities, such as excessive physical exertion and sudden shifts between hot and cold environments.

b) Panchakarma apcharan: Inadequate practices during Panchakarma therapy, like improper administration of snehapan (ingestion of medicated ghee), can lead to skin diseases.

c) Vega Vidharan: Acharya Charak mentioned thirteen natural urges in sutrasthan, the suppression of which can be harmful to the body.

**Aacharaj hetu:** This category includes behavioral causes, with "Achar hetu" being recognized as an essential factor for Kusht. It involves disrespectful behavior towards teachers or other honorable individuals.

**Purvarupa –**

Sr.No	PURVARUPA	Cha.	Su.	A.H
1	Parushyam	+	+	-
2	Atislaksnatvam	+	-	+
3	Vaivarnyam	+	-	+
4	Kandu	+	+	+
5	Nistoda	+	-	+
6	Suptata	+	+	+
7	Paridaha	+	-	+
8	Lomaharsha	+	+	+
9	Kharatvam	+	-	+
10	Usmayanam	+	-	-
11	Gauravam	+	-	-
12	Shvayathu	+	-	-

**Rupa –**

The Sushruta Samhita defines Vicharchikas as having "excessive pain and itching" <sup>[15]</sup>, while the Charak Samhita provides a slightly different description, stating that Vicharchika consists of "itchy, blackish pimples with excessive discharge" <sup>[16]</sup>.

**Kandu:** This is an extremely distressing symptom characterized by severe itching.

**Pidika:** In Charak's explanation, Pidika occurs when vitiated Pitta accumulates in the Twacha (skin) and Rakta (blood), leading to inflammation and redness.

**Srava:** Acharya Charak describes Srava as profuse discharge from the lesions.

**Shyava:** This is a distinctive feature of Vicharchika lesions, characterized by their blackish appearance.

**Raji:** Sushruta mentions this symptom, where "Raji" refers to the presence of lines or markings. Raji occurs due to vitiated Vata.

**Rukshata:** This indicates dryness within the skin lesions.

**Ruja:** Ruja refers to pain or discomfort experienced by the patient due to the chronic nature of the disease.

Understanding these clinical features and symptoms helps in diagnosing and differentiating Vicharchika.

Sr.No	RUPA	Cha.	Su.	A.H
1	Kandu	+	+	+
2	Pidika	+	-	+
3	Shyavata	+	-	+
4	Srava	+	-	+
5	Raukshya	-	+	-
6	Raji	-	+	-
7	Ruja	-	+	-

**Samprapti –**

The excessive consumption of substances that resemble the doshas can lead to an imbalance of these doshas within the body, and in Ayurveda, we refer to these factors as "Nidana." When the doshas become imbalanced, they tend to disperse throughout the body, moving from one location to another. When these vitiated doshas find suitable conditions in specific parts of the body, it can lead to the occurrence of diseases, which are referred to as "Aamaya." This entire sequence of events and the progression from dosha imbalance to disease manifestation is termed "Samprapti" <sup>[17]</sup>. As mentioned in Kustha Samanya Samprapti there is vitiation of Tridosha with derangement in Twak, Mansa, Vasa, Lasika.



In Vicharchika, four physiological channels, known as "Srotasas," become affected. These are the Raktavaha Srotasa (blood-carrying channel), Rasavaha Srotasa (lymph-carrying channel), Mamsavaha Srotasa (muscle-carrying channel), and Ambuvaha Srotasa (water-carrying channel).

The symptom of severe itching or "Kandu" is observed when Kapha, Pitta, Rakta (blood), and the Raktavaha Srotasa are involved. The presence of discharge and excessive moisture, denoted as "Srava" and "kleda," results from the influence of Pitta and Kapha doshas, along with the impairment of the Rasavaha Srotasa and Ambuvaha Srotasa. The development of boils or "Pidika" is attributed to the involvement of Pitta, Rakta, Mansa (muscle tissue), and the Srotasas related to these tissues, namely the Raktavaha Srotasa and Mansavaha Srotasa. The manifestation of dark discoloration, known as "Shyavata," is linked to the Vata dosha, disturbance in the Rasa Dhatu, and the impairment of the Rasavaha Srotasa. In essence, Vicharchika's various symptoms are the result of the imbalances and disorders in these specific doshas and physiological channels.

#### **Samprapti ghatak –**

Dosha – Tridoshaja

Dusya – Twak, Rakta, Mamsa, Lasika

Agni – Jatharagni, Dhatvagnimandya of (Twaka, Rakta, Mamsa, Lasika Dhatus)

Srotasa – Rasavaha, Raktavaha, Mamsavaha, Ambuvaha

Srotodusti Lakshana – Sanga and Vimargagamana

Marga – Bahya Rogamarga

Udbhava Sthana – Amashaya & Pakvashaya

Sankara Sthana – Tiryaka-Gami Sira

Gati – Tiryak

Ashiathana – Twaka & Uttarottora Raktadi Dhatu

Vyadhi Svabhava – Chirakari.

#### **Pathya and Apathya in Ayurveda:**

Nidana Sevana, which is the consumption of causative factors, leads to various pathological changes in the body, ultimately giving rise to disease. On the other hand, Nidana Parivarjana, or the avoidance of these causative factors, helps in halting the progression of the disease process within the body. Therefore, the concepts of Pathya (beneficial) and Apathya (harmful) dietary and lifestyle practices play a significant role in the management of various diseases <sup>[18]</sup>.

#### **Pathya**

Diet (Ahara): Pathya diet includes light foods like Laghu Anna, bitter vegetables (Tikta shaka), old grains (Purana Dhanya), lean meat (Jangala Mansa), green gram (Mudga), bitter herbs like Patolam and Nimba, Triphala, Shalishashtika rice, barley (Yava), wheat (Godhuma), lentils (Masura), and honey (Makshika). It also involves therapies like Pana (ingestion), Parisheka (sprinkling), and Avagaha (immersion) of Khadira Kashaya, along with the use of Bakuchi and more.

#### **Vihara –**

Pathya lifestyle practices include self-massage (Abhyanga) with Karanja Taila, rubbing or Utsadanam with Aragvadhadi Kashaya, consumption of Khadira Kashaya, and Parisheka Avagaha therapy, among others.

#### **Apathya –**

**Ahara** - Apathya diet involves heavy or Guru Anna, sour tastes (Amla Rasa), milk (Dugdha), yogurt (Dadhi), meat from marshy areas (Anupa Mansa), jaggery (Guda), sesame seeds (Tila), horse gram (Kulattha), fish (Masha), sugarcane (Ikshu), various food combinations that are not compatible (Viruddha Ahara), and irregular or inappropriate dietary habits (Vishama ahara).

**Vihara** - Apathya lifestyle practices include daytime sleeping (Diva Svapna), excessive sweating (Swedana), overexertion (Ativyayama), suppressing natural urges (Vegavdharana), and engaging in sinful actions (Papa Karma). In summary, Pathya encompasses beneficial dietary choices and lifestyle practices that support the management of diseases, while Apathya involves harmful dietary and lifestyle practices that should be avoided to prevent exacerbation of the condition.

#### **Prevalance Of Eczema –**

Eczema, also known as Atopic dermatitis, is a significant global public health concern. Its occurrence among children varies widely, ranging from 0.7% to 26%, while in adults, it typically falls between 1% and 3%. Interestingly, there is a notable difference in its prevalence between developing and industrialized countries, with lower rates in developing nations. William et al. have reported that in children, there is a higher incidence of eczema among males, while in adults, females are more commonly affected. Over the past three decades, the prevalence of eczema has surged two to threefold, indicating that environmental factors now play a more prominent role in triggering this condition. Severe eczema during childhood, a family history of eczema, and an early onset of the condition are indicators of a poorer prognosis. <sup>[1-6]</sup>

#### **Disease Review Eczema –**

Eczema, also known as dermatitis, represents an inflammatory skin response pattern primarily triggered by delayed-type hypersensitivity mediated by memory T lymphocytes within the skin <sup>[7]</sup>. The clinical manifestations of eczema can be categorized into acute forms, which are characterized by moisture and swelling, or chronic forms, which present as dry, thickened skin with scales, depending on how long the irritation persists <sup>[8]</sup>. The term "eczema" is a broad label used to describe various persistent or recurrent skin rashes. These rashes typically exhibit redness, swelling, itchiness, and dryness, often accompanied by symptoms such as crusting, flaking, blistering, cracking, oozing, or bleeding. Occasionally, healed lesions may leave temporary skin discoloration, although scarring is infrequent <sup>[9]</sup>. In cases of long-standing eczema, the skin tends to become dry, thickened, and scaly, displaying hyperpigmentation and visible intersecting lines.

#### **Etiology –**

Individuals with eczema experience issues arising from a compromised skin barrier. The skin's cells play a crucial role in maintaining optimal skin hydration, but in eczema, this barrier function is impaired. Consequently, people with eczema often have dry skin because their skin barrier is less effective at retaining water, which leads to skin dehydration. Additionally, those with eczema are at a higher risk of infection as harmful substances can more easily penetrate their compromised skin barrier. Atopic

dermatitis, a form of eczema, typically involves an imbalanced inflammatory immune response, making the skin more sensitive and prone to irritation from fragrances and allergens.

#### **Epidemiology –**

The occurrence of atopic dermatitis is relatively common, with a lifetime prevalence of approximately 15-30% in children and 2-10% in adults. Interestingly, around 60% of cases manifest within the first year of life. Notably, the prevalence of atopic dermatitis is higher in rural areas compared to urban regions, highlighting the influence of lifestyle and environmental factors in its development. Atopic dermatitis is part of a trio of related conditions referred to as the 'Atopic march,' which signifies the connection between individuals who have atopic dermatitis, asthma, and allergic rhinitis. Remarkably, around 50% of individuals with severe atopic dermatitis will go on to develop asthma, and approximately 75% will develop allergic rhinitis <sup>[19]</sup>.

#### **Pathophysiology –**

Research indicates a genetic component associated with atopic dermatitis, with a common mutation observed in the Filaggrin gene, which plays a crucial role in the maturation of skin cells. This gene is responsible for the formation of the outermost protective layer of the skin, consisting of robust, flat corneocytes. In individuals with normal skin cells, these corneocytes are densely packed and well-organized. However, individuals with a filaggrin mutation experience a dysfunctional skin barrier due to the disorganized arrangement of skin cells. This dysfunction results in a "leaky" skin barrier, leading to water loss and reduced protection against harmful substances. Additionally, people with eczema exhibit a lower quantity of beta-defensins in their skin. Beta-defensins are essential host defense peptides that play a vital role in combatting specific bacteria, viruses, and fungi. A reduction in these peptides increases the likelihood of colonization and infection, particularly by bacteria like *Staphylococcus aureus* <sup>[20]</sup>.

#### **Histopathology –**

The histopathological findings in atopic dermatitis are not specific. During the acute phase when patients have intensely itchy, red papules, histopathological examination typically shows mild thickening of the outer skin layer (epidermal hyperplasia), infiltration of immune cells like lymphocytes and macrophages around the venous network in the dermal layer, and swelling between skin cells in the epidermis (known as spongiosis). In cases of chronic atopic dermatitis, characterized by lichenification (thickened and leathery skin) and fibrotic papules, the skin biopsy may reveal even greater thickening and hardening of the skin's outer layer (hyperplasia and hyperkeratosis). In both acute and chronic phases, there is a persistent presence of inflammatory immune cells in the dermal layer, including lymphocytes and macrophages. Notably, the chronic phase lacks the edema or spongiosis observed in acute phase lesions.

#### **Differential Diagnosis –**

The differential diagnosis for atopic dermatitis includes many eczematous dermatitides including: <sup>[21]</sup>

- Contact dermatitis
- Cutaneous fungal infections
- Seborrheic dermatitis
- Drug eruptions
- Scabies
- Psoriasis
- Ectodermal dysplasia
- Hyper IgE syndrome
- Netherton's syndrome
- Wiskott-Aldrich syndrome

#### **Evaluation –**

The diagnosis is primarily made through clinical assessment, taking into account the appearance of the rash and the patient's medical history. Standard laboratory tests are generally not required. In cases where there is uncertainty about the diagnosis, healthcare providers may consider conducting allergy testing and patch testing as additional measures.

#### **Prognosis –**

The majority of children with eczema will naturally see their symptoms diminish and eventually disappear as they reach adulthood. Nevertheless, those who experience persistent eczema from an early age, develop it later in life, or have more severe forms of the condition tend to face a higher likelihood of prolonged symptoms <sup>[22]</sup>.

#### **Complications –**

Due to the compromised skin barrier in atopic dermatitis, individuals are at an elevated risk of infection from various pathogens, including bacteria, viruses, and fungi <sup>[23]</sup>. While approximately 10% of healthy individuals are naturally colonized with *Staphylococcus aureus* (*S. aureus*), the prevalence of this bacterium exceeds 90% among patients with atopic dermatitis <sup>[24]</sup>. The extent of *S. aureus* colonization is directly related to the severity of the dermatitis <sup>[25]</sup>. Infection with *S. aureus* can lead to conditions such as furuncles, impetigo, or cellulitis. Those who experience recurrent bacterial infections may require treatments such as diluted bleach baths and intranasal mupirocin to reduce bacterial levels on their skin. Patients with atopic dermatitis also face an increased susceptibility to viral infections. Eczema herpeticum is a severe infection caused by the herpes simplex virus-1, presenting with widespread blisters, fever, and fatigue. These blisters tend to cluster and can cover large areas of the body. Eczema herpeticum constitutes a medical emergency with potential complications, including keratoconjunctivitis, meningitis, encephalitis, or secondary bacterial sepsis <sup>[26]</sup>. Another life-threatening viral infection observed in atopic dermatitis patients is eczema coxsackium. This variant of hand, foot, and mouth disease is classically associated with the enterovirus coxsackievirus A16. Instead of the typical presentation of blisters and erosions on the hands, feet, and hard palate, individuals with atopic dermatitis experience widespread blisters and abrasions, primarily in areas previously affected by atopic dermatitis. The rash can bear similarities to eczema herpeticum but typically lacks fever, decreased appetite, or fatigue. Parents may report a brief history of diarrhea or fever a week before the rash emerges. Rare complications include aseptic meningitis.

**Discussion –**

Vicharchika, as described in Ayurveda, shares several similarities with eczema (atopic dermatitis) in modern dermatology. These correlations include:

**Symptoms:** Vicharchika in Ayurveda is characterized by symptoms like Kandu (itching), Srava (discharge), Pidika (vesicles or boils), and Shyava vrana (discoloration). These symptoms align with the clinical presentation of eczema, which typically includes dry, itchy skin with areas of erythema (redness), scaling, vesicles, and discoloration. **Chronic Course:** Both Vicharchika and eczema are chronic skin conditions that can persist over extended periods. They may relapse even after treatment, and managing their chronic nature is a challenge in both Ayurveda and modern dermatology. **Root Causes:** Ayurveda identifies imbalances in doshas (primarily Kapha and Pitta) as contributing factors to Vicharchika. Similarly, eczema is associated with genetic and immune system factors, which can be seen as a modern interpretation of dosha imbalances. **Skin Barrier Dysfunction:** Both conditions involve a dysfunctional skin barrier. In Ayurveda, this is seen as vitiated doshas and srotas (channels), while in modern dermatology, it relates to an impaired skin barrier function, leading to dry skin and increased susceptibility to irritants and allergens. **Treatment Approach:** Ayurveda focuses on balancing doshas, cleansing the body, and rejuvenating the skin as part of the treatment for Vicharchika. Modern dermatology similarly emphasizes maintaining skin hydration, reducing inflammation, and managing symptoms in eczema. **Similar Terminology:** Although the terminology differs, both systems describe similar concepts. For example, Ayurveda uses terms like Kandu (itching) and Srava (discharge), while modern dermatology uses terms like pruritus and exudate. While Ayurveda and modern dermatology have different frameworks and terminologies, there are clear correlations between Vicharchika and eczema in terms of clinical presentation, chronicity, and approaches to management. Both systems aim to alleviate symptoms, restore skin health, and improve the quality of life for individuals with these skin conditions.

**Conclusion –**

In conclusion, there is a notable correlation between Vicharchika, a skin disorder described in Ayurveda, and eczema (atopic dermatitis) as recognized in modern dermatology. Both conditions share commonalities in their clinical presentation, chronic nature, and underlying factors:

**Symptoms:** Vicharchika and eczema exhibit similar symptoms, such as itching, discharge, vesicles, and skin discoloration.

**Chronicity:** Both conditions have a chronic course and can relapse even after treatment.

**Root Causes:** While Ayurveda attributes Vicharchika to imbalances in doshas, modern dermatology associates eczema with genetic and immune factors.

**Skin Barrier Dysfunction:** Both conditions involve a dysfunctional skin barrier, leading to dry skin and increased susceptibility to irritants and allergens.

**Treatment Approach:** Ayurveda and modern dermatology focus on balancing the body's elements, cleansing the skin, and managing symptoms as part of their respective treatment approaches.

**Similar Terminology:** Despite using different terminology, both systems describe comparable concepts related to skin conditions. While Ayurveda and modern dermatology have distinct frameworks and approaches, recognizing these correlations can foster a more comprehensive understanding of skin diseases and inform holistic approaches to their management. The management of eczema, for instance, may benefit from insights derived from Ayurvedic principles, which consider the balance of doshas and overall health in treating skin disorders. Ultimately, a synergistic approach that combines elements from both systems may offer more effective solutions for individuals suffering from chronic skin conditions like eczema.

