

A text book of KAYA CHIKITSA

2

As per
updated
syllabus
of CCIM
New Delhi



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INDEX

Sr. No	Topic	Page no.
	Part A	4
1.	Chikitsa sutra and Management of the diseases of Pranavaha Srotas such as - Kasa, Shwasa, Hikka, Rajayakshma, Urakshata, Parshwashoola, Bronchitis, Bronchiectasis, Emphysema and COPDs.	5
2.	Chikitsa sutra and Management of the diseases of Udakavaha Srotas such as- Shotha, Jalodara, Trishna, Water & Electrolyte Imbalance.	28
3.	Chikitsa sutra and Management of the diseases of Annavaha Srotas such as – Agnimandya, Aruchi, Ajirna, Anaha, Atopa, Adhmana, Alasaka, Vilambika, Visuchika, Chardi, Grahani, Amlapitta, Gulma, Shoola, Bhasmaka, Acid peptic disorders.	34
4.	Principles of treatment and management of Vata Vyadhi such as - Pakshavadha, Ekangavata, Sarvangavata, Ardita, Avbahuka, Kati Graha, Manyastambha, Gridhrasi, Vishwachi, Khalli, Khanja, Pangu, Padaharsha, Padadaha, Vatakantaka, Kroshtukashirsha, Udavarta, Kampavata, Dhatugata and Ashayagata Avarana Vata, other Vata Rogas, Parkinsonism.	51
5.	Nidana and Chikitsa of Urusthambha, Gullian Barrie syndrome, Muscular Dystrophy, Myasthenia Gravis, Motor Neuron Diseases and Neuralgia.	65

INDEX

Sr. No	Topic	Page no.
	Part B	77
1.	Chikitsa Sutra and Management of Mamsavaha Srotas and Medovaha Srotas such as- Gandamala, Galaganda, Mamsashosha, Arbuda, Apachi, Prameha, Sthaulya, Karshya, Diabetes Mellitus, Dyslipidaemia.	78
2.	Chikitsa Sutra and Management of ‘Asthi and Majjavaha Srotas such as Asthimajja Vidradhi, Asthisousharya, Asthi kshaya, Sandhigata Vata, Osteo Arthritis, Osteomyelitis, Osteoporosis, Osteopenia.	99
3.	Chikitsa sutra and management of Shukravaha srotas such as Klaibya, shukralpata, shukradosha, kshina shukra, dhvajabhanga.	104
4.	Chikitsa Sutra and Management of diseases of Mutravaha Srotas such as -Mutrakricha, Mutraghata, Ashmari, Cystitis, Nephritis, Nephrotic Syndrome, BPH, Renal Failure.	108
5.	Chikitsa Sutra and Management of diseases of Purishavaha Srotas such as – Atisara, Pravahika, Arsha, Purishaj Krimi, IBS and Ulcerative Colitis.	120
6.	Chikitsa Sutra and Management of Sexually Transmitted Diseases such as – Phiranga, Puyameha, Upadamsha, lymphogranuloma inguinale, Syphilis, Gonorrhoea.	131
7.	Introduction, Definition and Management of Kama, Krodha, Lobha, Moha, Mada, Matsarya, Shoka, Bhaya, Vishada, Dainya, Harsha and Pragyaparadha.	136
8.	Manas and Manovahasrotas, Nidana and Chikitsa of the following disorders - Unmada-Apasmara-Atattvabhinivesha, Chittodvega, Vishada, Anxiety disorders, Depression, Somatoform and Mood disorders, Stress induced disorders, Psychosexual Disorders. Importance of Daivavyapashraya, Sattwavajaya, Adravayabhuta Chikitsa. Medhya Rasayana in the management of Manasa Roga. Bhuta Vidya diagnosis and management of graha disorders.	139
9.	Derivation, definition and synonyms of Rasayana, importance of Rasayana and its benefits. Indications of Rasayana therapy. Classification of Rasayana. Kutipraveshika and Vatatapika Rasayana. Indications of Vatatapika Rasayana. Knowledge of Kayakalpa, Achara Rasayana. Procedures of Kutipraveshika, Poorvakarma and specific schedules to be followed after Kutipravesha, benefits of Kutipraveshika Rasayana, duration of process, Rasayana yoga and directions for their use. Determination of dose of Rasayana according to age. Rules and regulation after Rasayana therapy, Importance of Immunomodulators and antioxidants in Rasayana therapy.	153

10	Vajikarana- Derivation, definition, synonyms, necessity, benefits, importance of fertility, Symptoms of Shûkra (Semen), Vajikaran Dravya and Aushadhi. Properties, doses, methods of administration, ingredients and methods of formation of Rasayana & Vajikarana formulation. Classification and importance of Vajikarana Dravya	168
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KAYA CHIKITSA

PAPER 2

PART A

1. Chikitsa sutra and Management of the diseases of Pranavaha Srotas such as - Kasa, Shwasa, Hikka, Rajayakshma, Urakshata, Parshwashoola, Bronchitis, Bronchiectasis, Emphysema and COPDs.

KASA

कसनात् कासः |

‘Kasa’ implies ‘to move’ or ‘to afflict.’

Since kasa involves the movement of vayu and because it also afflicts chest etc. it is called kasaroga.

Kasa is an attempt by the human system to throw out or expel out excess secretions and other harmful material from inside the throat and lungs.

Nidana:

Exposure to smoke

Exposure to dust

Excessive exercise

Excessive consumption of dry foods.

Entry of food particles into the respiratory passage.

Forcible stopping the natural urges of the body, especially that of cough and sneeze.

Samprapti:

Dosha: vata dominant kapha

Dushya: rasa

Srotas: pranavaha, rasavaha

Adhithana: urakantha

Srotovikara: sanga

Due to obstruction in lower region, vayu moves upwards → afflicts the channels of circulation in the upper part of the body → takes over the functions of udana vayu → and settles in throat and the chest → produce kasa (cough) which may be dry or with phlegm → type of kasa depends on the nature of obstruction by kapha etc.

Purvarupa:

Sensation as if the throat and mouth are filled with bristles i.e., a feeling of congestion in throat शूकपूर्णगलास्यता

Itching sensation in the throat.

Obstruction to the movement of food in gullet.

The patient is unable to take food properly because of associated anorexia or his inability to swallow food due to congestion in throat.

Types:

Kasa is of five types viz.

- | | |
|-----------------|------------------|
| 1. Vataja kasa | 4. Kshataja kasa |
| 2. Pittaja kasa | 5. Kshayaja kasa |
| 3. Kaphaja kasa | |

Lakshanas:

1. Vataja kasa:

Excruciating pain in the cardiac region, in the sides of the chest, head ache.

Hoarseness of voice

Dryness in chest, throat, mouth

Dry cough

Aggravated after digestion of food.

2. Pittaja kasa:

Yellowish sputum and eyes

Bitterness in the mouth.

Impaired voice

Morbid thirst, burning sensation, anorexia, giddiness, fainting etc.