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## Ayurveda review article on Pandu

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**Abstract**

One of the primary symptoms of the illness that is associated with skin tone and colour is pandutva. The vitiation of Bhrajaka Pitta and Rakta, which are primarily in charge of the body's Prakrita Varna, causes Pandu to arise. The term "Vaivarnaya" has been mentioned in this context by Acharya Charaka. One of the "Varnopalakshita Roga" (diseases marked by a change in colour) that is listed in Ayurveda is Pandu Roga. It is characterised by changes in skin colour to white (Shweta), yellowish (Peeta), greenish (Harita), etc. Given the similarities in the clinical signs and symptoms, the Ayurvedic pandu disease and the anaemia described in Modern Medical Science may be connected.

**Keywords:** ayurveda, pandu, skin

**Introduction**

A major characteristic of Pandu Roga diagnosis is pallor on the skin, which is produced by a quantitative and qualitative shortage of Raktu Dhatu (blood tissue), either in the form of red blood cells (RBCs) or haemoglobin. The illness is called Pandu roga since the most common symptom is panduta, or pallor. Due to the prevalence of panduta, or pallor, across the body, pandu roga and iron deficiency anaemia (IDA) have the closest correlation [1]. Roughly one-third of the world's population is known to be affected by iron deficiency, a relatively prevalent dietary condition. The incidence of IDA is relatively high in India, although it is low in wealthy nations. According to National Family Health Survey (NFHS) III data, the incidence of anemia in urban children is 71%, rural is 84%, and overall is 79% [2]. Nutritional iron deficiency is the most common cause of anemia in India [3]. IDA is a very common disease prevalent in the society and side effects of oral allopathic iron preparations are very frequently encountered [4]. In India, anaemia affects an estimated 50% of the population. The problem becomes more severe as more women are affected with it as compared to men [5]. It is estimated that about 20- 40% of maternal deaths in India are due to anaemia and one in every two Indian women (56%) suffers from some form of anaemia [6]. Anaemia has got a very high prevalence rate in the world over and in spite of the massive efforts of the modern medical science; a good control has not been achieved. Such new associations in the treatment module to combat anaemia's more successfully [7].

**Historical review**

According to Rigveda and Atharvaveda, Panduroga is known as Vilohit, Haribha, Halima. In Garuda Purana it has been described that Takra mixed with loha churna is useful in Panduroga. Acharya Charak -Pandu Roga has been described in Sutrasthana in Ashtodariya Adhyaya as well as in Chikitsasthana 16<sup>th</sup> Chapter "Panduroga Chikitsa". Charaka has described Pandu Roga. (7) Acharya Sushruta has said Pandu Roga in Uttartantra Adhyaya 44, "Panduroga Adhyaya" Sushrut has mentioned Kamala, Kumbhavhaya, Lagharak as the various stages of Pandu. (8) Acharya Vagbhata has described Pandu in Nidanasthana 13<sup>th</sup> adhyay Pandu Roga- Shopha Visarpa Nidana and in Chikitsasthana 16<sup>th</sup> Adhyay, (Panduroga Chikitsa). (9) In Madhava Nidana the description of Pandu Roga is in 8<sup>th</sup> Adhyay Pandu Roga. (10) In Sharangdhara Samhita has described Pradhana Khanda 7<sup>th</sup> Adhyaya In Bhavprakash the description of pandu roha in Madhyam Khanda 8<sup>th</sup> Adhyaya. In Ashtang hridaya has described pandu in Nidana Sthana Adhyaya.

**Vyutpatti**

The word Pandu is derived from 'Padi Nashane' Dhatu by adding 'Ku Pratyaya' to it, the meaning of which is always taken in the sense of Nashana and as Pandu has been kept under the group which is classified and named according to the change in colour [10].

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**Nirukti of Pandu**

1. According to Shabdarnava Kosh 'Pandustu Peetbhagardh Ketaki Dhulisannibham' means Pandu is like the colour of pollen grains of Ketaki flower which is whitish yellow [11].
2. 'Pandutwenuplakshito Rogah Pandu Rogah' means the disease which resembles Pandu Varna is known as Pandu [12].

**Definition of Pandu** [13]

Sarveshu Chaiteshvih Pandubhavo Yatoadhikoatah Khalu Pandurogah. (Su.Ut. 44/4) It is called Pandu Roga because of the predominance of paleness all over the body.

**Synonyms**

According to Shushrut Kamala, Panki, Laghrak, Alas and Kumbhahwa are the synonyms of Pandu [14]. In Rigveda and Atharvaveda Pandu has been described by the name of Vilohita, Halima and Haribha [15].

**Types of Pandu Roga**

Acharya Charak described the disease under five categories namely Vataja, Pittaja, Kaphaja, Sannipataja and Mridabhakshanajanya [16] and Acharya Susrutha has accepted only four types of Pandu excluding Mridabhakshanajanya Pandu [17], they are:

1. Vataja Pandu
2. Pittaja Pandu
3. Kaphaja Pandu
4. Sanipataja Pandu
5. Mridikabhakshanajanya Pandu

Acharya Harita mentioned eight types of Pandu in Harita Samhita and described Kamla, Kumbhakamla, Halimaka as their Synonyms [18].

**Purvarupa**

Symptoms which manifest themselves before the appearance of the disease are known as Purvarupa.

It can be divided into two types viz.

1. Samanya Purvarupa
2. Vishishta Purvarupa

Purvarupa according to Acharyas- Hridaya Spandana (Palpitation) - Raukshya (Ununctuousness) -Swedabhava (Absence of sweating) - Shrama

RUPA Vyakta Purvarupa is known as Rupa. Rupa appears in the Vyaktavastha i. e. fifth kriyakala of the disease. This is the unique stage of the illness, where it is clearly recognizable as all its characteristic signs and symptoms manifest Akshikutashotha, Aruchi, Arohaneayasa, Alpawaka, Annadwesa, Balakshaya, Bhrama, Durbalya, Dhatugaurava, Gatramarda, Hatanala, Sadana, Shthivanadhikya, Sannasakthi Classification according to Acharya Charaka - Acharya Charaka has classified the Pandu.

**Roga of 5 types**

1. Vataja Pandu Roga
2. Pittaja Pandu Roga
3. Kaphaja Pandu Roga
4. Tridoshaja Pandu Roga
5. Mridbhakshanaja Pandu Roga

Classification according to Acharya Sushruta - Acharya Shushruta has not included mridbhakshanja Pandu. Because

according to him the variety of Pandu caused by Mridbhakshana is included in the sannipatika variety of Pandu Samprapti In general, Samprapti means development of the disease, which includes the sequences of process or events from Nidana Sevena to the characteristic development of disease. Tridosha Prakopa- Pitta Pradhana Vata throws Pitta in Hrudaya Pitta causes Rasavaha Srotas Dushti Rasa Pradoshaand Rasa Vidaha Pitta and Vidagdha Rasa travels throughout Sharira Dushti of Kapha, Tvaka, Rakta, Mamsa Ashraya of Dosha between Tvaka and Mamsa Avarodha to Bhrajaka Pitta Expressions of various Varnas on Twacha Pandu

**Samprapati Ghataka**

Udbhava - Hridaya Adhithana - Rasa dhatu Vyakti - Twaka Sanchara - Rasayani Dosha - Sadhaka, Pachaka, Ranjaka, Alochaka Pitta - Vyana vayu, Samana Vayu, Kledaka Kapha Dushya - Rasa, Rakta, Mamsa Srotasa - Rasavaha, Raktavaha Sadhya - Asadhyata - The signs and symptoms and other conditions indicating incurability of Pandu Roga are as follows:

1. When the disease becomes chronic (Chirotpanna).
2. When excessive dryness has appeared in the patient. (Kharibhuta).
3. When the patient is afflicted with oedema owing to chronicness of this disease. (Kalaprakarshat Shuno)
4. When the patient gets yellow vision. (Pitani Pashyati)
5. When the patient is fully or partially constipated. (Baddha Alpa Vitaka)
6. When the Patient passes loose stool which is green in colour and which mixed with mucus (Sakapha Harita Atisara)
7. When the patient feels exceedingly prostrated (Deena)
8. When the body is exceedingly white as if besmeared (with whiteness) (Shwetatidigdhangha)
9. When the patient is exceedingly afflicted with vomiting, fainting and morbid thirst. (Chhardi - Murchha - Trushardita)
10. When the body of the patient becomes pale on account of loss of blood (Asrika Kshayad shwetatvam)

**Upadrava (Complications)**

This is known as complication of the disease. The complication arises out of the original signs and symptoms either in a grievous manner or as a violent form. If the disease is not treated then the following complications may arise Aruchi (Anorexia), Pipasa (Thirst), Chhardi (Vomiting), Jwara (Fever) Agnisada (Dyspepsia), Murdha-Ruja (Headache), Kanthagata Shotha (Oedema in throat), Abalatva (Weakness), Murchha (Fainting), Klama (Fatigue), Hridaya Pidana (Cardiac Pain), Shwasa (Breathlessness) Atisara (Diarrhoea) Kasa (Cough), Swarabheda (Obstruction of Speech) Chikitsa All the available Ayurvedic Texts envisage the management of Pandu which can be classified under two headlines.

1. Chikitsasutra which refers to the principles of Pandu Roga in general. They are Snehan, Shodhana (Vamana, Virechana) Auashadhisevan.
2. Different Remedies for Pandu Guluchayadi kashayam' drashadi kashayam, Ardhavilwam kashayam, lohasavam, punarnavaasavam, parthadyaristam, dantyarishtam, loha mandur, madhu mandur, navayasa lauham, svarnamakshika bhasma, rasisindhoora, mandura vataka Loha Bhasam - with honey and ghee Shunthi churna with loha bhasama Loha bhasama with gomutra Powders of

ela + jeeraka +, sita – taken equal quantity Haridra churnama with curd

### Pathya-Apathya

#### Pathyahara

##### According to Acharya Charak <sup>[19]</sup>

- Shalianna, Yava, Godhoom mixed with Yusha prepared from Mudga, Adhaki and Masur
- Jangal Mamsa Rasa
- Panchagavya Ghrit, Mahatiktaka Ghrit and Kalyanaka Ghrit used for Snehan Karma.

##### According to Acharya Susruta: <sup>[20]</sup>

- Pandu Rogi must use Arishta prepared from Guda, Sharkara (sugar) and Shahad (honey)
- Asava prepared from Mutra and Kshara should be used
- Jangala Mamsa Rasa added with Sneha (fat) and Amalaka Swaras should be used

**Apathyahara:** In Bhaisajya Ratnavali following Apathya Aahar are mentioned:

- Rakta Sruti, Dhoompan, Vaman Vega Dharan, Swedan and Maithoon are to be avoided by Pandu Rogi.
- Avoid consumption of Shimbi, Patrashaak, Ramath, Masha, Ambupaan, Pindyaak, Tambul, Sarshapa, and Sura.
- Intake of water of rivers like those originating from Vindhya and Sahyadri Mountain.
- All types of salt, sour edibles, Virudhha Anna (incompatible foods), food that is Guru (heavy to digest) and Vidahi (cause a burning sensation).

### Discussion

Pandu's causative elements are extensively discussed in the Samhitas. Acharya Sushruta <sup>[21]</sup> states that Diwasvapa, Viruddha Bhojana, and Kordha vitiate Rakta. Additionally, he has stated that the leaders of Pitta Dosh's tovitiation are Krodha, Shoka, Bhaya, Vidagdha Anna Sevana, Ati Maithuna, Tila Tail, and Pinyaka <sup>[22]</sup>. Vata Prakopa is reached through Ativyayama, Ratrijagarana, Nidranasha, Ativyavaya, and Ati Adhvagamana <sup>[23]</sup>. Pandu Roga <sup>[24]</sup> has been mentioned by Acharya Charaka as a result of suppressing Chhardi, Vegavarodha, Viruddha Anna Sevana, as well as from using Ati Amla and Lavana Rasa excessively <sup>[25]</sup>. Here a question may arise that how the psychological factors can affect Dhatuposhana which ultimately results in Pandu? In this context one should remember that Acharya Charaka <sup>[26]</sup> has emphasised bad effect of Chinta, Bhaya, etc. on digestion. All these causes improper digestion of food which leads to improper Rasa Dhatu formation and further hamper Rakta Dhatu, Mamsa Dhatu formation and so on and thus leads to Pandu Roga. Nidanarthakara Roga also play important role as cause of Panduroga according to various classical texts. Diseases like Raktakshaya, Raktapravartana, Raktarbuda, Raktarsha, Raktapradara, Yakritaplihavedha etc. condition are directly or indirectly related with Rakta Dhatu Kshaya which further results in all Dhatu Kshaya. While Punaravartaka Jwara Grahani, Jeernajwara, Shotha, Udararoga, Rajyakshma etc. involving vitiation of Agni and Ama production, which in next step obstructs the Dhatuvaha Srotas which leads to disturbance in Dhatuposhan Krama and ultimately produces Pandu. Also Acharya Charaka has mentioned Panduas a Santar-panoththa Vikara <sup>[27]</sup>, for which Samprapti may be same as described above. Only difference is, in this case obstructing factor may be Kapha as it is related with

Santarpana. The features described as Purvarupa of the disease are some of the general feature itself as Hridspandana (palpitation), Shrama (fatigue), Angasadaand Gatradasa (weakness). Some Purvarupasare related to features of digestive system or Agnias Avipaka, Aruchi, Alpavahita, Vidamutrapitataetc., indicating that Agniis getting disturbed here and production of Mala Swarupa Pittais increasing here resulting in the increased yellow coloration of urine and stool. Raukshya and Twaksphutita are the features of Raktakshaya which are developing here. There is vitiation of Agniresulting in features of Mandagniand decreased production of Rakta Dhatuwith increased production of Mala-Pitta. Sthivanadhikyaais a feature described in the manifestation of Ama. Mridabhakshanais also the aetiology of the disease and viewing it is an individual could well forecast the future development of worm and anaemia is an individual. This is also a symptom found present in iron deficiency anaemia as pica or unusual cravings for eatables. Sweda-abhavaais feature which interpreted by commentators as Vyadhiprabhava, meaning the effect of disease itself. In Rupavastha, there is also the simultaneous involvement of other Dhatus of the body resulting in their decline in quality as well as quantity wise. It is appealing to note that though the disease is Pitta predominance, the features developing also here includes Shishira Dwesha which is neither a features of Raktakshaya or Pitta Vriddhi. Acharya Sushruta has classified Panduroga in 4 varieties but Acharya Charaka has mentioned one additional variety of Panduroga that is Mrida Bhakshanjanya Pandu. Acharya Sushruta has mentioned that Pandu Bhava is caused by vitiation of Twaka through the vitiated Rakta in one who indulgence in Ahita Ahara Vihara <sup>[28]</sup>. Acharya Vagbhatta has mentioned the Samprapati given by Acharya Charaka. Thus the pathology of Panduroga is mainly concerned with vitiation of Pitta which in turn vitiates the Rakta, leading to condition of Pandubhava. So, Pitta being main factor in the causation of Panduroga, all the fivefold functions of it are affected more or less, but as the main seat of the disorganization is the Rakta and complexion of body, the Ranjana and Bhrajan function of Pitta isto bear the brunt. Thus Pitta Doshatakes leading part in the production of Dhatushaithilyaand Dhatugaurava. This leads to Balakshaya, Varnakshayaand Ojakshaya. Ultimately, the Pandurogais stated to be afflicted with Raktalpata, Medalpata, Nihsarata, Vivarnataand Shithilendriyata. It has also been stated that Santarpana which broadly means anabolism, brings about an increase in Kaphaand Ama production which leads to Mandagniand change in complexion of body i.e., Panduta. Vitiation of Kapha Doshais responsible for Gaurava, Nidraluta, Mandagni, Alasya, Alpavaka. The symptoms such as Aruchi, Jwara, Panduta, Gauravaand Tandraare indicative of Rasa Dhatu Dushti. Angamarda indicates the involvement of both Rasaand Rakta Dhatu. Karshyais indicative of Mamsa Dhatu Dushti. Atisvedaand Svedabhava are suggestive of involvement of Twaka, Mamsa Dhatuand Medo Dhatu. Shirnalomataais an important indicative of Asthidhatu Dushti. The loss of lustre and debility are suggestive of depletion of Oja. Clinical presentation of Panducan be correlated with anaemia of modern medical science. Anaemia is without blood/ pallor of the body. It is the most under diagnosed condition. If left untreated, it leads to many serious complications like CVD, compromised immune disease <sup>[29]</sup>.

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## Role of Ativisha in Kaumarbhritya: A critical review

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### Abstract

An essential medication stated in Ayurveda is called Ativisha, or *Aconitum heterophyllum* Wall ex Royale. It has been mentioned in the Classical Ayurvedic scriptures in a number of formulations. In terms of diarrhoea, the results are noteworthy. Deepan, Ativisha's Pachan Karmas are useful in the treatment of a number of illnesses. It is a beneficial digestive tonic. The purpose of this study is to gather and assess the various therapeutic qualities of ativisha, with a focus on the plant's significance in treating juvenile illnesses. It is an extremely valuable medication that is described in several Ayurvedic texts, including Nighantus, Brihadrayee, Laghutrayee, and Chikitsagrantha. In classical writings, ativisha is also known as "Sishubhaishjaya," signifying that it is the most effective treatment for children.

**Keywords:** Ativisha, Brihadrayee, Sishubhaishjaya, *Aconitum heterophyllum*

### Introduction

*Aconitum*, commonly known as aconite, is a genus of angiosperm plants that includes 250 species. In the Northern Hemisphere's hilly regions, these perennial herbs grow. They thrive in the well-drained, moisture-retaining soils found in mountain meadows. The majority of species have a deadly character and need to be treated carefully. *Aconitum heterophyllum*, popularly known as "Atees," is one of the many species in the genus *Aconitum* that is extensively dispersed in the Himalayan highlands and has important therapeutic properties [1, 2].

**Therapeutic Uses** [3, 4, 5] It is used for the management of diseases of nervous system, digestive system, fever and rheumatism traditionally. The seeds are used as a diuretic. The leaves of Ativisha, mixed with rock salt are applied locally. The seeds along with honey are applied topically for soothing effect in tonsillitis. Simply inhalation of roots is highly beneficial in the management of headache. It is also effective in blood-pressure as its main constituent Atisine produces marked hypotensive effect. It is prescribed in malarial fevers as an adjuvant. According to Acarya Charaka [6] Ativisha Jvar, Prameh, Pandu, Kushtha, Urahkshat, Shvayathu, udar, Arsha, gulma, Visuchika, raktastrav, Atisaar, Grahani, Pravahika, Aananah, Aruchi, Kamala, Hrudrog, Kas, Shwas, balrog Sushrut Samhita [7], In Chikitsasthan Ativisha is used in aamashaygatvaat, Kushtha, Vishamjvar, Hrudrog, Unmad, Apasmar, Pandu, Visarpa, Kandu, According to Vagbhata [8] Ativisha is useful in Atisthaulya, Hrudrog, Kamala, Shwitra, Shwas, Kas, Galgrah, Buddhi, Smruti, agnimandya. In Sharirsthan Ativisha in combination used in Aamgarbhastrav, dosh strav and vedana shaman after abortion. In Chikitsasthaan Jvar, Mandagni, Atisaar, Kshatkas, Hrudrog, Kaphajraktastrav, Pliha, Meh, Agnimandya, Arsha, Kushtha, atisaar, Grahani, Gudabhransh, Gudashool, Pravahika, Aam, Chhardi.

Kalpa- Sudarshana churna, Balchaturbhadra churna [9], Rasnerandadikwatha and Panchatiktakaguggulu Ghrita, Shaddharan Churna [10] Mahvishagarbha Taila, Rodhrasava, Shiva Gutika, Lakshminarayana Rasa, RasnairandadiKvatha Churna, Balchaturbhadrika churna.

Classification Kingdom-Plantae Order-Ranunculales

Family: Ranunculaceae Genus – *Aconitum*

Botanical name: *Aconitum heterophyllum* Wall.

Distribution: Himalayan region

Common name: Ativisha, Ativish, Atees herb, Atees plant

### Name in other Languages

Sanskrit: Ativisha, Shukalkanda, Bhangura, Ghunvallahba, Kashmira, Sishubhaishjaya

Gujarati: Ativish Telugu: Atibasha Marathi – Ativish

Ayurvedic Properties Rasa: Tikta, Katu Guna –Laghu, Ruksha Virya – Ushna

Vipaka: Katu

Dosha karma: Pacifies Vata, Pitta and Kaphadosha

**Synonyms**

Ativisha, Shuklakanda, Ghunavallabha, Aruna, Shringi, Vishwa, Shishubhaishajya, Bhangura, Mahaushadha, Prativisha, Kashmira, Atisaraghni, Shofapaha.

**Part Use**

1. Roots 2. Tubers

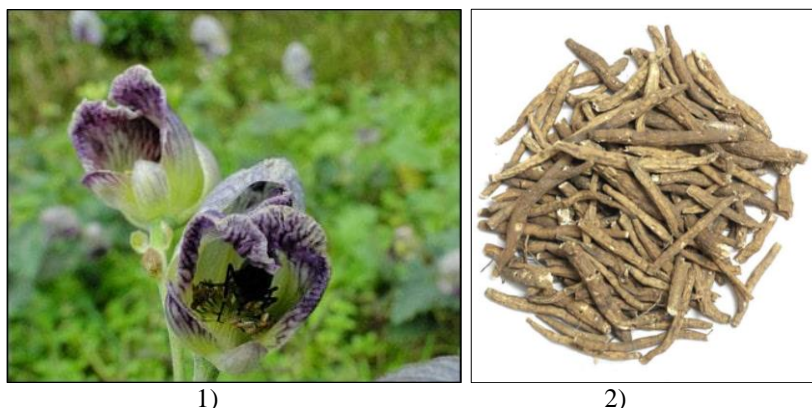
**External uses**

The crushed leaves of Aconiyum, mixed with rock salt are applied focally. The seeds crumpled in honey are applied locally on throat and in tonsillitis. Inhalation of roots by nose is beneficial in headache, especially migraine.

**Phytochemical constituents**

*Heterophyllum* possesses some phytochemical constituents which have medicinal values. The composites of *A. Heterophyllum* such as alkaloids, amide alkaloids, flavonoids,

flavonol glycosides, diterpenoid and norditerpenoid compounds were isolated and characterized with the help of chromatographic separation techniques and their structures were explained by the using nuclear magnetic resonance techniques. These compositions were the chief target of the medicinal chemists as they hold both medicinal and toxic nature. A complete study of the basic components of the roots of *A. Heterophyllum* has directed to the isolation of seven new diterpene alkaloids. The weak base fraction yielded heteratisine and three more alkaloids labelled as heterophyllisine, heterophylline and heterophyllidine. These compounds are lactone alkaloids which have structure relation to heteratisine. The strong base fraction produced two new alkaloids (atidine and F-dihydroatisine). The very strong base fraction yielded alkaloids designated as hetidine and hetisnone. The latter had been encountered earlier as a chemical transformation product of hetisine.



**Fig 1 and 2:** Ativisha Pushpa and Kanda

**Pharmacology**

Atisine (I) is much less toxic than aconitine and pseudoaconitine and consequently the species is often regarded as non-poisonous. Although the alkaloid atisine produce hypotension the whole aqueous extract of the root induced marked hypertension apparently through an action on the sympathetic nervous system. It is now confirmed that the alkaloid atisine is the important constituent of *A. Heterophyllum* which acts as antiperiodic aphrodisiac and tonic aconitine has action as the CNS CVS and respiratory system due to the presence of benzyl ester and OH-groups in the molecular structure <sup>[11]</sup> this system is present in the polyesters of *Celastrus paniculatus* and these esters have got similar action as aconitine. The similarity in the biological activities of the two ayurvedic drugs viz *A. heterophyllum* and *Celastrus paniculatus* <sup>[12]</sup> which may perhaps help the future pharmacologists to deep into the subject.

**Discussions**

Special use in pediatrics ailments: The drug holds a special position in Kaumarbhritya specialty, it is also referred as "Sishubhaishjaya" <sup>[13]</sup> (best remedy for children) due to its common use in treatment of various diseases in children like fevers, diarrhea <sup>[14]</sup> indigestion, inflammation, helminthiasis and hyperlipidemia. Sudarshana churna, Balchaturbhadra churna, Rasnerandadi kwatha and Panchatiktakaguggulu ghrita are some of the popular multi-drug formulations used in kaumarbhritya in which ativisha is one of the main ingredients. Ativisha happens to be an important drug both individually and as a part of some essential preparations

covering a wide array of common pediatric ailments. According to this verse ativisha, kakrashringi and pippali should be powdered together and given with honey for licking in vomiting or ativisha alone can also be given to a child having cough, fever and vomiting. Balchaturbhadraavleha This avleha having musta, pippali, ativisha and kakrashringi as its main constituents. The powdered form of this avleha is given with honey for licking to the children suffering from fever, diarrhea, cough, dyspnea and vomiting. In the treatment of Diarrhea Decoction made of shunthi, ativisha, musta, sugandhabala and indrayava is best for all types of Atisaar (diarrhea) in children. Balchaturbhadra churna It is a most common used classical formulation for a number of childhood diseases, having ingredients nagarmotha, pippali, ativisha and kakrashringi, given with honey to manage fever, diarrhea, or fever along with diarrhea, kasa (cough) and swasa (dyspnea) and vomiting in children. In the treatment of Sushka Kasa (dry cough) Pushkarmoola, Ativisha, Kakrashringi, Pippali and Yavasa all taken in equal quantities and given in powdered form with honey to children suffering from five types of kasa mentioned in classical texts <sup>[15]</sup>. Nagarmotha, ativisha, vasa, pippali and kakrashringi all taken in equal quantities and made into a decoction or swasa and after cooling it, honey is added and given. It relieves all five types of kasa in children. In the treatment of Kasa and Swasa <sup>[15]</sup> Equal quantities of powdered form of pushkarmoola, ativisha, karkatshringi, magadhi, dhaniya and yavasa, given with honey relieves all types of swasa and kasa. In the treatment of Ksheeralasak <sup>[16]</sup> Decoction made of ativisha, patha, kutaki,

musta and kutha is used as a shaman chikitsa in treatment of ksheeralsaka (Gastroenteritis) in children.

### Conclusion

Ativisha is highly recommended and has shown to be a game-changer for many paediatric illnesses. As an appetiser, digestant, and astringent, it provides a stimulation to the digestive system. In cases of anorexia, dyspepsia, piles, diarrhoea, worms, and vomiting, it is effective in treating digestive diseases. When it comes to treating common childhood respiratory conditions like dry cough and dyspnea, ativisha, both by itself and in combination with other medications, has shown to be a remarkable cure.

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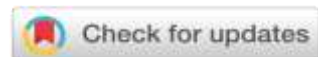
**THE EFFICACY OF *LEKHANIYA GANA SIDDHA ANUVASANA BASTI* ON PCOS**Ankita Yelane<sup>1</sup>, Jayshree S. Deshmukh<sup>2</sup>, Sandhya Yennawar<sup>3</sup>Assistant Professor<sup>1</sup>, department of Prasuti Tantra avum Stri Roga,  
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**ABSTRACT**

Infertility is the failure of a person /couple to conceive after one year of regular sexual attempts without contraception. Ayurveda says fertility factors are *Ritu*, *kshetra*, *ambu* and *beeja*. Any ailments in any of these four factors are causes of infertility. Polycystic ovarian syndrome (PCOS) is the most common cause of chronic anovulation associated with hyperandrogenism. PCOS is responsible for more than half of infertility in women. An obese woman suffers mental stress due to obesity, and if she suffers from PCOS, it leads to infertility. At present, PCOS is treated by hormonal therapy, anti-diabetic, symptomatic treatment and surgical drilling. They may lead to obesity. Herbal medicines, according to Ayurveda, followed by *Shodhana karma* like *ANUVASANABASTI*, can be a great benefit in PCOS. In *Charak Samhita*, *lekhaniyadashemani*, which is a group of 10 drugs, acts by scraping, scratching, or by removal of the excess *Doshas*. In this regard, the *Lekhana* drug could be effective in reducing obesity. Considering this view, *Lekhaniyagana savasana basti* has been selected for treating PCOS. This study focuses on the effect of *LEKHANIYAGANA SIDDHA TAILAANUVASANABASTI* on PCOS. We have compared the effects of *Kuberakshavati* and *Lekhaniyagana siddha Anuvasana basti* on 30 patients for three months. By

comparing both the drugs given for PCOS, we have concluded that *Shodhanachikitsa*, followed by *Shamana chikitsa*, helps in treating PCOS.

**Keywords:** *Ayurveda*, PCOS, *Chikitsa*

## INTRODUCTION

Poly Cystic Ovarian Syndrome is a relatively common endocrine disorder in women of reproductive age group. It is found in around 70% of women who have ovulation difficulties leading to infertility. Polycystic Ovarian Syndrome is a condition with cysts on the ovaries that usually prevent the ovaries from performing. Symptoms of Poly Cystic Ovarian Syndrome include Amenorrhea or infrequent menstruation, irregular bleeding, few or no ovulation, multiple immature follicles, increased levels of male hormones, male pattern baldness or thinning hair, excess facial and body hair growth, acne, oily skin or dandruff, dark coloured patches of skin especially on neck, groin, underarms, chronic pelvic pain, increased weight or obesity, diabetes, lipid abnormalities and high blood pressure<sup>1</sup>. Fertility problems experienced by women with polycystic ovarian syndrome may be related to elevated hormone, insulin or glucose levels, all of which can interfere with implantation as well as the development of the embryo<sup>1</sup>. Increased Luteinizing hormone reduces the chance of conception and increases miscarriage.

Additionally, abnormal insulin levels may contribute to poor egg quality, making conception more difficult<sup>1</sup>. It is estimated that 50 - 60% of women who presented to the OPD of CSMSS AYURVED MAHAVIDYALAYA for infertility treatment had had polycystic ovarian syndrome for the last three months. There is a unique *Ayurveda* treatment regimen used in OPD to cure Poly polycystic ovarian Syndrome. Observing nearly three months of this treatment regimen, it is understood that this treatment regimen has a powerful effect on the management of infertility with polycystic ovarian syndrome. But so far, no scientific studies have been carried out; hence, the present study was carried out to scientifically evaluate the efficacy of this *Lekhaniyaga-*

*na siddha savasana basti* regimen in Infertility with Poly polycystic ovarian Syndrome.

**Material and Methods** *Preparation of drugs:* All medicines were prepared under the supervision of the HOD of the department PRASUTI TANTRA AVUM STRI ROGA AND the Principal author.

*Clinical study:* In the present study, 30 patients of infertility with polycyclic ovarian syndrome were selected from OPD of CSMSS AYURVED MAHAVIDYALAYA, AURANGABAD (M.S.) These patients were subjected to detailed clinical examination and investigations, especially FSH, LH level and ratio, and USG.

**Inclusion criteria:**

- ❖ Patients of age group 20 – 40 years.
- ❖ Diagnosed cases of PCOS having one of the following symptoms
- ❖ Irregular menses
- ❖ Obesity
- ❖ Anovulatory cycles
- ❖ Hirsutism
- ❖ Acne
- ❖ Acanthosis nigricans
- ❖ Married patients of PCOS.

### CRITERIA FOR DIAGNOSIS

The presence of at least 3 of the following criteria:

- Polycystic Ovaries on USG
- Oligomenorrhea or anovulation, a
- Elevated LH
- LH: FSH ratio > 3

Infertility patients were selected for the study for 25 - 40 years age group. The patients suffering from diabetes mellitus, hypertension, thyroid disorders, hyperprolactinemia, congenital adrenal hyperplasia, other gynaecological disorders, heart diseases and renal failure were excluded from the research. The treatment was conducted in 2 stages for six months. Fifteen patients were given *Kuberakshavati* 500 mg

BD after meal orally, and 15 patients were given *Kuberaksha* orally and *ANUVASANABATI* 120 ml for eight days as a *YOGA BASTI*. All medicines had stopped during menstrual cycles. The responses to the treatment were recorded, and symptomatic relief Ultrasonography and LH/ FSH hormones evaluated therapeutic effects. Ultrasonography views the changes in the ovaries and the follicles regarding the treatment. The FSH/LH ratio shows the reappearance of the hormonal levels to the normal range.

**Observations and Results** These patients differ in many ways, such as physique, temperament and habits. In the present study, all the patients were housewives and had no considerable stressful lifestyle. They all had primary infertility and secondary infertility 90% of them have 4 to 6 years of marriage life. 80% of patients were not using any contraceptive method, while 5% used condoms and natural methods for the treatment of 6 months or less. All patients have not taken any medicine within six months for PCOS and infertility. They complained primarily of irregular, few or absent menstruation, scanty or less menstrual blood, pain in menstruation, duration of menstruation below three days, excessive and increased body hair in the face and chest, skin discolouration and obesity. Assessment criteria were based on the improvement in the score of cardinal symptoms, which are irregular menstruation, duration of bleeding, dysmenorrhea, quantity of menstrual blood, excessive body hair, obesity, and skin discolouration before and after the treatment. The improvement in the cardinal symptoms was compared

and analysed statistically between the end of the treatment and baseline using the student's paired 't' test. USG reports revealed that it reduces the polycystic appearance of ovaries and improves follicular maturity. LH/ FSH hormone reports indicated that the ratio was average. Assessment of the amount of bleeding all the pads were collected and subjected to the evaluation of menstrual blood loss before, during, and after treatment. The method used by Vaishali Shinde (2004) in India was used for this study to measure the weight of pads. No. Pads were counted using a pictorial chart, as in previous studies by Higham in 1990 and Herve Fernandez in 2003. At the end of the Ayurveda above treatment regimen, 85% of the patients were successfully cured of Poly polycystic ovarian Syndrome, while 75% of the patients were conceived.