Phlegm mixed with pitta comes out.

3. Kaphaja kasa:

Suppression of digestive fire.

Anorexia, vomiting, nausea, heaviness of body.

Lomaharsha, swasa, sticky mouth

Thick phlegm in large amount

Feeling of fullness in chest.

4. Kshataja kasa:

Firstly, one coughs without any phlegm output, but later on blood mixed phlegm.

Severe pain in throat, feels as if his chest is cracking.

Pricking pain.

पारावत इवाकूजन् i.e. while coughing one produces sound like that of a pigeon.

5. Kshayaja kasa:

Sputum foul smelling / greenish or red and which is like pus.

While coughing patient feels as if his heart is displaced.

Hot and cold sensation

Sadhyasadyata:

Vataja, pittaja, kaphaja kasa → sadhya

Sarva lakshanas yukta Kshataja & kshayaja kasa → asadya

Vridha rogi → Krichra sadhya

Chikitsa:

1. Snehana → by ghritapana, basti, peya-yusha-mamsarasa, vatanashaka drava siddha ghrita-taila.

Swedana → snigdha sweda

In case of mala & Apanavata avarodha → snigdha basti

In case of pittanubandha → ghrita sevana after food

In case of kaphanubandha → snigdha virechana

Formulations →

- | | |
|---------------------|--------------------|
| • Kasantaka rasa | • Talisadi churna |
| • Lakshmivilas rasa | • Kantakari ghrita |
| • Sitopaladi churna | • Agatsya haritaki |

2. Pittaja kasa:

Virechana

Vamana if associated with kapha

Ghrita prayoga → ghritapaka of mahisha godugdha with Aamalaki swarasa & ghrita.

Madhura rasa anupana prayoga → sarkara + jala / draksha swarasa / ikshurasa / godugdha etc.

Formulations →

- | | |
|---------------------|----------------------|
| • Chandramruta rasa | • Pippalyadi avaleha |
| • Vasarishta | • Kasahara gutika |

3. Kaphaja kasa:

Vamana

Yava – katu, ruksha, ushna, kaphaghna ahara vihara

Formulations →

- | | |
|------------------------|----------------------------|
| • Ananda bhairava rasa | • Kantakari ghrita |
| • Kasakuthar rasa | • Kaphaja Kasahara pippali |

4. Kshataja kasa:

Aatyayika chikitsa

Madhura jeevaniya balamamsa vardhaka aushadha prayoga

Pittaja kasavata chikitsa → ghrita & dugdha prayoga

Trinapanchamula siddha ajadugdha prayoga

5. Kshataja kasa:

In nava Kshataja kasa → mrudu shodhana & brimhana

व्यत्यासात् चिकित्सा → alternatively dipana – brimhana -shrotoshodhana chikitsa

All the measure which promotes strength

Drakshadi leha & padmakadi leha prayoga

Pathya & apathya:

Pathya → ajakshira is best in all types of kasa, wheat, yava, draksha, kharjura, patola, mamsa rasa etc.

Apathya → vyavaya, contaminated cold foods, cold climate, dust, smoke, vegavarodha, all the causative factors

In ardra kasa: foods predominantly prepared with bitter things should be given.

In shushka kasa: lubricating foods and drinks should be given.

SHWASA

श्वासत्वं वेगवद्ध्ववातत्वं ।

In this disease vata moves in upward direction and causes difficulty in breathing.

Nidana:

Vata prakopaka →

Ahara e.g., ruksha anna sevana, vishamasana, shitala jalapana, Atibhojana, adhyasana etc.

Vihara e.g., exposure to smoke, dust, cold air, living in cold environment, excessive exercise, atimaithuna, bathing with cold water, vamana atiyoga, vegadharana etc.

Kapha prakopaka →

Ahara: masha, tila, vistambhi vidahi anna, guru-atishnigdha bhojana, jaliya & anupa mamsa, dadhi, abhishyandi bhojana etc.

Vihara: living in cold environment, bathing with cold water, exposure to cold air etc.

Internal causes →

Malavarodha, amavisha, kapha dushita prana vayu, pranavaha sroto vikara, accumulation of vayu in amashaya and udara, pathology of lungs etc.

External causes →

Injury to chest, throat, exposure to cold, dust or smoke, atimaithuna etc.

Local causes →

Inflammation in upper portion of airway, pathology in accessory muscles of respiration, tonsilitis etc.

Swasa janak roga →

Pandu, atisara, jvara, chhardi, kshatah kshina, raktapitta, visha, hridroga, shosha, gulma, agnimandhya etc.

Samprapti:

Dosha → kapha pradhana vata

Dushya → rasa

Srotas → prana vata

Adhisthana → amashaya

Srotodushti → sanga & vimarga gamana

Kapha vata vardhaka ahara vihara sevana → vitiation of kapha along with vata → obstruction of pranavaha srotas → generates movement of vayu in all direction in pranavaha srotas and body → shwasa roga

Poorvarupa:

आनाहः पार्श्वशूलमं च पीडनं हृदयस्य च | प्राणस्य च विलोमत्वं श्वासानाम् पूर्वलक्षणम् ||

- | | |
|---|--|
| <ul style="list-style-type: none"> • Anaha • Parshwashula • Pain in hridaya pradesha | <ul style="list-style-type: none"> • Adhmana • Mukha vairashya • Pricking pain in sankha pradesha |
|---|--|

Bheda:

- | | |
|---|---|
| <ol style="list-style-type: none"> 1. Mahashwasa 2. Urdhwa shwasa 3. Chinna shwasa | <ol style="list-style-type: none"> 4. Kshudra shwasa 5. Tamaka shwasa |
|---|---|

1. Maha shwasa:

मतर्षभ इवानिशम् → Breathing with difficulty in a loud sound like a bull.

Loss of consciousness

Random movement of eyes, dilated pupils

Breathes with open mouth

Interrupted speech

Found in terminally ill and the patient who is going to die in near future.

2. Urdhwa shwasa:

दीर्घ श्वसति → prolonged expiration but inability to inspire

Pranavaha srotas and mouth are full of kapha

Eyes focused upwards and there are random eye movements.

Frequently loses consciousness due to pain

Restlessness

3. Chinna shwasa:

श्वसति विच्छिन्नं → interrupted or irregular breathing despite of full effort.

Pain in heart and other marma cause frequent cessation of breathing.

Burning sensation in vasti pradesha.

Eyes filled with tears and becomes red.

Patients dies soon.

4. Kshudra shwasa:

Dyspnoea, which lives for a short period

Not produce any discomfort in the body parts.

Easily curable and many times doesn't require any treatment.

5. Tamaka shwasa:

Kapha pradhana

घुर्घुरकं - तीव्रवेगं - प्राणपीडकं - पीनस - कास - प्रमोह

Patient feels relief in sitting position & attacks get aggravated in cloudy and conditions

Pratamaka shwasa → associated with jvara murcha

Santamaka shwasa → aggravates in dark (tama) & relieved by sheetopachara (cold measures)

Sadhyasadhya:

- Mahashwasa, urdhwa swasa, chinnashwasa → asadhya
- Nava tamaka shwasa → sadhya
- Jirna tamaka shwasa → kricchrasadhya
- Kshudra shwasa → sadhya

Chikitsa:

For abhyanga, lavana taila processed with salt and other medicinal herbs is used.

Following abhyanga, Swedana is administered by one of the below mentioned methods of Swedana →

Nadi sweda (steam fomentation)

Prastara (slab fomentation)

Sankara sweda (bolus fomentation)

Avoid Swedana in person with increased pitta, or of pittaja prakruti, associated with profuse haemorrhage, debility and in pregnant women.

Vamana by using pippali + saindhava with madhu. Before vamana, patient is given food which aggravates kapha dosha.

Dhumapana prayoga → even after snehana, Swedana and vamana, if dosha remains attached to srotas, then dhumapana should be adopted.

An enlarged varti should be prepared with the paste of haridra, yava, erandamula, laksha, devadaru, jatamamsi, manahshila and haratala. This varti is smeared with ghrita and used for dhumapana

Dhumapana to eliminate hidden dosha in srotas

Similarly, yavachurna mixed with ghrita can be used for smoking therapy.

In strong patients → samsodhana chikitsa

In weak patients → brimhana chikitsa (vatahara chikitsa)

Ayurvedic formulations:

- Sauvarchaladi churna
- Bharangyadi kalka
- Satyadi churna
- Dashamuladi kwatha
- Gudavaleha
- Varshamana pippali
- Hingwadi yavagu

Pathyapathya:

- Pathya → vamana, virechana, Swedana, dhumapana, Diwaswapna, rakta shali, yava, mamsa, aja dugdha, sura, lasuna, ela.
- Apathya → raktamokshana, purva vata, mesha dugdha, matsya, kanda, sarshapa, ruksha, annapana

Tamaka shwasa:

The term ‘tamaka’ shwasa is composed of two words, ‘tamaka’ means ‘andhakara’ and second word shwasa is derived from ‘swasa’ means living of life.

Samprapti:

Aggravated vata due to exposure to causative factors leads to its pratiloma gati or reverse movement.

Vitiated vata runs through channels and reaches head-neck region.

It exaggerates the regional kapha by increasing epithelial secretion and produce pinasa.

These secretions or malarupi kapha obstructs the passage of air and produces ghurghr shabda or wheezing sound.

Lakshanas:

- Pinasa
- Griva-sirasa sangraha
- Ghurghurkama shabda – wheezing
- Prameha – fainting and shock
- Kanthodhwansa – discomfort in throat
- Dryness of mouth
- Rapid breathing
- Body shakes during breathing
- The person feels better with warm or hot comforts.
- The breathlessness gets severe in cloudy environment (megha), ambu, sheeta, praka vata and shleshmala avastha.

Types:

1. Pratamak shwasa:

When tamaka shwasa is associated with symptoms like jvara and murcha, it is known as pratamaka shwasa.

It is caused by udavarta, raja, ajirna, klinna kaya and suppression of natural urges.

According to madhukosha commentary, association of pitta dosha with vata and kapha causes pratamaka shwasa.

2. Santamaka shwasa:

This subtype of tamaka shwasa increases during night time and is relieved by cold things.

It is known as santamaka shwasa because the patient feels as if he is drowning in the darkness usually the attacks precipitate early in the morning.

Sadhyasadhya:

Tamakaswasa in general is described as yapya (palliable) disease. However, in individual with recent origin of disease person pravara bala or both said to be sadhya.

While mentioning prognosis of any disease following characters are mentioned in case of yapya disease.

Disease has affected the deep seated dhatus

Disease involving many dhatus

If affects vital organs and joints

Affected patient continuously for longer period.

Disease is caused by two doshas.

In disease tamaka shwasa kapha and vata dosha are involved primarily. Both of them exhibit opposite qualities. Hence management will be also difficult as factors, which excite vata, alleviate the kapha dosha and vice versa.

Rasadi dhatu gets involved in tamaka shwasa, which is suggestive of the involvement of more than one dhatu.

Chikitsa:

If the patients of hikka and shwasa get afflicted with kasa, or swarabheda, they should be treated with emetic therapy (vamana).

Patients suffering from tamaka shwasa should be treated with purgation therapy. Purgatives are given to normalize both vata & kapha and to set right the size of vitiation.

Channels of vayu should always be cleared to remove the obstruction.

Vegakalina chikitsa:

the disease tamaka shwasa needs immediate management in the vegakalina – avastha like sadhya vamana, abhyanga, Swedana and dhumapana or shamana aushadhi.

It should aim at both preventive and curative aspect.

1. Abhyanga → tila taila and lavana on chest region
2. Swedana → nadi, prastara, Sankara
3. Sadhya vamana → salt water, sugarcane juice, decoction of yastimadhu
4. Dhumapana → ardraka arka

5. Muhurmuhur prayoga of pushkarmulasava
6. Nebulization by 'amritdhara' – a mixture of menthol, thymol and campher used as an aerosol.

Shamana aushadhis:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Shwasa kuthar rasa • Maha lakshmi vilasa rasa • Marichyadi vati • Lavangadi vati | <ul style="list-style-type: none"> • Shatyadi churna • Manahshiladi ghrita • Dashmuladi ghrita • Vyaghri haritaki |
|---|---|

Rasayana chikitsa:

Increase in the strength of pranavaha srotas following medication should be used.

- Chyavanaprasha
- Vardhamana pippali
- Chausatha prahari pippali

Pathyapathya:

Pathya:

- Laghu ahara, ushna ahara
- Yusha, jangala mamsarasa, shastika shali
- Ushna vatavarana
- Vishrama

Apathya:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Shitala annapana • Shleshmavardhaka ahara vihara • Pragvata sevana • Raja – dhuma – hima – atapa sevana | <ul style="list-style-type: none"> • Vegadharana • Shita vatavarana • Cloudy environment |
|--|---|

HIKKA

हिन् हिन्स्ति इति हिक्का ।

Outcome vata making typical hiccup sound.

Vayu frequently moving upward, by shaking the liver, spleen and intestines with sound and outcoming of the mouth with a loud sound and causing trouble to life is called hikka.

Nidana:

Aharaja Nidana:

Guru, vidahi, vistambhi, ruksha, abhishyandi and shitala ahara evum jala sevana.

Vishamasana, ajirnasana

Viharaja Nidana:

Shita sthana, rajo – dhuma – atapa – anila sevana, ati vyayama, vegadharana, langhana etc.

Hikka janaka roga:

Pandu, alasaka, urahkshata, kshaya, udavarta, raktapitta, visuchika, atisara, jvara, chhardi, pratishyaya etc.