## DISCUSSION

Poly Cystic Ovarian Syndrome is one of the leading causes of subfertility in women. It is associated with anovulation, androgen excess, obesity and infertility. PCOS results in increased free testosterone, ovarian androgen secretion, free estradiol and estrone. It favours LH secretion and steady-state follicle-stimulating hormone levels, which affect follicular maturation. This hyperandrogenic, normoestrogenic environment results in an anovulatory state; no progesterone is available to disrupt the constant estrogen stimulation of the endometrium<sup>1</sup>,

Table no.1  
Duration of bleeding Table 2: Irregular menstruation

IMP (days )	Grade	Score
28 days	Nil	0
28- 45 days	Mild	1
45-60 days	Moderate	2
Above 60 days	Severe	3

Table no. 3. Amount of bleeding & quantity of menstrual blood

No. of pads per cycle	Grade	Score
<15	Nil	0
15-19	Mild	1

20-25	Moderate	2
>25	Severe	3

Table 3 (1) Quantity of Menstrual blood

Blood loss	Grade	Score
80- 100 ml	Nil	0
101-120 ml	Mild	1
120- 200 ml	Moderate	2
200 ml	Severe	3

Table 4: Pain during Menstrual period

Pain	Grade	Score
No pain	Nil	0
Menstruation is painful but daily activities are not affected , no need of Analgesics	Mild	1
Daily activities are affected, need to take analgesics	Moderate	2
Daily activities are inhibited, continuous pain	Severe	3

Table 5: General weakness

Weakness	Grade	Score
No weakness	Nil	0
Mild weakness	Mild	1
Severe weakness	Moderate	2

Table 6 Prognosis of the cardinal symptoms

Symptoms	No.(n)	Mean score BT	Mean score. AT	Mean d	Relief %	SD	SE	t
Irregular symptoms	30	2.475	0.250	2.225	75	0.733	0.116	19.19
Duration of bleeding	30	2.350	0.425	1.925	57.5	0.5723	0.095	21.27
Dysmenorrhea	30	1.000	0.050	0.950	95	0.597	0.094	10.06
Quantity of menstrual blood	30	1.900	0.150	1.750	70	1.104	0.174	10.3
Excessive body hair	30	1.950	1.875	0.075	-	0.2667	0.0422	21.78
Obesity	30	1.700	0.200	1.500	85	0.5991	0.0947	15.85
Skin discoloration	30	1.750	0.125	1.625	87.5	0.705	0.111	14.58

Table 7: The overall effect of the therapy

	Mean score . BT	AT	Mean d	SD	SE	T
Lekhanyaganaanuvāsana-basti with Kuberakshavati	1.875	0.4339	1.4375	0.9557	0.0751	25.14

Kuberakshavati	1.654	0.34 2	0.998	0.56 5	0.524	20.2 4
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In allopathic medicine oral contraceptives, progestins, anti-androgens and ovulation induction agents remain standard therapies. *Aartava-kshaya*, which can be correlated with PCOS has been described as deficiency or loss of *artava*, *artava* does not appear in time or is delayed, is scanty and does not last for three days. Pain in vagina also can be seen. According to *Ayurveda*, *Aartava-kshaya* is a disorder involving *Pitta* and *Kapha doshas*, *Medas*, *Ambu/Rasa*, *Shukra/Artava Dhatu* and *Rasa, Rakta, Artava Vaha Srotas*<sup>6</sup>. Therefore, Poly Cystic Ovarian Syndrome can also be described with same involvement of *Dosha, Dhatu* and *Upadhatu Kapha* predominance manifests as increased weight, subfertility, hirsutium, diabetic tendencies and coldness. *Pitta* predominance manifests as hair loss, acne, painful menses, clots and heart problems. *Vata* predominance displays with painful menses, scanty or less menstrual blood and severe menstrual irregularity<sup>3,4,5</sup>. The pathology is an obstruction in the pelvic cavity (*Apana Kshetra*) causing disorders in the flow of *Vata*. This, in turn, leads to an accumulation of *Kapha* and *Pitta*. The treatment principle is to clear obstruction in the pelvis, normalize metabolism and regulate the menstrual system (*Aartava Dhatu*). *Kapha*-reducing, insulin-enhancing and hormone-rebalancing drugs help to relieve symptoms of polycystic ovarian syndrome. Due to *SampraptiVighatana Kriya* of this *Ayurveda* treatment regimen, the symptoms of polycystic ovarian syndrome get reduced. The effect of therapy shows highly significant results on all the above symptoms of Poly polycystic ovarian Syndrome. When considering irregular menstruation, most patients had a 2 - 4-month duration. At the end of the treatment, irregularity was shown in only 25% of the patients. At the end of the treatment, 57.5% of patients had an average duration of menstrual bleeding, 75% were relieved from Dysmenorrhea, and the majority (70%) had a moderate quantity of menstrual blood. When consid-

ering skin discoloration, 87.5% of patients were relieved from the symptom. At the end of the treatment, most patients (85%) had normal BMI levels. However, when considering the symptoms of excessive and increased body hair, no significant relief was shown. In the case of infertility with Poly Cystic Ovarian Syndrome, 85% of patients were successfully cured from Poly Cystic Ovarian Syndrome, while 75% of patients were conceived. All these patients were followed for six months. During that period, uncured patients were treated continuously. After the four months of duration, 90% were cured. The pregnant mothers were treated with *Prajasthapana* drugs during their ante-natal visits to the clinic. All of them delivered healthy babies. At the end of this follow-up period, 85% of the treated group were conceived.

## CONCLUSION

In conclusion, Infertility due to Poly polycystic ovarian Syndrome can be cured successfully by using the *Ayurveda* above treatment regimen *Shodhana* and *Shaman Chikitsa*.

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## AYURVEDIC MANAGEMENT OF DIABETIC WOUND: A CASE STUDY

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### ABSTRACT:

Diabetic patients are vulnerable to develop non healing ulcers. Treatment modalities like conservative, good diabetic control, wound toileting seem to be incomplete by looking at prevalence rate of amputation in diabetic patients. This case management of diabetic foot ulcer in 65 years male. Complete wound healing was achieved in 30 to 40 days with unit healing time (UHT) of 5.88 days/cumm. Local cleaning by *Triphala Kwatha* has showed antimicrobial effect which augmented the healing process while *Vranshodhak Taila* application enhanced tissue debridement. Internal *Ayurveda* medication like *Arogyavardhini vati* and *Rakta pachak yog* with *pathya-apathya* (prescribed diet and regimen) pacified vitiated *kapha-vata pradhan Tridosha* and enhanced tissue rejuvenation and repair by their pharmacological properties.

**Keywords:** Diabetic foot ulcer, *dusht vran*, wound healing

## INTRODUCTION

India is having 88 million diabetic population nationwide with 8.9% prevalence rate<sup>[1]</sup>. Diabetic foot ulcer (DFU) is a devastating complication of lower limb due to involvement of peripheral neurovascular insufficiency and localized infection in presence of Diabetes mellitus. Diabetic foot ulcer is most common complication in newly detected type 2 diabetes<sup>[2]</sup>. Diabetic foot consist of infection, ulcer and loss of tissues. Diabetic foot ulcer is type of non-healing wound which require local disinfectants, various methods of sterile antiseptic dressing, diabetic correction and correction of peripheral neurovascular ailments and also surgical intervention like debridement of wound and the last option is amputation of foot due which normal functioning get hampered. Diabetic ulcer is considered as a *Madhumehajanya Dushtavrana* in *ayurvedic* clinicians. It's management is also similar to *Dushta vrana* <sup>[3]</sup>. Ayurvedic management of diabetic ulcers includes appropriate *panchakarma* therapies, local application of herbal medicines, diabetic care and certain food regimens <sup>[4]</sup>. There are so many ayurvedic formulations given orally to control blood sugar level and to enhance wound healing. In this case the patient is treated with oral medication and local application of *ayurvedic tail* after wound debridement.

## CASE REPORT

### Present complaints-

A 65 Years old male patient having diabetes mellitus since 10 yrs. regularly on medication Tab.Glimepiride 4 mg and having ulcer over lateral malleolus of left foot with pain. Also having pus

discharge with foul smelling at that site along with difficulty in walking since 1 month came to OPD of *Ayurveda* Rugnalaya for diagnosis and management.

### CLINICAL FINDINGS –

*Shoola* (Pain)

*Puyastrav* (Pus discharge)

*Durgandh* (Foul smell)

*Kriyakashtata* (Limited painful movement of left foot)

### Physical Examination

The physical examination of the patient revealed temperature of 98.2°F, pulse – 78/min, respiratory rate of 19/min, blood pressure of 120/70 mmHg, and oxygen saturation. *Ashtavidha Pariksha* of patient revealed *Nadi* (pulse) was of *Vata pradhana* (dominant) *pitta*, *Samyak mala pravartana* (Normal stool), *Samyak mutra pravartana* (Normal urine), *Sama jivha* (White coated tounge), *Samyak kshudha* (Normal Appetite), *Samyak trishna* (Normal thirst), *Samyak drika* and was of *Madhyam* (Average) *Akriti* (Built). Routine investigations were done which are within normal limits and are as follows Hb- 12 gm% ; WBC - 8000 /cumm ; RBC - 4800/cumm ; Blood sugar level (fasting) – 96 mg/dl ; Blood sugar level (post prandial) – 143 mg/dl ; HbsAg – Non Reactive; HIV – Non reactive.

### Local examination

Site – Left lateral malleolus

Size – 3cm\* 2cm\* 1cm

Number - 1

Margin – Irregular

Floor – Whitish slough

Base – Soft tissue

Discharge – purulent

Inspection – Round shape

Tenderness - ++

Palpation – Raised local temp.

**Table 1 – Intervention**

Total treatment duration is 1 month.

Sr.No.	Oral Medication	Dose	Anupana	Treatment Duration
1.	<i>Arogyavardhini vati</i>	250 mg 2bd	Warm water	1 month
2.	<i>Sukshma Triphala vati</i>	250 mg 2bd	Warm water	1 month
3.	<i>Raktapachak Yog</i>	500 mg 1bd	Warm water	1 month
4.	<i>Manspachak Yog</i>	500 mg 1bd	Warm water	1 month
5.	<i>Mahamanjsthadi kadha</i>	20 ml bd	Warm water	1 month
6.	<i>Panchavalkal kwath dhavan</i>	For cleaning	-	1 month
7.	<i>Vran shodhan tail</i>	For cleaning and as an antiseptic	-	1 month
8.	<i>Vran ropan tail</i>	For healthy granulation tissue formation	-	1 month

Follow Up and Outcomes –

**Table 2 Gradation of Symptoms –**

Sr.No.	Symptoms	Grade No.0	Grade No.1	Grade No.2	Grade No.3	Grade No.4
1.	<i>Shoola</i>	No <i>shool</i>	Occasional	mild	moderate	severe
2.	<i>Strava</i>	No <i>strava</i>	Occasional	mild	moderate	severe
3.	<i>Durgandh</i>	No <i>Durgandha</i>	Occasional	Mild	moderate	severe
4.	<i>Kriyakashtata</i>	No <i>Kriyakashtata</i>	Occasional	Mild	moderate	severe
5.	Tenderness	No Tenderness	Occasional	mild	moderate	severe

**Table 3 Changes in symptoms before and after treatment –**

Sr. No.	Symptoms	Before treatment	After 7days	After 14days	After 21days	After 28days	After treatment
1	<i>Shool</i>	4	3	3	2	1	0
2	<i>Durgandh</i>	4	3	2	1	1	0
3	<i>Kriyakashtata</i>	4	3	2	1	1	0
4	Tenderness	4	2	2	1	1	0

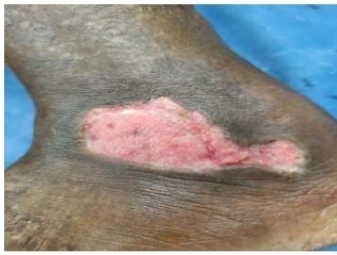


Fig.1: Picture before treatment



Fig.2: Picture during treatment



Fig. 3: Picture after treatment



Fig.4: Picture wound healed completely

## RESULTS

Wound was healed completely in 4 weeks after the starting of treatment. Pain during walking was completely reduced and the patient can walk comfortably without pain. Pus discharge from the wound completely stopped in 3 weeks.

## DISCUSSIONS

According to *sushruta* the diabetic foot ulcer can be correlated with *madhumehjanya vran* and during its description *sushruta* stated that this is *kasht sadhya vran*<sup>[5]</sup>. According to *sushruta vasa* and *meda* along with other *dosh* and *dushya* lead to formation of *pramehjanya pidika* which is later converted into non healing wound and further wound over lower limb is difficult to heal<sup>[6]</sup>. For the proper healing of the wound *pathya aphyta* are explained to the patient which are described by *sushrut Acharya*<sup>[7]</sup>. All the medicine which are used

in this case are classical medicines having literary references for treating *madhumeh* along with healing of the wound. In this case the medicated oil which is used locally will work by its *shodhan* and *ropan* properties of the drugs are used for preparing medicated oil.

## CONCLUSION

This case study has proved the potential of ayurvedic principles of wound management in diabetic foot ulcer. By using principles of ayurvedic wound management according to *shashti upkram* which was explained by *sushrut acharya*. Wounds can be treated successfully without using antibiotics orally as well as intravenously.

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## A CONCEPTUAL REVIEW OF MADHUMEHA ACCORDING TO AYURVED AND CONTEMPORARY SCIENCE

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### ABSTRACT:

Diabetes Mellitus (*Madhumeha*) is a group of metabolic diseases associated with hyperglycemia which is due to absolute deficiency of insulin or diminished biological effectiveness of it characterized by polyuria, polyphagia and polydipsia. It is a single most important metabolic disorder that affects almost every organ/system in the body.

In Ayurveda, acharyas have mentioned disease according to the strotasas involved and these diseases are classified according to the Dosha predominance. Out of the four types of *Vataj prameha*, *Madhumeha* is one of the type. It is a common chronic metabolic disease which is correlated with Diabetes Mellitus. Diabetes Mellitus is prevalent all over the world with an alarming rise in its prevalence day by day. As per Indian Council of Medical Research – India Diabetes (ICMR INDIAB) study published in 2023, the prevalence of diabetes is 10.1 crore. By 2030, 643 million people will have diabetes globally, increasing to 783 million by 2045. The management of *Madhumeha* is considered as a global problem. Thus the study has been done to get through the depths of all the insights about the pathogenesis of disease according to both modern as well as ayurved literature which would later prove helpful to precisely establish the curability of disease and to acknowledge the limitations of treatment.

**Keywords:** IDDM, NIDDM, *Prameha*, *Madhumeha*, *Sahaj*, *Appathyanimitaj*

## INTRODUCTION

Diabetes Mellitus (*Madhumeha*)<sup>[1]</sup> is defined as a metabolic disorder of multiple etiology, characterized by chronic hyperglycemia with disturbances of carbohydrate, fat and protein metabolism resulting from defects in insulin secretion, insulin action or both<sup>[2]</sup>. It is a single most important metabolic disorder that affects almost every organ / system in the body.

Diabetes is divided into two types – Type 1 Diabetes and Type 2 Diabetes. Type 1 Diabetes results from failure of pancreas to produce enough insulin due to loss of beta cells which is also referred as 'Insulin Dependent Diabetes Mellitus (IDDM)' or juvenile-onset diabetes, usually arises in childhood.

Type 2 Diabetes begins with insulin resistance, a condition in which cells fail to respond to insulin properly which is also referred as 'Non-Insulin Dependent Diabetes Mellitus (NIDDM)' or adult-onset diabetes, usually occurs after age 40 and becomes more common with increasing age.<sup>[3]</sup>

*Prameha* is one of the "Ashtho mahagadas" [eight major disorders]<sup>[4]</sup>. Inclusion of *Prameha* among the eight major disorders in *Charak Nidanasthan*, shows the importance of disease that was given by our *Acharyas*.

*Madhumeha* is a sub type of *Vataj Prameha* or the terminal stage of *Prameha* and *Aacharya Sushrut* described *Madhumeha* in two types<sup>[5]</sup>

### 1. *Sahaja*

### 2. *Apathyanimittaj*

*Sahaja* refers to natural which are originated due to precipitating factors from the inherited or congenital factors. In all 20 types of *Doshaj prameha* have been described based on the predominance of *vata*, *pitta* and *kapha*<sup>[6]</sup>. *Madhumeha* is a subtype of *Vata Doshaj prameha*<sup>[7]</sup>. It has been dealt in *nidana* and *chikitsasthana* of the *Brihatrayees*, *Laghutrayees* and in many other classics along with *prameha*. The descriptions explained in these texts for *prameha* in regards of *Nidana* (etiological factors), *Purvaroop*a (primordial symptoms), *Roopa* (signs and symptoms), *Upashaya* (alleviating factor) and *Samprapti* (etiopathogenesis) applies well to *Madhumeha* too. And more over it has been clearly stated that other *pramehas* if neglected or left untreated terminates into *Madhumeha*<sup>[8]</sup>.

मधुमेहशब्दः सामान्येन प्रमेहवचनः।<sup>[9]</sup>

Looking into all these points the description of *Prameha* has been done along with *Madhumeha*.

### Rationale:

For the last several decades a large number of oral hypoglycemic drugs have been discovered besides the discovery of insulin, which could

be administered directly to control the blood sugar level. As a matter of fact, today control of blood sugar level in a diabetic is no more a problem. But in spite of all these developments, *Madhumeha* continues to be a major incurable disease, millions of people dying every year due to diabetic episodes or its complications. The incidence of the disease is rising alarmingly all over the world including developing countries like India.

Today, the main issue in the management of *Madhumeha* swings in between the problem of prevention and management of the complications of *Madhumeha* rather than the treatment of *Madhumeha* itself.

Thus the study has been done to get through the depths of all the insights about the pathogenesis of disease according to both modern as well as *ayurvedic* literature which would later prove helpful to precisely establish the curability of disease and to acknowledge the limitations of treatment.