Samprapti:

Dosha: kapha, vata (prana, udana)

Dushya: rasa

Adhithana: pittasthana, swarayantra

Srotas: pranavaha, udakavaha, annavaha

Nidana sevana → vata prakopa → prakupita vata provokes urah sthita kapha → pranavaha, annavaha & udakavaha srotovarodha → hik-hik Dhvani → hikka

Bheda:

1. Maha hikka
2. Gambhira hikka
3. Vyapata hikka
4. Kshudra hikka
5. Annaja hikka

1. Maha hikka:

Vata along with kapha affects the throat of an individual whose mamsa dhatu, strength, prana and agni are depleted. It further produces remarkably loud and resonant hiccups.

Maha hikka is mahamula (deep rooted), mahavega (massive attack), mahashabda (very loud sound), maha bala (very strong).

This can lead to death immediately, hence named as mahahikka.

2. Gambhira hikka:

Excessive aggravation of kapha and vayu in an aged, emaciated and mentally depressed individual leads to hikka.

In such a patient the hikka is arises from the umbilicus or pakvashaya with pain all over the body.

Characterised by deep and resonant sound, and affliction of the chest, yawning, contracts and expands body.

3. Vyapata hikka (Yamaka hikka):

Produced after the intake of chaturvidha annapana. It gets aggravated after digestion of food.

This hikka originates from the root of the neck.

There is yawning, watering of eyes, dryness of mouth, adhmaana.

4. Kshudra hikka:

When the vayu, which is slightly aggravated in the kostha, is pushed up by physical exercise causes this minor form of hiccup known as kshudra hikka.

The doshas originated from hridaya, kloma, kantha.

5. Annaja hikka:

Aggravate vayu in kostha gets afflicted by food and drinks and move in the upward direction and get lodged in channels of chest and produce annaja hikka.

Dosha originates from amashaya

It subsides after drinking water or taking food.

Sadhyasadyata:

Kshudra & annaja hikka → sadhya

Maha hikka, gambhira hikka, vyapata hikka → asadhya

Pralapadi upadrava yukta hikka → asadhya

When during the bout of hiccough, the body becomes stretched and the eyes roll upwards, the person becomes thin, has an aversion for food and sneezes continuously → asadhya

Chikitsa:

For abhyanga, lavana taila processed with salt and other medicinal herbs is used.

Following abhyanga, Swedana is administered by one of the below mentioned method of Swedana.

Nadi sweda (steam fomentation)

Prastara (slab fomentation)

Sankara sweda (bolus fomentation)

Hikka vega shamaka upaya:

The time when hikka vega is strong:

1. Sudden sprinkling of cold water on face.
2. To cause frequent distress
3. Creating surprise
4. Fear anger, exhilaration, and separation from dear can stop hiccough.

Nasya yoga:

1. Nasya of lasuna, palandu, or garjara swarasa.
2. Nasya of chandana which grinding in stridugdha
3. Nasya of mixture of sunthi churna & madhu
4. Shwasakuthara rasa nasya

Dhuma:

Haridra, blackgram churna equal parts should be burnt & the smoke should be inhaled.

Formulations:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Mayurpiccha bhasma • Hikkantaka rasa • Shwasakuthar rasa | <ul style="list-style-type: none"> • Shankha vati • Trikatu churna • Manahshiladi dhuma |
|--|--|

RAJYAKSHMA

In ancient medical literature, rajyakshma has been described as यक्ष्माणां रोगाणां राजा

राज्यक्ष्मा | i.e it is the king among diseases.

Moon was first affected by this disease; hence it is known as 'yakshma'.

It is chronic, serious and many times fatal one, which spreads from one person to another one – aupasargika and sankramaka in nature.

Nidana:

The causative factors of rajyakshma are of 4 categories viz.

1. Sahasa: over exertion
2. Sandharana: suppression of natural urges
3. Kshaya: depletion of tissue elements
4. Vishamashanam: irregular dieting

1. Sahasa:

Means excessive work or fight or exercise beyond one's own capacity.

These are as follows

- Having the fight with powerful person
 - Excessive talking
 - Lifting very heavy loads
2. Vega sandharana:

Means suppression of natural urges.

Few examples of social and other conditions where these urges are likely to be suppressed for long durations leading to the dosha vitiation, which are as follows-

- At travelling
- Because of some phobia or fear
- During sexual intercourse
- Because of shyness

3. Kshaya:

Kshaya means depletion and discretion.

Charaka has mentioned the two possible ways to getting depletion of dhatu.

Anuloma kshaya → in dhatuposhana krama. Classified in two categories viz.

Psychological: due to stressful life

Malnutritional: eating very small quantity of food.

Pratiloma kshaya → opposite direction of dhatuposhana krama.

Due to atimaithuna.

4. Vishamashana:

Means taking the food without observing the regulations of eating.

Astavidha vishesha ayatanani not followed

- | | |
|-------------|--------------------|
| 1. Prakriti | 5. Desha |
| 2. Karana | 6. Kala |
| 3. Samyoga | 7. Upayoga samstha |
| 4. Rashi | 8. Upayokta |

Roopa:

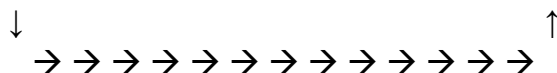
The cardinal symptoms of rajayakshma have been grouped under three heading viz., trirupa, shadrupa and ekadasha rupa of rajyakshama.

1. Trirupa rajyakshma:
 - a. Burning sensation in costal & scapular region.
 - b. Burning sensation in palms & soles.
 - c. Raised bodily temperature
2. Shadrupa rajyakshma:
 - a. Kasa (cough)
 - b. Jvara (pyrexia)
 - c. Parshwashula (chest pain)
 - d. Swara bheda (hoarseness of voice)
 - e. Varchogada (diarrhoea)
 - f. Aruchi (anorexia)
3. Ekadasharupa rajayakshma:

<ol style="list-style-type: none">a. Kasa (cough)b. Amsa tapac. Svara bhedad. Jvarae. Parshwashulaf. Shira shoola	<ol style="list-style-type: none">g. Rakta vamanah. Shleshma vamanai. Svasaj. Atisarak. Aruchi
--	--

Samprapti:

Vishamashana, vega dharana → aggravated vata leads to kapha pradhana tridosha prakopa → srotovarodha → poshana abhava → anulomakrama dhatu kshaya → shosha.



Kshaya, sahasa → sukra kshaya / ojokshaya leads to vata pradhana tridosha prakopa → pratiloma krama dhatukshaya → shosha

Sadhyasadhyata:

Sadhya → aksheena bala mamsa (balavan rogi), pravara satva, kriyasaha, jvaranubandha rahita

Asadhya → ksheena bala mamsa, atisara pidita, urdhwa shwasa pidita, sukla akshata.

Upadrava:

- | | |
|---|---|
| <ul style="list-style-type: none">• Kanthodwansha• Uroruja• Jrimbha• Angamarda | <ul style="list-style-type: none">• Nisthiva• Agnisada• Aasyaputi |
|---|---|

Chikitsa:

All types of rajyakshma are tridoshaja therefore a physician should treat it according to the prabala & aprabala dosha.