**Prevalence:**

India is deemed as world's capital of Diabetes. Diabetes Mellitus is prevalent all over the world with an alarming rise in its prevalence day by day. As per Indian Council of Medical Research – India Diabetes (ICMR INDIAB) study published in 2023, the prevalence of diabetes is 10.1 crore. By 2030, 643 million people will have diabetes globally, increasing to 783

million by 2045. Diabetes is the 7<sup>th</sup> leading cause of death and is on the rise in developed as well as developing countries<sup>[10]</sup>.

**Aims:**

To study the depths of all the insights about the pathogenesis of IDDM (Insulin Dependent Diabetes Mellitus) & NIDDM (Non- Insulin Dependent Diabetes Mellitus) according to both modern as well as *ayurvedic* literature.

**OBJECTIVES:**

1. To highlight the ancient Indian knowledge according to *Bruhatrayee* of the disease *Madhumeha*.
2. To critically analyse the knowledge of *Madhumeha* according to Ayurveda and modern science.

**MATERIAL AND METHODS:**

The basic and conceptual materials were collected from the *Ayurveda* classics from *Bruhatrayee* with their available commentaries, modern medical literature of Medicine and concerned research papers and journals.

**Nirukti and Paribhasha [Etymology]:**

Prameha and Diabetes:

- ETYMOLOGY OF PRAMEHA: According to Sanskrit literature,  
*Prameha = Pra + Mih*  
Wherein 'Pra' = excessive frequency and  
'Mih' = watering, wetting etc.



*Prameha* = Disease in which there is excessive micturition.

- ETYMOLOGY OF DIABETES: The term Diabetes has been derived from Greek term Diabainein which means to cross through a siphon, applied to mean elimination of large quantity of urine [11].

Thus we can come to a conclusion that *Prameha* and diabetes both the terms have same meaning.

Madhumeha and Diabetes Mellitus:

Moreover to bring the attention to more interesting fact that the terms *Madhumeha* and Diabetes mellitus are analogues, wherein *madhu* and mellitus mean honey. Thus both the terms 'Madhumeha' and 'Diabetes Mellitus' mean passing of large quantity of sweet urine.

#### **Etiology:**

Not only etymology but also etiology and even therapeutic aspects of *Madhumeha* and Diabetes Mellitus go side by side.

All those *nidanas*, which cause *kapha vrudhi* are the *samanaya nidanas* or *hetus* for *Prameha (kapha krutcha sarvam)* [12]. *Charaka* mentions different etiological factors for *Vataja*, *pittaja* and *Kaphaja Pramehas* in *Nidanasthana* [13]. However no other classic touches this aspect. Even *Charaka* in *chikitsasthana*, talks only about the common etiological factors [14]. This prompts one to

accept that *Kaphakara Ahara Viharas* are the prime factors in causation of the disease process and all *Kaphakara Bhavas* are *Pramehakara Bhavas*. Though these are the *nidanas* of *Prameha*, they are to be considered as the *nidanas* of *Madhumeha* also (as it is a type of *prameha* only).

*Sushruta* has stated that *Madhumeha* is caused due to the indulgence in *sheet* (cold), *snigdha* (unctuous), *madhur* (sweet), *dravanna* (liquified ) foods [15].

*Acharya Vagbhata* signifies the importance of those *ahara* and *viharas* that vitiate *kapha*, *medas* and increases *mootra* to be the cause of *Madhumeha* [16]. *Vayaj* and *Kalaj hetus* also play role in *Madhumeha*.

*Madhumeha* has been stated as *Sahaja* as well as *Kulaja vikara*. The genetic predisposition and familial aggregation have been considered as the prime etiological factor.

*Kapha medokara nidanas* are responsible for the abnormal increase of *sneha* and *kleda* in the body forms the etiological facet of *Madhumeha*.

Similarly, the factors which abnormally increase the serum free fatty acids with increase of VLDL and triglyceride, leading to malfunctioning of lipid metabolism forms the etiological facet of Diabetes Mellitus [17].

**Clinical Features of Diabetes Mellitus:**

*Madhumeha* is a *medovaha strotodushti janya vyadhi*<sup>[18]</sup>. The *pratyatmaka lakshanas*[cardinal features] become *vyakta*[manifest]in the *mootravaha srotas*[urinary system] with abnormal changes in *rasa*[taste], *gandha*[smell], *varna*[colour]and *sparsha*[touch]of *mootra*[urine].

Features of Prameha patients are described uniquely in Sushruta Samhita. “A walking person preferring to sit; sitting one opting to lie down; lying one desires to sleep; sleeping

one dislikes awakening are the signs of Prameha<sup>[19]</sup>.

A comparison of features has been made here, the aim of which is to establish a correlation with modern signs & symptoms. It clearly shows that the symptoms are similar.

**Table No. 1: Comparison of features of Madhumeha according to Ayurveda and modern science.**

Sr.No.	Signs & Symptoms according to Ayurveda <sup>[20]</sup>	Signs & Symptoms according to Modern Science <sup>[21]</sup>
1.	<i>Praboota mootrata</i>	Polyuria
2.	<i>Avila mootrata</i>	Increased Turbidity of urine
3.	<i>Bahvasheetva</i>	<i>Polyphagia</i>
4.	<i>Trushna</i>	<i>Polydipsia.</i>
5.	<i>Alasya</i>	<i>Lassitude</i>
6.	<i>Sthoulyata (caused due to santarpana/margavarana janya)</i>	Obesity (where in rapid weight gain is seen) especially in NIDDM
7.	<i>Karshyata (seen in krusha mehi's)</i>	Lean Diabetic where in there is rapid weight loss (IDDM)
8.	<i>Mootramadhuryata</i>	Glycosuria
9.	<i>Tanu madhuryata</i>	Hyperglycemia

### Pathogenesis:

*Madhumeha* is a disorder due to ‘*vikara vighata bhava abhava*’<sup>[22]</sup> with the involvement of almost all the components i.e *dhatu*s [tissues] and *ojas*[essence of all seven *dhātu*] of the body.

Concept of ‘*vikaravighata bhava abhava*’:

- *VIKARA* - Disease

- *VIGHATA* - To Obstruct
- *BHAVA* - Factors which prevents the Disease
- *ABHAVA* - Factors which causes the Disease

A factor which inhibits/hinders the manifestation of a disease in an individual is known as *Vikara Vighata Bhava*.

The *Vikaravighata Abhava* like *Asyasukha* (sedentary lifestyle), *Swapnasukha* (excess sleeping), *Kaphaj aahar* (diet vitiating *Kapha dosha*) leads to *Agnimandya* (decreased digestive power) which leads to the formation of the disease. Whereas, *Vikaravighata Bhava* like following proper dietary regime, regular exercise, can lead to the prevention of the disease, *Madhumeha*.

Diabetes Mellitus is an endocrinal metabolic disorder with the multi factorial facet along with wide spread complications sparing no cell in the body [23].

**Table No. 2: Illustrating *Samprapti ghatakas* of *Madhumeha*.**

1.	<i>Dosha</i>	<i>Kapha Pitta Vata</i>
2.	<i>Dooshya</i>	<i>Meda, Mamsa, Kleda , Shukra, Rakta, Vasa, Majja, Lasika, Rasa and Oja.</i> [24] (Ch. Ni.4/7)
3.	<i>Strotas</i>	<i>Medhovaha, Mootravaha, Udakhavaha, Swedavaha.</i>
4.	<i>Srotodusti</i>	<i>Atipravrutti.</i>
5.	<i>Agni</i> [digestive factors]	<i>Vaishmya in all agnis or Dhatwagnimandhya</i>
6.	<i>Adhistana</i>	<i>Basti</i>
7.	<i>Udbhavasthana</i>	<i>Aamashaya</i>
8.	<i>Ama</i>	<i>Ama produced due to Jathragnimandhya &amp; Dhatwagnimandhya.</i>
9.	<i>Vyadhiswabhava</i>	<i>Chirakari</i>
10.	<i>Bhedavastha</i>	Types and Occurrence of <i>Upadravas</i> .

*Madhumeha* is a disorder resulting from *medovaha strotodushti*[channels carrying fat tissue] including the *strotomoolas*[roots of channels] the *Vapavahana*[omentum]and *Vrukka*[kidney]. These organs can be conveniently correlated to the Pancreas and

the suprarenals respectively with the references available in the classics. Diabetes Mellitus results from destruction or malfunctioning of endocrine pancreas. Diabetes Mellitus develops secondarily to hypersecretion of adrenal glands.

Two kinds of *Pramehis/Madhumehis* have been identified as *Krusha* and *Sthoola*<sup>[25]</sup>. The Diabetes Mellitus also considers this classification terming them as Obese Diabetic and Lean Diabetic<sup>[26]</sup>.

*Sthoulayata* forms an important factor causing the *medodhatwagni mandya* [decreased metabolic factors located in fat tissues] leading

to manifestation of *Avaranajanya Madhumeha*. This can be correlated to the risk of obesity, inducing the Diabetes Mellitus in individuals resulting in NIDDM.

#### Diagnosis of Diabetes Mellitus:

**Table No.3: Test results for diagnosis of prediabetes and diabetes** <sup>[27]</sup>

Diagnosis	Fasting Plasma Glucose	Oral Glucose Tolerance Test*	Random Plasma Glucose Test†	HbA1C
Normal	99 mg/dL or below	139 mg/dL or below	N/A	< 5.7%
Prediabetes	100 to 125 mg/dL	140 to 199 mg/dL	N/A	5.7% to 6.4%
Diabetes	126 mg/dL or above	200 mg/dL or above	200 mg/dL or above	6.5% or more

**Source:** American Diabetes Association

*Mutra pariksha* is the first prior primary examination to diagnose *Madhumeha* according to ayurveda. There are some

similarities found in *mutra pariksha* of *Ayurveda* with modern urine examination.

**Table No.4: Physical examination of Urine according to Ayurvedic and modern sciences, diagnostic to Madhumeha.** <sup>[28]</sup>

Sr.No.	Examination Criteria	Mootra lakshana according to Ayurveda in Madhumeha	Mootra lakshana according to Modern Science in Diabetes Mellitus
1.	Volume	Prakrut <i>Mutrapraman</i> = 4 Anjali. The quantity & frequency of urine increased in <i>Mahumeha</i>	Polyuria >2000ml/24 (Osmotic Diuresis)
2.	Colour	Madhu varni	Colorless dilute urine
3.	Appearance	<i>Phenil mutrapravartan</i>	Foamy urine occurs due to protein presence, uniformly cloudy, do not settle at bottom due to bacteria.
4.	Odour	<i>Madhugandhi</i>	Abnormal odour, fruity due to

			ketoacidosis
5.	Specific gravity	-	> 1.030 g/mL
6.	pH	<i>Amla dharmi</i>	Acid urine
7.	Taste (Rasa)	<i>Madhu sama</i>	Honey like sweet
8.	Taste examination	specimen of urine or urine passed area gets attracted by ants, flies ( <i>Pipalika</i> ) suggest that urine is having <i>madhura rasa</i>	Examined by using benedicts reagent
9.	Transparancy	Avil	traces of haziness
10.	Tailbindu pariksha (oil drop test)	Owl bird shape spread of oil in mutra suggests non-curability of madhumeha	-

#### Prognosis of Madhumeha/Diabetes Mellitus [29], [30], [31]:

**Table No.5: Prognosis of Madhumeha/Diabetes Mellitus**

Sr.No.	Madhumeha	Diabetes Mellitus	Prognosis
1.	<i>Sthool/Apathyanimitaja / Kapha sambhav Madhumeha</i>	Obese diabetics	<i>Kashtha Sadhya/</i> favorable prognosis
2.	<i>Madhumeha with Upadravas</i>	Diabetes with complications	<i>Asadhya/</i> bad sign of prognosis
3.	<i>Jataha Madhumeha</i>	Lean Diabetics or IDDM	<i>Asadhya/</i> bad sign of prognosis
4.	<i>Nava vyadhi</i>	Diabetes with short duration or of recent onset	<i>Sadhya/</i> good sign of prognosis
5.	<i>Purana</i>	Diabetes of longer duration	<i>Asadhya/Yapya/</i> bad sign of prognosis
6.	Availability of <i>chikitsa chatuspada</i>	Early diagnosis, co-operative and intelligent patient and	<i>Sukhsadhya/</i> good sign of prognosis

		prompt treatment	
7.	<i>Nidana parivarjana</i> during the diseased state	Carefulness regarding diet, exercise etc	<i>Sadhya/</i> favorable prognosis

### Management of Diabetes Mellitus [32], [33] :

- If the disease is diagnosed in the early stage itself then proper diet alone is sufficient to control the disease, which is equally accepted by both system of medicines.
- A person suffering with *margavarana janya madhumeha* is usually *sthoola* and *balavan* hence *apatarpana chikitsa* is followed. NIDDM patients are usually obese so diet, exercise and oral hypoglycemic are advised.
- *Santarpana chikitsa* is advised to *Dhatukshaya janya madhumehis* as they are *krusha* and *durbala*. IDDM patients are thin and weak and hence insulin is administered.

### RESULT:

In the presence of *madhura, pichhila* and *madhusamam lakshanas* in *Madhumeha* one has to consider two possibilities for differentiation i.e. whether the condition is *anilatmaka* due to *dosha dhatu kshneeta(apatarpana)* or *Kapha janya* as a result of *santarpana*.

**Table No.6: Showing Differentiation Between *Anilatmaka* and *Kaphasambhava Madhumeha*<sup>[34]</sup>**

Sr.No.	<i>Vyadhi bodhaka hetu</i>	<i>Lakshanas in Anilatmaka</i>	<i>Lakshanas in Kapha</i>
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Thus from above one gets the inference that *Madhumeha* occurs as a consequence of:

1. *Vata vruddhi* as a result of *dhatukshaya* where *vata* is '*Anubandhya Dosh*'. (Herein *Dhatukshaya* occurs as a consequence of *apatarpana*).
2. *Vata vruddhi* due to *margavarodha* by *Kaphadi dosha dooshyas* where *vata* acts as '*Anubandha dosha*' where in it depends on the condition of *Kaphadi dosha dooshayas*. (Herein *margavarodha* by *Kaphadi dosha dooshyas* occurs as a consequence of *santarpana*).

Thereby, *Aptarpanjanya Vyadhi* is treated by *Santarpana* and *Santarpana janya vyadhi* is treated by *Apatarpana chikitsa*.

### DISCUSSION:

Based on the above description an effort has been made here to make a differentiation between '*Anilatmaka Madhumeha*' and '*Kapha Sambhava Madhumeha*' as shown in the table below:

		<b>Madhumeha</b>	<b>sambhava Madhumeha</b>
1.	<i>Rogi</i> [patient]	<i>Krusha, Durbala</i>	<i>Sthoola, Balavan</i>
2.	<i>Udbhava</i> [origin]	<i>Doshdhatu Kshaya janya(apatarpana janya)</i>	<i>Santarpana janya</i>
3.	<i>Nidana</i> [causative factors]	a) <i>Vatakara ahara</i> b) <i>Vatakara vihara</i> c) <i>Deergakaleena Madhumeha</i> leading to <i>Vata vruddhi and dhatu kshaya.</i> d) <i>Beeja dosha (sahaja madhumehi)</i>	a) <i>Kaphakara ahara</i> b) <i>Kaphakar vihara- Divaswap ,Avyayam etc.</i> c) <i>Due to vapavahan etc.dhatudushti</i> d) <i>beeja doshadi dushti leading to sthoulyata.</i>
3.	<i>Rogi vaya</i> [age]	<i>Usually Bal and when diagnosed</i>	<i>Usually a Madhya vayaha and senile age</i>
4.	<i>Samprapti</i> [pathogenesis]	<i>Madhumeha arambhaka dosha dushti leading to Vapavahana dushti especially in Sahaja Madhumehi.</i>	<i>Kaphamedo dushti leading to Madhumeha arambaka dosha dushti in Vapavahana.</i>
5.	<i>Roopa</i> [signs & symptoms]	<i>Vata pradhana</i>	<i>Kapha pradhana</i>
6.	<i>Vyadhiswaroopa</i> [form of disease]	<i>Ashukari</i>	<i>Chirakari</i>
7.	<i>Sadhya-Asadhyata</i> [prognosis]	<i>Asadhya</i>	<i>Sadhya in the beginning, Kashtsadhya</i>
8.	<i>Upadravas</i> [complications]	<i>Vatapradhana upadravas</i>	<i>Kaphapradhana upadravas</i>
9.	<i>Chikitsa siddanta</i> [fundamentals of treatment]	<i>Santarpana</i>	<i>Apatarpana</i>

**Table No.7: Shows General Characteristic of IDDM and NIDDM [35]**

Sr.No.	Characteristic	IDDM	NIDDM
1	Genetic locus	Chromosome 6	Unknown

2	Age of onset	Usually < 40	>40
3	Body habitus	Normal to wasted	Obese
4	Plasma Insulin	Low to absent	Normal to high
5	Plasma glucagon	High, suppressible	High, resistant
6	Acute complication	Keto acidosis	Hyperosmolar coma
7	Insulin therapy	Responsive	Responsive to resistant
8	Response of sulfonylurea therapy	Poor or Unresponsive	Responsive

**Courtesy:** Harrison's internal medicine

### CONCLUSION:

- *Lakshanas* of *anilatmaka madhumeha* resembles with the features of IDDM.
- *Lakshanas* of *Kaphasambhava Madhumeha* resembles with features of NIDDM.
- IDDM and NIDDM Modern terms can be correlated with *Anilatmaka* and *Kaphadosh sambhav Madhumeha*, and its hetus are noticeable for treating Diabetic patients.
- *Ayurved* have already said *Nidanparivarjanas* the first step of treatment protocol.
- Study will be useful to set guidelines in breaking etiopathogenesis of diabetes /*madhumeha* concern.