Malaraksha in rajyakshma:

In severe dhatukshaya, the strength of body depends on vit or mala, therefore, mala of the patient of rajyakshma should not be eliminated

Mamsa prayoga in rajyakshma:

As there is marked weight loss due to mamsa kshaya the physician should advice the patient to take mamsa rasa, that enhances the agni and mamsa – bala.

Aja, lava, titira, kukkuta, and vartaka mamsa rasa should be used among them aja mamsa rasa is best.

Jugutsa (gupta) chikitsa: the patient of rajyakshma which the patient would never eat meat, meat should be fed with deceit for the benefit of the patient.

Nidana parivarjana:

In all types of rajyakshma, the first step in the treatment is to avoid causative factors. It can be understood as avoiding mithya ahara – vihara and treating the underlying causes as well, like treating dhatukshaya, or vega sandharana janya vikara etc.

Sanshodhana chikitsa:

1. Vamana & virechana:

Yakshma rogi → excess of dosha → snehana Swedana → snehayukta mridu vamana → sansarjana karma → punah snehana Swedana → snehayukta mridu virechana → sansarjana karma

2. Nasya:

Balamoola + vidarigandhadi gana + yashtimadhu siddha ghrita + saindhava lavana → nasya

Sanshamana chikitsa:

1. Brimhana chikitsa:

Aja dugdha, mamsa of jangala animals, Chanaka, mudga, yusha made of moth should be used.

2. Lakshanika chikitsa:

Symptomatic treatment of jvara, swasa, kasa, pratishyaya, amashula, atisara etc.

3. Ghrita prayoga:

- Kharjuradi ghrita
- Dashamoola ghrita
- Pancha panchamoola ghrita
- Jeevantiyadi ghrita

4. Ksheera prayoga:

- Baladi ksheera
- Aja dugdha
- Shruta godugdha

5. Churna prayoga: (3 – 6 gm with madhu)

- Shitopaladi churna
- Talisadi churna
- Kapuradhya churna
- Eladi churna

6. Vati prayoga: (250 – 500 mg with ushnodaka)

- Chitrakadi vati
- Hignvadi vati
- Agnitundi vati
- Eladi vati

7. Avaleha prayoga: (10 – 20 gm with dugdha)

- Vasavaleha
- Chyavanprasa avaleha
- Kantakari avaleha
- Agastya avaleha

8. Asava / arista / kwatha:

- Drakshasava
- Dashamularista
- Ashwagandharista
- Kanakasava

9. Rasa aushadhi prayoga:

- Suvarna malati vasant rasa
- Shwasa kasa Chintamani rasa
- Lakshmi vilasa rasa
- Chandrakala rasa
- Godanti bhasma

Pathyapathya:

Pathya → shastika shali, ajadugdha, ushnodaka, mamsa rasa, ghrita, draksha, purna visrama, aja mutra snana, bramhacharya palana, achara rasayana palana etc.

Apathya → ruksha, kaphavardhaka – sheetal ahara, katu, tikta, kashaya, rasayukta ahara, ativyayama, vyavaya, divaswapna, shitala jala, atisahasa

URAHKSHATA

Also called kshataksheena

Urahkshata refers to injury or excessive exertion such as swimming, cunning, wrestling for long hours, leading to respiratory symptoms and depletion of body tissues.

Causes:

Injury due to continuous use of bow.

Lifting heavy weight

Fighting with stronger persons

Crossing a big river by swimming.

Samprapti:

Nidana sevana → vatadi doshasya prakopa → vaksha pradesha pravesha → teevra vedana → parshwa shoola evam rakta mishrita kaphasya pravrutti → phupphuse kshata → sukra ojekshaya → urah kshata

Lakshanas:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Pain in chest region • Haematemesis • Cough | <ul style="list-style-type: none"> • Haematuria • Stiffness in costal region and back • Lumber stiffness |
|---|---|

Chikitsa:

Intake of laksha churna with madhu, followed by drinking milk

After digestion of drugs, patient should be made to have food with milk and sugar.

If patient is having pain in flanks and lower abdomen, and diminished agni then he should take laksha churna mixed with sura.

If patient is having loose stool, he should take laksha churna with musta – ativisha – patha – kutaja twaka.

Lakshadi ksheera → patient having deeptagni should be given lakshadi ksheera – laksha ghrita, honeybee wax, jeevaniya gana, sugar & vamshalochana are cooked in the milk.

Shamana aushadhis:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Raktapittantaka rasa • Bola parpati • Shankha bhasma • Lakshadi churna | <ul style="list-style-type: none"> • Ushiradi churna • Kharjurasava • Amrutaprasha ghrita • Chyavanaprasha |
|---|--|

Parshwa shoola:

Parshva → side, flank

Shula → pain, colic

Though parshva means both sides of chest wall and belly, the condition is often considered as 'urah parshwa shula' i.e., pain in the sides of the chest region.

Causes:

It is caused by kapha and vata doshas, all the factors that aggravates kapha and vata should be taken as Nidana factors.

Samprapti:

Nidana sevana → vata & kapha dosha prakopa → prakupita kapha obstructs vata in the parshwa & vaksha pradesha → prakupita vata causes shoola in parshwa & vaksha pradesha → parshwa shula

Lakshanas:

- सूचिभिरिव निस्तोद (pricking pain in flanks)
- Krichhra shwasa (dyspnoea)
- Adhmana
- Aatopa
- Sankocha (kaphadhikya)
- Aayama (vatadhikya)

Chikitsa:

Nidana parivarjana

Sanshodhana chikitsa:

Acharya charaka charts out common treatment principles and formulations for 6 conditions associated with rajyakshama i.e., rhinitis, headache, cough, hoarseness of voice, dyspnoea, and pain in sides of chest cavity

Considering these principles, the below mentioned treatments can be considered to combat. Parshwashoola:

Snehana: dashamuladhya ghrita, bala ghrita, jivantyadi ghrita

Swedana: Upanaha sweda, tapa sweda

Abhyanga with herbal oils: chandanadi taila

Lepa: applied over afflicted part, baladi pradhana, shatapushpadi lepa

Food prepared with barley

Anuvasana basti

Useful formulations:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Lakshmivilasa rasa • Trailokya Chintamani rasa • Dashamoola kwatha | <ul style="list-style-type: none"> • Pushkaramuladi churna • Pippalyadi avaleha |
|--|---|

BRONCHITIS

Bronchitis is inflammation or swelling of the bronchial tubes, the air passage between the nose and the lungs.

More specifically, bronchitis is when the lining of the bronchial tubes becomes inflamed or infected.

Bronchitis is caused by viruses, bacteria and other particles that irritate the bronchial tubes.

Etiology:

- Smokers
- People who are exposed to a lot of second-hand smoke
- People with weakened immune systems
- The elderly and infants
- People with gastroesophageal reflux disease (GERD)
- People who are exposed to air pollution.

Types:

1. Acute bronchitis:

Acute bronchitis, also known as a chest cold, is short term inflammation of the bronchi of the lungs.