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## AMALAKI RASAYAN IN IRON-DEFICIENCY ANAEMIA IN ADOLESCENT CHILDREN

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### ABSTRACT

Pregnant women and small childrens have health issues. The most prevalent cause of iron deficient anaemia is blood loss or malabsorption. A clinical condition called pandu roga resembles iron deficient anaemia quite a bit. The Pitta Pradhan Vyadhi is Pandu Roga. Because of vitiated Doshas, tissue metabolism in Pandu roga is impacted, resulting in Dhatu-shaythilya in all Dhatu. Everywhere over the body, paleness is predominant. The pathophysiology of Pandu is mostly caused by the Rasavaha and Raktavaha srotasas. So, here is a case report of 13 years old female child patient with iron deficiency anemia who was given Ayurvedic rasayana therapy in the line of treatment of Pandu roga

**KEYWORDS:** Amalaki Rasayana; Pandu; ferrous fumarate; folic acid; iron deficiency anemia.

### INTRODUCTION

One of the ailments listed in Ayurveda is pandu roga, which is typified by skin colour changes to white (sweta), yellowish (pita), greenish (harita), etc. It is also commonly associated with the presence of Ketaki dhuli nibha chaya, which is a discolouration that resembles the colour of pandanus flowers. The sclera exhibits the same discoloration. It is one of the "Varnopalakshita roga," or diseases where the colour changes. The ailment is known by several names in the Vedas, including Vilohita, Harima, and Halima; Sushruta refers to it as Panaki, Laghavaka, and Kumbhahwa.<sup>[1]</sup> According to Charaka samhita the prodromal symptoms in the disease include palpitations, dryness of the skin and mucosal surfaces and malaise. The clinical features mentioned for the disease include pale of the eyes (pandutwa), loss of appetite, periorbital oedema tinnitus and malaise etc.<sup>[2]</sup> The clinical features of the Pandu roga can be compared with the disease Anemia. The term Anemia in Greek language means lack of blood or haemoglobin. It is one of the most common disorders in the developing countries because of the poor nutritional status. It occurs because of the poor intake of the iron and folic acid rich foods.

The disease is most commonly seen in children, adolescent girls, pregnant women and lactating mothers.<sup>[3]</sup> In developing countries like India there is burden of population explosion, poverty, overcrowding, poor sanitation, and malnutrition. Indian children are

more prone to develop nutritional deficiency disorders like iron deficiency and ultimately suffer from the disease like Iron deficiency. Anemia resulting from lack of sufficient iron for synthesis of haemoglobin is the most common hematologic disease of infancy and childhood. The frequency of iron deficiency anemia is related to certain basic aspects of iron metabolism and nutrition.<sup>[4]</sup> The Pandu disease affects children, pregnant and lactating women. Ayurveda described Pandu as Pitta Pradana Vyadhi associated with Rasa and Rakta Dhatu. Dhatus nourishment mainly affects in disease due to Pitta Prakopaka Ahara. Twak and Mamsa occur due to Doshas vitiation which resulting Pandu and Haridra Varna.<sup>[5-6]</sup> The pathologically disease involve Agnimandya due to decrease in Abhyavaharana Sakthi Jaranasakthi and Kayagni, responsible for the Dhatwagni and Bhootagni, these all consequences results formation of immature Dhatu and malnutrition occurs due to the impaired Kayagni. Agnivikriti along with Varnahani, Prabhahani, Utsahahani and Krishata observe.<sup>[6-8]</sup>

**Aims:** To evaluate the efficacy of Amalaki Rasayana in the management of Pandu.

### CASE REPORT

A female patient of 13 years old, came to our Ayurveda Hospital, on 10 June 2023 with complaints of swelling in bilateral feet off and on, paleness in the skin, lethargy, whenever bluish bruises in the skin appear after any injury it recovers within a month by itself, hair fall (50

strands/day), palpitation since 3 months. She has a normal menstrual history. On examination- the general condition of the patient is stable, pulse rate- 68/ min, BP- 110/70mmHg, Palor-++, icterus absent, weight-45kg, height-150cm, R/ S-AE= BE, CVS- S1, S2 normal, no abnormal sound, CNS-well conscious, oriented place, person, time. On her complete blood count- hemoglobin level (8.0g/dl) was found low. On given one-month Amalaki Rasayana she had found significant relief in symptoms (swelling was resolved, pallor decreased, she was feeling energetic, hair fall (10 strands/day, palpitation had also decreased), and increased in hemoglobin level (9.8g/dl). Here a case report was done

by giving Ayurvedic amalaki rasayana in the line of treatment of Pandu, marked improvement was noticed.

#### Treatment given

Amalaki rasayana 1gm BD for 1 month.

#### Objective parameters

The following laboratory findings were assessed before and after treatment: Hemoglobin percentage (Hb%), red blood cell (RBC) count, hematocrit, mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), mean corpuscular hemoglobin concentration (MCHC), serum iron, total iron binding capacity (TIBC).

**Table 1: Shows parameters before and after treatment.**

Test	Pre(10/06/2023)	Post(10/07/2023)	Normal Range
Hb	8.0 g/dl	9.8g/dl	12.0-17.0
WBC	6.07/ uL	5.37/ uL	4,000-11,000
NEUT	64.5%	61.9%	40-80
LYMPH	28.3%	30.7%	20-40
MONO	6.1%	6.1%	2.0-10.0
EO	0.8%	1.1%	1.0-6.0
BASO	0.3%	0.2%	0.0-2.0
RBC	4.92/uL	5.62/uL	3.8-5.50
HCT	29.6%	40.7%	36.0-50.0
MCV	60.2 fL	72.4 fL	83.0-110.0
MCH	17.5 pg	22.6 pg	33.0-37.0
MCHC	29.1g/dL	31.2g/dL	31.0-37.0
PLT	330/uL	259/uL	150-400

#### DISCUSSION

Amalaki rasayan, Amalaki (*Phyllanthus emblica* L.) has Tridosahara, especially Pittashamak (pacifying Pitta), Rasayan (rejuvenative) and Shonitsthapana properties, thus nourishes the Dhatus and is also known to enhance the absorption of iron.<sup>[9]</sup> Amalaki is also having antioxidant properties by virtue of antioxidants present in it which include Vitamin C, bioflavonoids, flavones, polyphenols, and carotenoids.<sup>[10]</sup> Supplementation of antioxidant vitamins with iron supplementation may offer a better response in the management of IDA.<sup>[11]</sup> Pandu means pallor or whiteness. In this disease, there is pallor on the skin, due to deficiency of blood tissue either in form of haemoglobin or red blood cells, hence called anemia. The causative factor of Pandu are-excessive intake of alkaline, sour, pungent and salty, too hot, incompatible and unsuitable food, suppression of natural urges, Manas Bhav- anxiety, fear, anger causes Pitta vitiation and is propelled to the body by aggravated Vata. Palpitation in the heart, dryness of skin, absence of perspiration, fatigue, cracks in the skin, salivation, looseness in the joints and whole body, urge for eating mud, edema under the eye lids, slight yellowish color to urine and feces. Agni vaishmya is caused by two factors- Nija that can be due to improper absorption, Agantuja that can be due to blood loss. Agni vaisamyia leads to Vata vridhi and Oja kshya and ultimately Dhatu shaithilya. Poor absorption is the main cause of iron deficiency anemia.

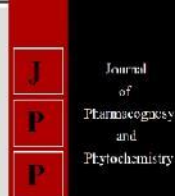
#### CONCLUSION

Pandu roga is Pitta pradhan vyadhi of Rasvah and Raktavaha srotas. By the Ayurvedic rasayan therapy (Amalaki rasayan) properties and actions work in breaking the pathogenesis of Pandu. Amalaki which help in increasing haemoglobin level and general symptoms in the patient effectively in just one month duration. So, Ayurvedic rasayana therapy should be used as primarily intervention in iron deficiency anaemia (Pandu) without any side effects.

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## Ayurvedic management of Pama in Kaumarbhritya

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**Abstract**

Skin disease has a high prevalence throughout the world. Scabies is one of the commonest dermatological conditions in the world. It is a parasitic skin infestation caused by a mite called *Sarcoptes scabiei* var *hominis*. It is a highly contagious, neglected cutaneous parasitic disease, associated with poor individual, community, environmental circumstances and health. It Can be correlated to "Pama" as described in Ayurveda Classics. Pama Is one of the eighteen types of Kushta which is caused by Kapha Pitta Dosh. Scabies was added to the World Health Organization's (WHO) list of neglected tropical diseases In 2013. The present case shows the effect of Ayurvedic Formulation on scabies in 8yr old child.

**Keywords:** Scabies, Pama, Kushta, Aarogyavardhini Vati

**Introduction**

Scabies is a highly contagious, pruritic, parasitic infestation of the skin caused by the mite *Sarcoptes scabiei* var *hominis*. Scabies can affect all age groups but is found to be more prevalent in children [1]. An epidemiological survey for scabies was conducted in a rural community of 2771 persons among 404 households living in 238 houses. Prevalence rates were 13% by population and 30.9% by household. Each index case was responsible, on average, for the spread of infection to 1.9 persons in affected households [2]. required prompt identification and early treatment to prevent community transmission and reduce complications for the individual child and their contacts. Post-scabetic itch and psychosocial stigma are typical sequelae of the scabies mite infestation. The early identification of patients with scabies and treatment of their contacts reduces community transmission. Secondary bacterial infection is common following traumatic excoriation and more common in resource-poor settings [3]. Pama is one of the Eighteen types of Kushta ("Skin Disease"), according to the Charaka Samhita (Chikitsa Sthana) [4] which is caused by vitiation of Kapha and Pitta Dosh. Pama-kushta is characterized by extreme itchy eruptions of white, Reddish or black color seen over Sphika (Buttocks), Pani- Pada (Hands & Foot), Kar pada (Forearm or elbow Region). Diagnosis was based upon signs and symptoms of Pama Kushta such as Toda (Pain), Kandu (Itching), Daha (Burning sensation), Pitika (Burrows), Srava (Discharge) [5]. The most common presentation of scabies in children includes burrows, erythematous papules and inflammatory nodules, often with secondary excoriation. Burrows and inflammatory papules have a typical distribution, affecting the flexural limbs, including the anterior axillary folds, elbows, volar wrists and dorsal ankles; acral surfaces especially the interdigital web spaces and feet; anogenital area; and truncal areas, particularly the nipples and periumbilical areas [6, 7]. The main aim of treatment was to purify the blood and bring out the toxins from the bloodstream and locally to pacify the symptoms like itching and lesions. Also Personal hygiene and pathya-apathya i.e. dietary modifications were a very necessary part of the treatment. Treating scabies in infants and children is challenging. Many drugs used in adults cannot be used in children because of diverse safety profiles. This narrative review will address the management of scabies in the paediatric population as per ayurveda point of view.

**Case description**

A 8 years old female patient brought by his father in OPD of Kaumarbhritya department with complaints of itching in between the fingers of both hands, wrists and forearms along with occasional burning since 4-5 months. On local examination, Vesiculopustular lesions were present along with dry scaly patches over both the hands, wrists and forearms.

**Case study****Place of study****Presenting complaints**

1. Reddish brown discoloration fingers of both the hands forearm wrist.
2. Itching and mild pain between fingers of both the hands forearm wrist.
3. Occasional burning sensation at affected site.
4. After itching Secretion from affected site.
5. Increased frequency of itching in night.
6. Patient had symptoms since last 4-5 months

**History of present illness**

A 8 years old female patient brought by his father in OPD of Kaumarbhritya department with complaints of itching in between the fingers of both The hands, wrists and forearms along with occasional burning since 2 months. Reddish brown discoloration fingers of both the hands forearm wrist. Occasional burning sensation at affected site. After itching there is secretion from affected site Patient had also gave history of Increased frequency of itching in night. Patient took allopathic medicine along with local application for 2-3 months but after discontinuing the treatment the relapse was there.

**Past history:** Patient did not give any significant past history

**Family history:** Patients father gave history of similar skin itching episode to patients brother 6-7 months ago.

**On examination**

1. Papulo-vesicular lesions distributed bilaterally over hands, wrists & forearms.
2. Multiple erythematous papules.
3. Multiple spherical vesicles with erosion that has already healed and crusted.

**Systemic examination**

1. CVS: S1 & S2 normal
2. CNS: Conscious and oriented
3. RS: bilateral clear
4. PA: soft and non-tender

**Personal history**

Name: XYZ

Age: 8yrs female

Occupation: student

Area of residence: rural

Prakriti: Kapha pitta

**Ashtavidha pariksha**

1. Nadi: 80/ min
2. Mala: baddhataie. constipation
3. Mutra: Prakrit
4. Jivha: Ishat Sam
5. Shabda: Prakrit
6. Sparsha: Samshitoshna
7. Druk: Prakrit
8. Aakriti: Madhyam

**Table 1:** Treatment

Sr. No.	Name of medicine	Dose	Route	Kala twice / day	Anupana
<b>Internal Medicine</b>					
1.	Gandhak Rasayana	60 mg	Oral	Adhobhakta	Koshnajala
2.	Arogyavardhini Vati	60 mg	Oral	Rasayan once /day	Koshnajala
3.	Patoladi Kwath	10 ml	Oral	Adhobhakta	Koshnajala
4.	Mahamanjsthadi Kashaya	10 ml	Oral	Adhobhakta	Koshnajala
5.	Krumikuthar rasa	60 mg	Oral	Adhobhakta	Koshnajala
<b>External application</b>					
6.	Sidharthak snan lepa		Local application	Twice daily	
7.	Karanj taila		Local application	Twice daily After sidharthak snan lepa	

<b>Pathya (Regimen to follow)</b>	<b>Apathya (Regimen to be restricted)</b>
<b>Ahara</b>	<b>Ahara</b>
Green gram, Rice, Wheat, Green vegetables, Fruits, Lukewarm water, Ginger water etc.	Ice cream, Cold drinks, Curd, Bread, Toast, Jam, Sauce, Non-Veg, Egg, Oily substances like chips etc, Fast food, Fermented foods, Sweet and sour taste foods, Milk, Yoghurt, Pickles etc.
<b>Vihara</b>	<b>Vihara</b>
Adequate sleep at night (8 hours), Maintain the personal hygiene, Clothes, bed linen, towels should be washed in boiled water and dried, changed frequently, While bathing put few leaves of neem in the hot water.	Avoid night sleeping ( <i>ratri jagran</i> ) Day sleeping ( <i>Diwaswapa</i> )

**Table 2:** Assessment parameters

<b>Parameters</b>	<b>Grades</b>
<b>Toda (Pain)</b>	<b>Grade</b>
Severe <i>Toda</i> with disturbed sleep	03
Moderate <i>Toda</i> without disturbed sleep	02
Mild or occasional <i>Toda</i>	01
No <i>Toda</i>	00
<b>Kandu (Itching)</b>	<b>Grade</b>
Continuous itching which interferes daily work or sleep	03
Continuous itching without disturbed daily work or sleep	02
Mild or occasionally itching	01
No itching	00
<b>Pitika (Burrows)</b>	<b>Grade</b>
Many or uncountable <i>Pitikas</i> in the whole affected area	03
5-10 <i>Pitikas</i> in one square cm	02



<i>Pitika</i> almost disappear but discoloration persists	01
No <i>Pitika</i>	00
<b><i>Daha</i> (Burning sensation)</b>	<b>Grade</b>
Continuous <i>Daha</i> with disturbed sleep	03
Continuous <i>Daha</i> without disturbed sleep	02
Occasional <i>Daha</i>	01
No <i>Daha</i>	00
<b><i>Srawa</i> (Discharge)</b>	<b>Grade</b>
Srawa without itching	02
Srawa with itching	01
Srawa with or without itching	00

**Table 3:** Observation and results

Parameters	Day 7	Day 21	Day 35	Day 45	Day 60
Toda (Pain)	02	01	00	00	00
Kandu (Itching)	03	02	02	01	01
Pitika (Burrows)	03	02	01	01	01
Srawa (discharge)	02	01	00	00	00
Daha (Burning sensation)	03	03	02	01	00

Assessment of disease was done by observing the signs and symptoms during each follow up visit. Significant decrease in the sign and symptoms was observed. This shows given regimen to patient is effective in pama.