Coughing up mucus, wheezing, shortness of breath, fever and chest discomfort

Usually lasts a few days or weeks.

2. Chronic bronchitis:

Chronic bronchitis is defined as a productive cough that lasts for three months or more.

Coughing up scanty thin and mucoid frothy expectoration, haemoptysis, wheezing and shortness of breath.

Sign & symptoms:

- Inflammation or swelling of the bronchi
- Coughing
- Production of clear, white, yellow, grey or green mucus.
- Shortness of breath
- Wheezing
- Fatigue
- Fever and chills
- Chest pain or discomfort

Investigation:

- | | |
|--|--|
| <ul style="list-style-type: none">• Physical examination• Chest X ray• Sputum cultures | <ul style="list-style-type: none">• Pulmonary function test• Bronchoscopy |
|--|--|

Treatments:

Antibiotics: effective for bacterial infections

Cough medicine: important way to bring up mucus and remove irritants from the lungs.

Bronchodilators: these open the bronchial tubes and clear out mucus.

Mucolytics: these thin or loosen mucus in airways, making it easier to cough up sputum.

Anti-inflammatory medicines and glucocorticoid steroids – for the persistent symptoms.

Pulmonary rehabilitation program

e.g., amoxicillin, cefixime, doxycycline, salbutamol, cetirizine, ambroxol etc.

Ayurvedic management:

bronchitis correlated with kasa i.e., cough and swasa i.e., shortness of breath.

BRONCHIECTASIS

Bronchiectasis is a condition anatomically defined by chronic irreversible dilatation and distortion of the bronchi caused by inflammatory destruction of the muscular and elastic components of the bronchial walls.

Etiology:

Past infection → bacterial pneumonia, tuberculosis, pertussis, measles, influenza

Proximal airway obstruction → foreign body aspiration, Benign airway tumours, middle lobe syndrome

Abnormal host defence

Genetic disorder

Pathology:

Dilation and distortion of the bronchi

Damage of airway epithelium

Dilatation and hyperplasia of blood capillary.

Clinical features:

- The production of large quantities of purulent and often foul-smelling sputum.
- Chronic cough
- Recurrent haemoptysis
- Recurrent bronchitis
- Recurrent pneumonia
- Fever, weight loss

Treatment:

1. Improving the drainage of airway

- Expectorant
- Bronchodilators

- Postural drainage
- Bronchoscopy

2. Antibiotics:

The choice of antibiotics should be accurately by the results of sputum culture and drug sensitivity test.

Empirical therapy antipseudomonal antibiotics like amoxicillin, levofloxacin is often given initially.

3. Surgical management:

Surgery may also be used to treat localized bronchiectasis, removing obstruction that could cause progression of disease.

Removal of affected portions of lung by surgical removal or bronchial artery embolization.

4. Steroids:

Inhaled steroids therapy that is consistently adhered to can reduce sputum production and decrease airway constriction over a period of time, and help prevent progression of bronchiectasis.

5. Use of inhalers such as salbutamol, fluticasone, ipratropium may help reduce infection by clearing airways and decreasing inflammations.

EMPHYSEMA

Emphysema is a long-term progressive disease of the lung that primarily cause shortness of breath.

In people with emphysema, the tissue necessary to support the physical shape and function of the lungs are destroyed.

It is included in a group of disease called chronic obstructive pulmonary disease (COPD).

Emphysema is called an obstructive lung disease because the destruction of lung tissues around smaller sacs, called alveoli makes these air sacs unable to hold their functional shape upon exhalation.

Causes:

- Occupational exposure to chemical irritant.
- Exposure to environmental pollutant.
- Inherited genetic defect
- Most likely cause is smoking

Classification: (4 types)

1. Pan acinar emphysema
2. Centri acinar emphysema
3. Distal acinar emphysema
4. Irregular emphysema

Sign & symptoms:

- Shortness of breath is main symptoms of emphysema
- Wheezing
- Cyanosis → blue or grey lips or finger nails
- Barrel shaped chest
- Constant coughing
- Difficulty concentrating

Treatment:

Smoking cessation and avoid all exposure to cigarette smoke and lung irritants.

Medications are usually prescribed to widen the airways (bronchodilators, steroid, anticholinergics)

And reduce the swelling in the airways (anti-inflammatory drugs)

Antibiotics (to treat lung infection)

Effective body positioning and supplemental oxygen as required.

Pulmonary rehabilitation can be very helpful to optimize the patient's quality of life and teach the patient how to actively manage his or her care.

Lung volume reduction surgery: surgical removal of large area of damaged lung.

Lung transplantation: this is the most drastic of emphysema treatments.

Ayurvedic management:

Looking at the pathogenesis and symptoms of emphysema, it falls under the topics of shwasa and kasa as explained in ayurveda.

In emphysema:

Coexistence of kasa and shwasa

Symptoms like tamaka shwasa

Predominance of vata

Involvement of vata and kapha in varying proportions

Emphysema should be treated on the lines of treating one or more of the below mentioned conditions.

1. Vataja kasa chikitsa:

Snehana by ghritapana

Intake of yusha, peya, mamsarasa, vatanashaka dravya siddha ghrita

Swedana by snigdha ghrita

Formulations like

Lakshmivilasa rasa

Sitopaladi churna

Talisadi churna

Kantakati ghrita

2. Kaphaja kasa chikitsa: when there is heaviness in chest, plenty of mucus

Vamana

Formulations like

Anandabhairava rasa

Kasakuthara rasa

Kantakari ghrita

3. Kshudra shwasa chikitsa:

Abhyanga – taila processed with lavana & other medicinal drugs

Swedana – nadi sweda, prastara sweda, Sankara sweda

4. Sthaulya and karshya chikitsa:

Excessive weight will cause the symptoms of emphysema to flare up so langhana therapy should be applied.

Less weight due to destruction of tissues will keep the person in bad state of health and compromised immunity. In this condition brimhana therapy should be applied.

5. Tamaka shwasa chikitsa:

When there is severe breathlessness along with congestion and expectoration of phlegm; tamaka shwasa line of treatment should be applied.

Should be treated with purgation therapy. Purgatives are given to normalize both vata & kapha.

Nebulization by 'amritadhara' – a mixture of menthol, thymol and campher used as aerosol.

Formulations like-

- | | | | | |
|---------------------|--|-------------------|--|---------------------|
| • Shwasakuthar rasa | | • Shatyadi churna | | • Manahshila ghrita |
|---------------------|--|-------------------|--|---------------------|

Rasayana chikitsa like –

- | | | |
|-----------------|--|---------------------|
| • Chyavanprasha | | • Vardhaman pippali |
|-----------------|--|---------------------|

6. Rajyakshama chikitsa:

In complicated cases of emphysema rajyakshma chikitsa should be applied.

Alternate vamana and virechana

Brimhana chikitsa: aja dugdha, mams rasa sevana

Formulations like –

- | | | |
|-------------------|--|---------------------|
| • Chitrakadi vati | | • Sitopaladi churna |
| • Agnitundi vati | | • Kanakasava etc. |
| • Eladi churna | | |

COPD / CHRONIC OBSTRUCTIVE PULMONARY DISEASE

Chronic obstructive pulmonary disease is a disease state characterized by airflow limitation that is not fully reversible.

COPD may include diseases that cause airflow obstruction (e.g., emphysema, chronic bronchitis) or a combination of these disorders.

Classification:

COPD includes chronic bronchitis and emphysema. Asthma is not considered part of COPD due to its reversibility

1. Chronic bronchitis (blue bloater) is a chronic inflammation of the lower respiratory tract characterized by excessive mucous secretion; cough & dyspnoea associated with recurrent infections of the lower respiratory tract.
2. Emphysema is a complex lung disease characterized by damage to the gas exchanging surfaces of the lungs.

Causes:

- Tobacco smoking or environmental tobacco smoke
- Environmental pollution with sulphur dioxide etc.
- Frequent respiratory infections
- Genetic factors

Clinical features:

Three primary symptoms:

1. Cough
2. Sputum production
3. Dyspnoea on exertion

Others are chest tightness

Wheezing

Frequent respiratory infections

Treatment:

Risk reducing → i.e., smoking cessation

Antibiotics → azithromycin, doxycycline etc.

Bronchodilators → relieve bronchospasm and reduce airway obstruction by allowing increased oxygen distribution throughout the lungs

Corticosteroids like prednisolone, beclomethasone

These medications which are central in the management of COPD are delivered through a metered dose inhaler (MDI) by nebulization.

Oxygen therapy

Pulmonary rehabilitation

Surgical management:

Bullectomy → bullae are enlarged airspaces that do not contribute to ventilation but occupy space in thorax, these areas may be surgically excised.

Lung volume reduction surgery

Lung transplantation.

2. Chikitsa sutra and Management of the diseases of Udakavaha Srotas such as- Shotha, Jalodara, Trishna, Water & Electrolyte Imbalance.

SHOTHA

Shotha as per ayurveda is swelling or inflammation. It is also known as sophia or shvayathu.

Nidana:

Nija sotha Nidana:

Ati guru – amla – lavana – ushna – tikshana ahara, dadhi, viruddha ahara, nava shooka dhanya, shami dhanya, aanupa mamsa rasa ati sevana, panchakarma mithya yoga, vega dharana, kustha, kandu, pidaka, arsha, bhaganadara, chhardi etc.

Aagantuka sotha Nidana:

Aaghata, bhallataka pushpaphala rasa, Kapikachchhu shooka etc.

Samprapti:

Nidana → prakupita vayu enters raktavahini bahya shira → leads to vitiation of kapha-pitta-rakta → aggravated kapha pitta rakta obstruct the vayu sancharana → obstructed vayu causes utsedha → sotha

Bheda:

1. Vataja sotha:

Spreads rapidly, unstable, soft

Skin over Edema is dry and blackish

Edema increases during day, reduces in night

Subsides by oily and hot qualities

2. Pittaja shotha:

Oedema is soft, reddish, yellowish in colour

Tenderness, pus formation possibility

Typical unpleasant odour

Red eyes, vertigo, sweating, burning sensation

3. Kaphaja sotha:

Oedema is heavy and stable

Loss of appetite

Too much of salivation

Oedema is non-pitting type, increases in night

4. Agantuja shotha:

It spreads swiftly and may be associated with burning, heat, pain and redness etc. features.

Sadhyasadyata:

Sadhya: aksheena bala mamsa, balavan rogi, eka doshaja, upadrava rahita, nava sotha

Krichra sadhya: shareera – madhyabhaga gata shotha, sarva shareera gata shotha

Asadhyasadyata: balaka, vridhdha, durbala rogi, upadrava yukta, kukshi udara gala marmagata shotha

Upadrava:

- | | | |
|-----------|-----------|---------|
| • Jvara | • Aruchi | • Kasa |
| • Chhardi | • Trishna | • Hikka |
| • Atisara | • Shwasa | |

Chikitsa:

A physician should treat shotha according to rogi-roga bala, considering its Nidana, dosha involvement, sama – Nirama condition etc.

If shotha is produced by amadosha → langhana pachana

If dosha are aggravated → Sanshodhana chikitsa

In case of shirogata shotha → nasya

In case of urdhwagata shotha → vamana

In case of adhogata shotha → virechana

If shotha is caused by snigdha padartha or atisnehana → rukshana chikitsa

If sotha is caused by ruksha padartha or ati rukshana → snehana chikitsa

Doshanusara chikitsa:

In vataja shotha → fomentation with dashmoola sveda

Arjuna: effective in this type of shotha

In pittaja shotha →

Virechana with trivrut or aragvadha

Shata dhauta ghrita

In kaphaja shotha →

Vamana with suitable drug

Dashanga lepa should be applied over the area of swelling

Shamanoushadhis:

Churna → Krshnadi churna, punarnavadi churna, triphala churna, haritaki churna

Vati → Punarnavadi guggulu, gokshuradi guggulu

Leha → Kansa haritaki, punarnavadi lepa

Asava / kwatha → Punarnavasava, punarnavastak kwatha, dashamoola kwatha

Ghrita → Chitrakadi ghrita, punarnavadhya ghrita

Rasa aushadhis → Punarnava mandur, chandraprabha vati, shothari lauha, arogyavardhini vati, lakshmivilasa rasa, shothashardula rasa

Rasayana → Shilajatu rasayana, haritaki rasayana

Pathya:

Shali, mudga, yusha, yava, Shigru, Punarnava, takra, karvellaka etc.

Apathya:

Lavana, jala, anupa mamsa, shushka mamsa, navanna, dadhi, guru, vidahi anna etc.

JALODARA

Literally ‘udara’ means abdomen, diseases occurring in this are called as udara roga.

Udara roga refers to abdominal distension – either generalized (e.g., jalodara) or localized (e.g., pleehodara).

Causes of udara roga:

All the disease are basically produced by mandagni udara roga is also produced by mandagni, and the causative factors are indigestion, intake of food during indigestion, intake of impure or contaminated food etc. which result in accumulation of excess mala in the body.

Bheda:

8 types of udara roga:

1. Vatodara
2. Pittodara
3. Kaphodara
4. Sannipatodara
5. Plihodara
6. Baddhagudodara
7. Kshatodara
8. Jalodara

Jalodara:

In which disease there is accumulation of fluid in between twacha and mamsa in the udara pradesha it is called jalodara

Nidana:

Jalodara is caused by mandagni, malina anna sevana, mala sanchaya, excessive intake of water after snehana karma, excessive intake of salt, pleeha and yakrita dosha, vegavarodha or advanced stage of remaining seven types of udara rogas.