### Discussion

Pama is a Kapha-Pitta predominant Kushta with severe kandu, daha, srawa causing high Morbidity in health care workers and in low Socio-economic sectors of the society. Involvements of Kaphaja Lakshanas are found to be more prevalent in disease. Poor personal hygiene, poor eating Habits and living standards, unawareness about health with contact history are the important etiological factors for infestation of the disease. This treatment protocol was based on the principle of Kustaghna, Kandugna, and Krimighna. The main aim of treatment was to purify the blood and bring out the toxins from the bloodstream and locally to pacify the symptoms like itching and lesions. Also Personal hygiene and pathya-apathya i.e. dietary modifications were a very necessary part of the treatment. Arogyavardhini Vati is indicated in Kustha, Medo-Dosha (obesity), yakritvikara (liver disorders) and Jirna Jwara (chronic fever) [8]. Gandhak Rasayani is a well-known, commonly used formulation mainly indicated in Kushtha Roga. It acts as a blood purifier. It reduces Kandu and Daha [9]. Mahamanjishthadi Kwatha was used for the improvement and maintains the quality of blood Because Shothahar, Kushtaghna, Vranropak, Raktashodhak, Vedanashamak, kandughna, Dahaprashaman. As it is indicated in Kushtharoga [10]. Patoladi Kashaya is a combination of 9 drugs. All the key ingredients of this Kashaya are having Tridoshahara properties. All the drugs in combination are having Kushtaghana, Kandughana, Krimighna, Rasayana, Raktashodhaka, Raktaprashadaka and also Varnya properties [11]. Krimikuthar Ras is an important herbo-mineral formulation which contains Karpura, Kutaja, Trayamana, Ajamoda, Vidanga, Hingula Bhasma, Vatsanabha, Palasha Beeja, It is Specially indicated in Krimi Janya Tvak Vikara. Sankramika or Aupasargika Roga Nidana of Kustha are explained by Achaya Susrutha [12]. Siddhartaka snana churna is a mixture of herbal Ingredients used for lepana which acts as Tridosha-Hara, Twacha, and Varnaprasadana [13]. Karanjabeeja (seed of Pongamia pinnata) which is a potent Vishashamana (anti-toxic) and Kushtagna [14] has been taken for the study to analyze the efficacy of Its taila (oil) applied externally. Along with above medications, Pathya-apathya and hygiene Maintenance were also advised

to patient. Child has followed the treatment protocol and Pathya-apathya properly and responded very well with treatment.

### Conclusion

The basic approach to skin diseases is to understand the doshas and dushya involved in the same and thereby treatment has to be planned. Treatment included purification therapies followed by local applications, internal medications with Kusthagna, Raktashodhana, and Raktaprasadana properties. Here it can be concluded that above internal medicine Gandhak Rasayana, Arogyavardhini Vati, Mahamanjishthadi Kashaya, Krumikuthar Ras along with external application of Siddharthak Snan and Karanj Taila has been found to be significantly effective in relieving the symptoms of pamakushta of the child. To have better Efficacy treatment of Pama should be carried out with both external application of along with internal medicine.

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## Ayurvedic management of Ahiputna A single case study

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### Abstract

*Ayurveda* is an age-old medical system that addresses both general human health, or *swasthya*, and a wide range of illnesses and how to cure them. The occurrence of the *Ahiputna* is common in India due to poor sanitation. In modern medicine disease can be co-related with napkin rash with similar symptoms. Napkin rash is one of the most common skin disorders in infants and children. Prevalence has been variably reported from 4-35% in first 2 years of life, most cases occur between 9 and 16 months of age. Taking the aspects of mode of action, *lepa* having action like *shodhan*, *utsadhan*, *ropan* etc. while explaining the efficacy of *lepa*, *Sushruta* mentioned that by pouring water over a burning house how the fire is get stopped immediately same manner by application of *lepa* provoked *dosha* of *vrana* will get subside hence *lepa* is selected for treatment.

**Keywords:** *Ahiputna*, Asana, Lepa, Ayurveda

### Introduction

*Ahiputna* in Sanskrit means 'sores on the hinder part of the body'. *Aacharya* Indu has related the disease *Ahiputna* to '*putana-graha*' (diarrhoeal disease associated with sepsis in infants). *Gudakuttaka* means 'that which cuts the anal region.' (*kuttana*=cut). *Mathrukadosha* means 'a defect which has maternal cause' or 'that which comes from the mother'; (*matruka*= maternal or coming from or belonging to the mother; *dosha*= disorder or defect). This indicates that the disease is either due to improper care from the mother or due to vitiated breast milk which are said to cause the disease. *Prishtaru* means *arusor* 'sore' in *prishtoor* 'back'. *Anamakameans* 'anonymous', 'nameless' or 'infamous.' The term is also used to denote piles or hemorrhoids which is also called by the name '*durnama*' (meaning 'notorious' or 'having a bad name'). Etiopathology of *Ahiputna* <sup>[1, 2]</sup>. The causes of *Ahiputna* are: Lack of cleansing of the diaper area of the infant soon after passage of stools and urine. This is due to neglect of mother and the disease therefore gets the name *matrukadosha*. Infrequent bathing of the infant who sweats a lot. Vitiated breast milk (as per *Gayadasa* and *Bhoja*). *Putana-graha*: *Ahiputna* is associated with *putana-graha* which is an infectious diarrhoeal disease explained among *graharogas* (sepsis) <sup>[3]</sup>. Indu explains the term *pouthana* as '*putanakhya dosha janitam*' <sup>[4]</sup>, giving the name *Ahiputna*. The association of the term *Ahiputna* with *putana-graha* indicates its comorbidity with diarrhoeal diseases. Tender skin of the infant which is prone to easy damage makes it vulnerable to diseases like *chamradala* and *Ahiputna*. While describing the disease called *chamradala* (disease comparable with atopic dermatitis) in children, *Aacharya Kashyapa* has explained that the skin of the infant is tender and is easily damaged by clothing, warm climate, sweating contact with feces and urine and lack of cleansing thereafter, rubbing with powders, etc. <sup>[5]</sup>.

### (Sign and Symptoms of Diaper Rash) <sup>[6, 7]</sup>.

- *Kandu* (Irritability due to itching) If mother has not cleaned *Mala*, *Mutra* and *Sweda* of baby's perianal region regularly and perianal region remain wet for longer time, it causes *Rakta-kapha dushti*. *Kapha* has *kleda* property in it. This increases in *kleda* property of *kapha* causes *kandu* around perianal region This *Lakshana* can be manifested by irritability in child.
- *Pidika* (Skin lesions) Due to *Hetu sevana*, there is *pitta Dushti*, this *prakupit pitta* causes *Dushti* of *Rakta*. This *prakupit Rakta-pitta* causes *pidika* in perianal region
- *Shipran sphotam* (Blister) In *Balak prakupita Rakta-Pitta* causes *Sphot* around perianal region.

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- *Strava* (Discharge) When *Vispot* or blister break or kept untreated, it leads to oozing from blister. This causes *strava*.
- *Daha* (Burning sensation) *Sweda* is *sthana* of *pitta* i.e. *pitta prakopa* causes *daha*.
- *Tamravarna* (Redness) Due to *Rakta-kaphaj Dushti* there is formation of red colored rash.

### Case report

A 6 month male baby having a redness, *Kandu*. *Strava* and *pidaka* on his buttocks from 7 days Vitality patient is stable diagnosed as *Ahiputana* and treated with Ayurvedic local application of *Asana lepa* for 7 days before and after results maseasured with images and subject parameters given below

### Physical examination

1. Nadi Kapahapradhan
2. Malu-mala pravruni
3. Murra Samyakapravrutti
4. Jivha Sama
5. Shabda- Spashta
6. Spursha-Samshitoshna
7. Druk-Mild pallor

Drug history- No significant Family History-Not significant

Birth history 1. Antenatal nonspecific

2 Natal - Full Term Normal Delivery, at civil hospital, Baby Cried Immediately After Birth, birth wt-2.4 kg. 3. Postnatal No H/O neonatal jaundice & seizure no H/O NICU Admission.

### Differential Diagnosis

#### Seborrheic dermatitis

Non-itchy salmon pink flaky patches may appear on the face, trunk and limbs are involves skin fold.

#### Atopic dermatitis

Is a type of inflammation of the skin, it result in itchy, red, swollen, and cracked skin.

#### Psoriasis

Sharply demarcated, non-scaly bright erythematous plaque either associate or similar lesion in other inter trigonous area such as axilla.

### Treatment given

#### Asan Lepa

Duration: 7 Days

#### Route of administration: Local application

Drug will be applied two times a day preferably after passing urine and stool with hygienic condition. *Lepa* should be washed with water as soon as it is dried.

#### Do's (*Pathya*)

- Reduce use of diapers
- Use of cotton nappies
- Change the diaper once it is contaminated with feces or urine
- Keep diaper area always clean and dry
- Regular bath
- Wipe out excess sweat

#### Don't (*Apathya*)

- Continuous and prolonged use of diaper

- Rubbing over diaper area
- Use of strong scented, flavored wipes and lotions.
- Repeated use of allergic baby products

Table 1: Observation and Results

Sr. no.	Sign and Symptoms	B. T.	A.T
1	<i>Kandu</i>	++	+
2	<i>Varna</i>	+	-
3	<i>Strava</i>	+++	+
4	Area covered by rash	++	+
5	<i>Pidika</i>	++	-

### Discussion

#### Asana

**Botanical description:** It is of moderate size to large tree. The height ranges from 15 to 30 meters.

The stem is stout and crooked with widely spreading branches. The bark is thick and dark brown to grey in color.

Leaves are compound and imparipinnate

Leaflets are 5-7, coriaceous, long, obtuse, emarginated or even bilobed at the apex and glabrous on both surfaces.

The flowers are very numerous, white, with a small tinge of yellow.

#### Distribution

The tree is found in central and peninsular India, chiefly in dry mixed deciduous tropical forests of Gujarat, Madhya Pradesh, and sub.

Himalayan tracts, at up to 1000 m attitude. Natural populations have greatly reduced and often no tender young saplings can be found in the forest.

*Prayojyanga*- heart wood, bark, leaves, gum (Kino)

#### Ayurvedic properties

- **Rasa:** *Kashay rasa*
- **Guna:** *Laghu, Ruksha*
- **Virya:** *Sheet Veerya*
- **Vipaka:** *Katu vipak*
- **Dosha karma:** *Kaphapittashamak*

#### Chemical composition

The ethyl acetate extract of powdered dried heartwood of *Pterocarpus marsupium* revealed the presence of following constituents.

Pterosilbene, hydroxy flavanone, iso-liquiritigenin, liquiritigenin, marsupium, pterosupin, three compounds from the ethyl acetate fraction of *Pterocarpus marsupium*, retusin, naringenin, lupeol.

The resolution of ethyl acetate extract of the aqueous decoction of dried heartwood yielded pterocarpal among other compounds. Two new flavonoid glycosides from the roots.

#### Action and properties

**Karma:** *Raktagami* (shodhan, visarpa, shvitra, kushta), *medogami* (saar), *rasayan*, *rakta* (sandhanak).

It has antibacterial, antifungal, antiviral, antioxidant, anti-inflammatory, anti-diabetic activity.

#### External application

*Shothaghna* or reduces inflammation or oedema, removes pain, cure and heals ulcer. Its extract is used in dental disorders

It is used to wash wound or its paste can be applied on wounds.

**Internal use**

Digestive system- extract is work has anti worm effect. It is also effective in diarrhea. It has *sthambhak* properties. Useful in bleeding piles.

**Respiratory System:** It is useful in the treatment of cough being *Kapha* ghna.

**Urinary system:** It is used as antidiuretic and has effect on diabetes.

**Circulatory system**

It is mainly used as blood purifier commonly used in haemorrhagic disorder.

Skin- bark and other parts extract is widely used in leprosy.

**Pharmacological activities**

Heartwood- Hypoglycemic action is seen, 3- 5 hrs after oral administration alcoholic extract of stem significantly lowered blood sugar and improved glucose tolerance.

**Therapeutic Evaluation**

Heart extracts Decoction powder and infusion show discouraging effects. Considerable reduction in sugar levels in blood and urine. *P. marsupium* ointment has an antifungal effect

**Conclusion**

*Ahiputna* most common skin disorder mainly found in children in upto 2 years of age. *Asuchita* (unhygiene) and unawareness about health and care of babies are important causative factors of *Ahiputna*. In the present era many mothers were engaged with their job, duties due to this they have no time to change diapers frequently, and also use diapers more in baby. *Ahiputna* having *Kapha-Pitta dosha* dominance with involvement of *Rakta dhatu dusthi*, Which can be evident by observing its signs and symptoms. Asana *Lepa* application found effective in *Ahiputna*. Content of Asana *lepa* are easily available, easy to prepare and use at home.

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## Review Article on Pranapratyaagaman (Resuscitation)

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**Abstract**

Newborn is a child under 28 days of age and this is most vulnerable period. Care of the newborn right from just after birth till the first feeding has been described by the classical text of Ayurveda. As per Ayurveda, Navajata means Sadyojata (Just born child). Various procedures were advice in the management of Newborn child by Acharya with few differences in opinion regarding the sequences of those procedures. The steps of Navajata Shishu Paricharya are Ulvaparimarjana, Pranapratyagamana, Nalachhedana, Pichudharana, Garbhodaka Vamana etc. These procedures of Navajata Shishu Paricharya revealing their scientific relevance and utility in care of Newborn. These steps are important for the Newborn for preventing birth asphyxia, incidence being 1-6 per 1000 live birth.

**Keywords:** Pranapratyagamana, Navajata shishu, Resuscitation, Asphyxia

**1. Introduction**

Newborn babies' neonates truly constitute the foundation of human life. They have unique health issues and problems due to structural and functional immaturity of various body organs depending upon their gestational age and birth weight. All these procedures are aimed to revive the unconscious baby by initiating resuscitation, pulse, heart rate like vital functions. When we compare modern methods of resuscitation, principles adopted behind these procedures explore scientific knowledge <sup>[1-2]</sup>.

### अश्मनोः सम्यट्टनम् कर्णयोमुले

This is the first procedure that should be done when the baby is not crying or Achestha. Two stone pieces are taken and stroked together to produce a dull sound near the base of the ear (mastoid process). This leads to the stimulation of respiration. Receptors for different sensations are present in the skin, like the receptors for pain, heat, vibration, pressure, crude touch, fine touch etc. As we know all the sensations from the peripheral parts of the body are carried through the sensory tract. These sensations are carried through the sensory tract in the posterior lobe of the spinal cord. These fibers are riches to the hypothalamus and then cross to the opposite side. When it crosses, it also gives a branch to the respiratory Centre therefore, an extreme degree of sensory stimulation is always associated with stimulation of respiration this is also true in higher sensory functions like hearing, vision etc. which are connected with the respiratory Centre through respective cranial nerves. Hence stimulation of the sensory pathway is one of the easiest indirect methods to stimulate the respiratory center <sup>[3]</sup>.

The modern method of resuscitation also believes in the stimulation of respiration by the sensory stimulus. Methods of sensory stimulation are cleaning and drying of the baby along with the face, striking the palms and soles, pressure and pain sensation. Rubbing at the back (spinal cord) area is direct stimulation of the sensory pathway <sup>[4]</sup>.

### 1.1 शर्तीदकेनोष्णोदकेन वा मुखपरषिक

This is the second procedure in the sequence of resuscitation, hot and cold water should be sprinkled over the face of the baby alternatively. Sensory receptors which are abundantly present on the facial skin are stimulated by hot and cold station. Sensation will be carried through the sensory se of the facial nerve and the Trigeminal nerve to stimulus. Respiratory center. In the hot season, cold water and in season hot water can be used. Hot and cold water can be sprinkled alternatively. Sensory stimulation by hot and cold sensation for initiation of breathing-This looks to be the second method of sensory stimulation by heat-cold sensation so that the respiratory center is stimulated. In the first step, they have tried with the Shabda Guna of the Akash Mahabhoot, a failure to which necessitates simulation of Vayu Mahabhut with its Sparsha Guna (touch which is also a second-most perceptive Guna by the body).

An alternate sprinkling of hot and cold water also stimulates the sympathetic nervous system, which in turn stimulates the respiratory center. A baby with apnea can be easily awakened by this method. A sprinkling of cold water to a person during the state of unconsciousness/semi-consciousness is generally practiced in community practice, which also works on the same principle. Minor cases will be revived by this method. This should not be done continuously. If the baby is not responding after doing it three to four-time we have to go for the next step of Prana pratyagaman modern science also believes in the same that one should not waste time on giving sensory stimulation if the baby is not responding rather, quickly shift to bag and mask ventilation. Prolonged sprinkling also carries the risk of hypothermia". Thus Ashmno Sangathana looks to be the stimulation of respiration by sensation carrying in through the vestibule-cochlear pathway guided by sound stimulus, while in the case of touch stimulus, in this procedure drying causes stimulation of the trigeminal nerve pathway. Sudden cooling after birth when the human newborn baby is delivered may lose up to 600-kilocalorie per minute at room temperature provides respiratory drive by operating through trigeminal cold receptors located on the facial skin." The sudden sprinkling of cold water over the facial region may serve the purpose. The further facial area is the Adhistana<sup>[5]</sup>.

## 2. Pranapratyaagaman (Neonatal Resuscitation)

The term 'Praana' is none other than life or cardio respiratory function.

The whole of the efforts to established a normal respiratory & cardiovascular functioning from a compromised life threatening status is too considered as Pranapratyaagaman vidhi<sup>[6]</sup>. 1 2

### 2.1 These needs to be discussed in 2 contexts

1. At the time of birth.
2. After the birth & in childhood.

These are emergency resuscitator methods in critical conditions of diseases, accidents etc.

### 2.2 Pranapratyaagaman at the time of birth

The activity of praanavayu in foetus shows a marked contrast to that in a neonate. During the fetal stage, the functions of pancha vaayu are entirely dependent on the mother. After birth, it has to work independently and has to perform its motor functions at the earliest (like meconium passage, urine output etc.).

## 3. Discussion

Sign & Symptoms of Asphyxiated Baby (A.H.Utt.1/3-4)

If the baby does not respond by previous mention methods and showing these signs.

1. **Atiprabal moha (Deep unconciousness):** Severely asphyxiated baby is either deeply stuporous or in coma and has marked hypotonia or flaccidity and exhibits little spontaneous limb movement.
2. **Klesanuroop rodhan asmarthata (No cry even after deep stimulation):** Due to absence of tone in vocal cord.
3. **Anavasthitha deha dhatus (decreased or unstable dhatus):** It can be referred poor oxygenation of blood or poor cardiac output due to cardio-respiratory failure.
4. **Kar, vastra, shparash asaha:** Hypersensitivity of the pain is sign of moderate hypoxia.
5. Maranav anubhavato (dyeing like appearance).

Prana Pratyagamana Vs Neonatal Resuscitation Methodology: First textual reference of resuscitation was found in Caraka Samhita. Punarvasu Atreya has described the concept of initial steps of resuscitation to revive the baby from apparent death just after birth. The same concept was given by other ancient scholars. Acarya Vagbhatta has explained the signs and symptoms of an asphyxiated newborn as prabala moha (deep unconsciousness) and Jwara" (fever), weak cry and Anawasthitha Shlesma Deha Dhatu (unsteady state of all the tissues of body). He also described general and specific measures for resuscitation of a newborn till stabilization of baby's vital signs<sup>[7]</sup>.

The ancestral or conventional child care practices are by and large, based on core knowledge and wisdom although some of them may have emerged purely from institutional superstitions and unfounded beliefs. Ayurveda means knowledge of life and art of science of living. Ayurveda adds not only years to life but also life to years. Most of our health care practices have their origin in our traditions based on the core knowledge and wisdom of our ancestor. These practices are easy and a part of our lifestyle<sup>[8-9]</sup>. They are available in the footstep of the people and they are readily acceptable to society. To promote these practices of indigenous medicines, the government of India provided the medicines called AYUSH medicine to treat common day to day illness there is a need to do further research to ascertain the efficacy and safety of these procedures comes from the Indian system of medicine. In Ayurveda the word resuscitation is replaced by Prana pratyagaman. The word meaning of resuscitation is the procedure used for apparently lifting the baby from death-like condition. The meaning of Prana pratyagaman is Re-establishing the vital Prana back in the body. Both words carry equal meaning. The procedures described in Ayurvedic classic regarding resuscitation of a newborn child are time-honored and easily available in the surroundings of human being<sup>[10-11]</sup>.

## 4. Interpretation-Ayurveda and modern<sup>[12]</sup>

Nabhinal Chhedana Umbilical cord cutting Shiropichu, Abhayanga Maintain temperature Udaken Mukhe Parisheka, Ashmano Sanghatana-Stimulation.

Krishna Kapalika Shurpa Abhnispuniyata Ventilation.

Garhhodak Vamana Stomach wash Mukha Vishodhana Clear the airway.

## 5. Conclusion

The first minutes after birth are critical to reduce neonatal mortality. The measures of new born care describe in our ancient texts indicate their wisdom regarding resuscitation, prevention of hypothermia: maintain hygiene for prevention of infection and normal breathing. Various Acharya have described the care of newborn in their own measure yet its essence is the same and moreover in its intent heralds the modern day neonatology. The steps described by Acharya are close to modern day principles of new born care and basic resuscitation of new born baby. It means principle of Newborn care is not changed but now a day's used in a modified way.

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## A CASE STUDY ON AYURVEDIC MANAGEMENT OF DEVIATED NASAL SEPTUM

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### ABSTRACT:

Deviated nasal septum (DNS) is a relatively prevalent disorder that can cause obstructive sleep apnea, migraine, sinusitis, epistaxis, and nasal blockage in moderate to severe cases. Patients suffering from DNS switch to alternate therapies due to the return of symptoms. *Peenasam* or *Nasanaah* resembles the clinical signs of DNS. Our study's objective was to ascertain whether traditional *Viddha karma* can serve as an additional therapeutic option in case of DNS by lowering the patients' current symptoms, and medication dependence without the need for surgery for relief of symptoms. *Viddha Karma* has been used to cure adults for symptoms brought on by DNS, sinusitis, and hypertrophied turbinates. This article describes a 16-year-old male patient who had three *Viddha* sessions over the course of a week on alternate days for his Hypertrophied turbinates and Deviated nasal septum. The Snot-22 questionnaire and lab investigations showed improvement. The functional outcome was achieved in the patient along with *Nasya* and some Ayurvedic medicines. *Viddha karma*, along with *Nasya* and Ayurvedic medicines is highly effective in treating symptoms.

**Keywords:** Chronic sinusitis, Deviated nasal septum, *Nasanaah*, *Peenasam*, *Viddha*, SNOT-22 (Sino Nasal Outcome Test-22)

## **INTRODUCTION:**

In the pediatric age group, nasal obstruction is a highly prevalent and problematic issue. Turbinate hypertrophy and deviated nasal septum are mostly responsible. Nasal allergies, vasomotor rhinitis, and nasal masses, polyps are other etiological variables that may be implicated. The inferior turbinates are mostly in charge of humidification, heating, filtering, and direction of airflow that enters the nose [1]. Turbinate hypertrophy can result from allergies, exposure to environmental irritants, or chronic sinusitis and also be caused by deformities in the nasal septum and thickening of soft tissues. Numerous antihistamines, decongestants, and topical and systemic corticosteroids are part of the medical therapy. These medications can only treat the symptoms; they cannot treat the underlying cause of the illness. Additionally, they may cause adverse effects like bleeding, crusting, dryness, and sleepiness [2]. The treatment of nasal blockage has used a variety of surgical techniques, including submucosal diathermy, laser therapy, linear cautery, inferior turbinate cutting, and turbinate cryotherapy. While they all seem to work in the short term, they don't offer any long-term advantages.[3] Two of the more recent methods include radiofrequency ablation and micro debridement of the turbinates; however, there are currently no long-term studies on their efficacy.[4] Consequently, a wide variety of surgical procedures have been performed to alleviate persistent nasal obstruction resulting from

hypertrophied turbinates; however, the results have not always been satisfactory. A deviated septum can cause sinus infections, sleep apnea, snoring, frequent sneezing, face pain, nosebleeds, mouth breathing, breathing difficulties, a slight to severe loss of smell, and reduced lung volumes[5,6]. There are numerous epidemiological studies done over the last decades on the prevalence of DNS in human beings from the newborn period to the adult age group. The prevalence varies from 0.93% to 55% [7].

Ayurvedic texts state that *Nasapratinaha* (DNS), a combination of the vitiated *Vata* and *Kapha* doshas, obstructs inspired air and causes nasal blockage. Based on the traditional symptoms, it can be classified as a hypertrophied turbinate nasal obstructive lesion, which entails swelling of the submucosa and, in rare cases, the bone itself.[8] *Ayurvedic* treatments such as *Nasya*, *Vidhha karma*, and *Ayurvedic* medications are very effective in managing *Urdhwajatrugat vyadhi*, and long-term outcomes can be attained with proper lifestyle choices. Hence here an attempt is made to add light on the effects of *Viddhakarma* in DNS.

## **CASE REPORT**

The 16-year-old male child was brought by their parents in OPD with complaints of frequent cold, blocked nostrils, post-mucoid discharge, difficulty in sleeping, and oral breathing on and off for the last 9 months.

### **Clinical examination:**

General condition- Good

Pulse- 82/min.

Respiratory System- Air Entry Bilaterally Equal

Cardiovascular System- S1 S2 Normal

*Ashtavidha Parikshana*

*Nadi- Vatapradhana Pitta*

*Mutra- Samyak Pravritti*

*Mala- Samyak Pravritti*

*Jivha- Saama*

*Shabda- Prakrit (normal)*

*Sparsha- Samashitoshna,*

*Druk-Prakrit*

*Akriti- Madhyama*

*Prakriti Parikshana- Vatapitta Pradhana*

*Koshtha- Madhyam*

#### **Local Examination-**

The nose was normal in size and form. Externally, there were no edema or abnormalities.

An examination of the Thudicum's nasal speculum showed Nasal cavity was swollen and irritated. No possible areas of bleeding, no foreign body in the nasal cavity, Septal perforation, nasal polyp, and septal spur absent. Thick nasal discharge, congested nasal mucosa, and bilateral inferior turbinate hypertrophy were noted.

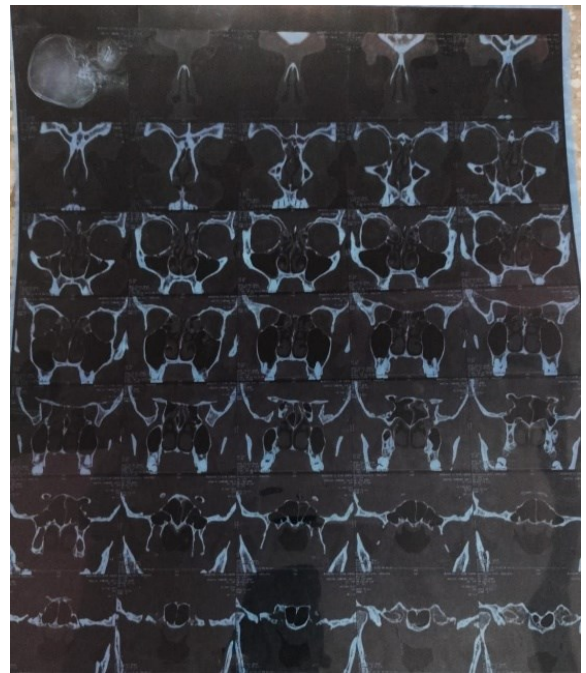
#### **Past history**

The patient had taken medical management which included a variety of antihistamines, decongestants, and topical and systemic corticosteroids for 9 months but was of no use

as After discontinuation of medication recurrence of the *Nasanaha* was observed.

CT-PNS (Fig no.1) was done by patient 6 months ago showed Soft tissue mucosal thickening in frontal and anterior ethmoid sinus-sinusitis.

Bilateral inferior turbinate hypertrophy with soft tissue mucosal thickening causing partial nasal cavity obliteration rhinitis. Mild Deviated nasal septum towards the left side.



**Fig no.1 CT -PNS**

**Assessment Criteria:** SNOT-22[9] questionnaire, CBC, ESR and serum IgE Levels were checked.

#### **Treatment:**

*Viddha karma points: Nasaagra (tip of nose) [10,11] and Upanasika( nasal flares at start of depression) [10,11] (Fig. 2 and 3 respectively )*



**Fig no. 2 Nasagra**



**Fig no. 3 Upanasika**

**Viddhakarma standard operating procedure (sop)**

**Poorva karma (pre-procedure):**

1. *Viddhakarma* should be carried out in clean and ventilated room with sufficient light.
2. *Vaidya* should be wearing sterile gloves, mask and a surgical cap.
3. Tools - disposable needle no. 26 1 & ½.

**Pradhan karma:**

1. Selected *Viddha* points.
2. Prick the disposable needle perpendicular to the *Viddha* point.
3. During *Viddhakarma* process if disposable needle is filled with blood, then it should be replaced with another one.
4. Keep the disposable needle pricked for 5-6 sec.

5. The vitiated blood has low coagulant tendency to flow freely. Once the impure blood drains out, the fresh blood automatically clots. So, blood should be allowed to flow freely after *Viddhakarma* since it drains out vitiated dosha. Usually about 0.2 – 0.5 ml blood drains out from *Viddha* point.

**Paschat karma**

1. Blood oozed out from the pricked site was wiped with cotton.
2. The needle used for *Viddhakarma* was disposed of.

Duration of study – 3 months

- Follow up Session – 0th, 2nd, 4th, 6th, 8th, 10th, 12th, 14th, 16th, 18th, 20th, 22nd, 24th, 26th, 28th, 30th day in 1st month, later every week once for next 8 weeks.

**Table no.1: Intervention**

	<b>Chikitsa :</b>	<b>METHOD</b>	<b>DURATION</b>
<b>Shodhan chikitsa</b>	<b>Nasya</b>	1. <i>Sthanik Snehan</i> 2. <i>Swedan</i> 3. <i>Anutailam nasya</i> 0.3ml in each nostrils. 4. <i>Gandush</i> with luke warm water	Once daily in the morning
<b>Shaman chikitsa</b>		1. <b>Tab. Allerkhand</b> contents:	For 15 days.

	<p><i>Ela (Elettaria cardamomum),</i>  <i>Pippali (Piper longum),</i>  <i>Vidang (Embelia ribes),Haridra (Curcuma longa),</i>  <i>Tulsi( Operculina turpethum),Haritaki (Terminalia chebula),Aamalaki (Emblica officinalis), Vibhitaki (Terminalia bellerica), Ardrak (Zingiber officinalis),Marich (Piper nigrum) ,Musta (Cyperus rotundus),Gokshur (Tribulus terrestris) ,Tamal (Cinnamomum tamala),Nagkeshar (Mesua ferrea),Twak (Cinnamomum zeylanicum) 1 tab OD</i></p> <p><b>2.Tab. Sukshma trifala</b></p> <p><i>Contents:Haritaki (Terminalia chebula),Aamalaki (Emblica officinalis), Vibhitaki (Terminalia bellerica), Kajjali (Mercury sulphide) 1 tab OD</i></p>	
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Patient advised to avoid ice-creams, cold beverages, extreme hot and cold food, sleeping on time and lifestyle modifications.

**Observations:**

**Table no.2: BT and AT Assessment**

SNOT 22 QUESTIONNAIRE	Before Treatment	Just after viddha	After completion of treatment
1. Need to blow nose	3	2	0
2. Sneezing	2	1	0
3. Runny nose	3	1	0
4. Cough	1	0	0
5. Post nasal discharge (dripping at the back of your nose)	3	1	0
6. Thick nasal discharge	3	1	0
7. Ear fullness	0	0	0
8. Dizziness	0	0	0
9. Ear pain/pressure	0	0	0
10. Facial pain/pressure	0	0	0
11. Nasal blockage	5	2	1
12. Waking up at night	4	1	1

13. Lack of a good night's sleep	4	1	0
14. Waking up tired	3	1	0
15. Fatigue during the day	2	0	0
16. Reduced productivity	2	0	0
17. Reduced concentration	1	0	0
18. Frustrated/restless/irritable	2	1	0
19. Sad	0	0	0
20. Embarrassed	3	1	0
21. Sense of taste/smell	1	0	0
22. Blockage/congestion of nose	3	0	0
<b>TOTAL SNOT 22 SCORE</b>	45	13	2

Gradation of above questionnaire are as follows:

No problem -0

Very mild problem- 1

Mild or slight problem – 2

Moderate problem -3

Severe problem -4

Problem as bad as it can be -5

(SNOT- 22 total score 8-20 represents mild, > 20 to 50 represents moderate and > 50 represents severe condition.)

**Table no. 3: Lab investigations**

LAB INVESTIGATIONS	Before treatment	After treatment (after 1month)
ESR	50mm/hr	12mm/hr
SERUM IgE	200IU/ml	70IU/ml

CBC was found to be normal.

#### DISCUSSION:

*Viddhakarma* is a sterile procedure of puncturing or piercing selected points with special hollow needles called as "*Viddha karma shalaka*". *Nasaagra* (tip of the nose) is supplied by the External nasal Nerve[11] and Lateral nasal artery and vein. *Upanasika* (nasal flares) has to have an Infraorbital branch of the Trigeminal nerve zygomatic branch of the facial nerve supply an infraorbital branch of the maxillary artery, Lateral nasal branch of a facial artery supplying it. Hence reducing the symptoms of the patient by stimulating and acting on the above vessels. Just after *Viddha patient experienced* a feeling of lightness of the head and clearance of the airway, Mitigation of suffering by Subsiding of the severity of nasal obstruction, and Cheerfulness of mind.

*Snehana/Mukhabhyanga* causes *Mriduta* of *Doshas* and according to modern science massage to a specified area causes increased blood circulation.[12] *Swedana Karma* causes *Vilayana*(liquefaction) of accumulated *Doshas* (mucous).[12] In *Nasya Karma*, the *Taila* instilled in the nasal cavity moves to the olfactory epithelium and Olfactory Bulb which proceed through the Cribriform Plate, Anterior Cranial fossa, and medial or lateral area of the cerebral cortex. The chemical impulse, which is generated by *Nasya* finally converts into a neuronal impulse and influences on cerebral cortex area thereby producing a stimulatory effect resulting in the evacuation of *Doshas*.[13]The *Nasya Dravya* also nourishes and rejuvenates the olfactory nerve and helps in its proper function. From *the Ayurvedic* view, drug administration done through the nose reaches the *Shringataka Marma* and spreads throughout *Murdha, Netra, Shrotra, and Kantha* through their *Shiras (Shringataka Marmais a Sira Marma* and formed by the *Shiras of Nasa, Akshi, Jivha and Shrotra*).[14] There by eliminates the morbid *Doshas of Urdhwajatru Vyadhis* (diseases of the upper part of the body), expels them from the *Uttamanga* and helps in relieving the disorders.[15]

*Tab . Allerikhand and Sukshmatrifala vati* have *deepan, pachan, vata-kafashank, and tridoshar properties and anti-inflammatory action*, hence effective in reducing the hypertrophy of turbinates and nasal obstruction.

## CONCLUSION:

In the current case study, the patient's *Nasanaah* significantly improved in terms of both clinical and analytical markers. There were no unanticipated side effects from therapy during treatment or the follow-up period. Thus, it can be concluded that *Viddha, Nasya and Ayurvedic, medicines* are very successful in treating DNS and turbinate hypertrophy; however, more research including a larger sample size will be necessary to confirm this influence in the pediatric age group as well as their response to this course of treatment.

## DECLARATION OF PATIENT CONSENT:

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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