Lakshanas:

Generalized abdominal distension

Engorgement of veins over abdomen

Everted umbilicus

Anorexia

Dyspnoea

Cough

Weakness

Stages of jalodara:

1. Ajatodaka avastha:

Early stage of jalodara, in which fluid has not yet collected – here the abdomen is red in colour, with gurgling sounds, and a network of veins is visible on the abdomen

2. Pichchhavastha:

This is second stage in which serous fluid has started accumulating in abdomen.

3. Jatodaka avastha:

Complete manifestation of jalodara characteristics, by generalised abdominal distension. The skin over the abdomen is shiny and network of veins can be seen due to engorgement fluid thrill and shifting dullness positive.

Samprapti:

Dosha → Vatapradhana tridosha

Dushya → rasa, rakta, udaka

Srotas → udakavaha, rasavaha, raktavaha

Srotodusti → sanga, vimargagamana

Udbhava sthana → amashayodbhava

Vyakta sthana → udaka – twak mamsantara

Nidana sevana → agnimandhya → ama + shleshma → pichchhila shleshma → carried by vayu and take place in udakavaha srotas → udakavaha srotas dushti → vimarga gamana of udaka in twaka & mamsantara → udara

Chikitsa:

Nidana parivarjana

All the types of udara roga are tridosha → tridosha shamaka chikitsa

The main cause of udara roga is mandagni → dipana & laghu ahara sevana

Udara roga is produced by excessive accumulation of dosha and obstruction to the srotas. To eliminate excess doshas and to clear srotovarodha, purgative therapy should be given.

After purification by virechana, peyadi samsarjana krama should be given

Dugdha sevana for regaining the strength

To treat jalodara, follow nirjala, nirlavana, nirranna chikitsa

Chikitsa sutra:

Initially all measure to eliminate the effect of fluid should be done in the treatment of jalodara.

Oral administration of different strong kshara added with cow's urine should be done.

Foods that alleviate kapha and augments digestion should be given to patient.

Patient should be gradually reducing the intake of fluids.

Sastra karma in jalodara:

The fluid should be aspirated by inserting a cannula into the abdomen just below the umbilicus on the left side.

While aspiration, compress the abdomen and after the aspiration the abdomen is tightly wrapped with a cloth.

After the removal of the fluid patient is treated with langhana.

Patient is kept on only milk diet for six months.

For another three months patient is allowed to take peya along with milk

Following this for another three months the patients is given rice prepared with shyamak added with milk.

By managing the patient in the manner for one year one can get cured of jalodara.

Shamana aushadhis:

Churna: 3 – 6 gm with ushnodaka

Narayana churna

Punarnavadi churna

Vati: 250 – 500 mg with ushnodaka

Katuki vati

Abhaya vati

Kshara vatika

Kwatha / asava /arista: 20 – 40 ml with jala

Punarnavadi kwatha

Punarnavasava

Kumaryasava

Arjunarista

Lepa:

Devdarvadi lepa + gomutra (L.A.)

Rasa aushadhis: 125 – 250 mg with jala

Icchabhedi rasa

Yakrita plihari rasa

Jalodarari rasa

Tamra bhasma

Pathya:

Rakta shali, yava, mudga, takra, ustra kshira, gomutra, adrak, ela, langhana, udaravastrapatta bandhana

Apathya:

Patrashak, ahishyandi drava, snehapana, lavana, vyayama, ati ambupana, Divasvapna

TRISHNA

सर्वदाअम्बुकामित्वं

Even after drinking water repeatedly, the thirst does not get pacified, such morbid thirst is known as trishna roga.

Mukha shosha is the pratyatmaka lakshana.

Causes:

Pitta and vata gets aggravated due to –

Excitement, fear, exertion, grief, anger, fasting

Drinking too much wine

Intake of alkalis

Food which is amla, lavana, katu, ushna, ruksha

Dhatu kshaya

Vamana, virechana atiyoga

Surya santapa

Samprapti:

Nidana sevana → pitta vata prakopa → shoshana of apa dhatu → jihwamula gala talu mukha
shosha → trishna

Lakshanas:

- Dryness of mouth, lips, tongue, and throat
- Hoarseness of voice
- Loss of concentration of mind
- Desire for drinking of water persists.

Bheda (5):

- | | |
|------------|---------------|
| 1. Vataja | 4. Kshayaja |
| 2. Pittaja | 5. Upasargaja |
| 3. Amaja | |

Chikitsa:

Generally, vatahara & pittahara chikitsa, should be given

Bhaya & abhyantara shitopachara

If the patient is strong → shodhana chikitsa like vamana & virechana should be applied

Person should take bath with cold water after shata dhauta ghrita applying to his whole body.

Nasya with stree dugdha

Anulepana with amalaki lepa or panchamla + pancha valkalla lepa

Endra jala pana

Trina panchamula siddha jala paan

In madhyaja trishna → wine should be given mixed with water

In kshayaja trishna → treat it similar to kshata ksheena and kshayaja kasa

Formulations:

- | | |
|--------------------|------------------|
| • Chandrakala rasa | • Chandanasava |
| • Pravala pishti | • Ushirasava |
| • Rasadi gutika | • Shadangapaniya |

3. Chikitsa sutra and Management of the diseases of Annava Srotas
such as – Agnimandya, Aruchi, Ajirna, Anaha, Atopa, Adhmana,
Alasaka, Vilambika, Visuchika, Chardi, Grahani, Amlapitta, Gulma,
Shoola, Bhasmaka, Acid peptic disorders.

AGNIMANDHYA

Agnimandhya is a condition in which food is not properly digested due to the diminished power of jatharagni.

Among the 13 types of agni, jatharagni is the most important, therefore, mandagni should be treated properly in order to prevent the progress of the disease to other disorders of ama.

Nidana:

- Abhojana
- Atibhojana
- Vishamashana
- Ajirnaashana
- Astamya, guru, sheeta, atiruksha, sandushta bhojana
- Vamanadi panchakarma mithya yoga
- Kapha prakopaka ahara vihara sevana

Samprapti:

Nidana sevana → kapha pradhana tridosha prakopa → jatharagni dushti → jatharagni mandata → apoorna aharapaka → amavisha utpatti → agnimandhya

Lakshanas:

1. Vataja agnimandhya:

Udara shula, adhmana, malavrodha, mukha shosha, daurbalya

2. Pittaja agnimandhya:

Amlodgara, bhrama, trishna, daha, swedagamana

3. Kaphaja agnimandhya:

Madhurodgara, Utklesha, chhardi, klama, alashya, gaurava

Chikitsa:

Nidana parivarjana

Laghu & supachya ahara: peya, vilepi, mudga yusha, krishra etc.

Deepana – pachana

Ghritapana – deepaniya dravya siddha ghrita

Vamana – virechanadi shodhana karma

- Agnitundi rasa
- Ajirna kantaka rasa
- Chitrakadi vati
- Shankha vati
- Trikatu churna
- Ajamodadi churna

- Hingvashtaka churna
- Lavana bhaskara churna
- Dashamularishta
- Saindhava churna
- Chitrakadi ghrita
- Pippalyadi ghrita

ARUCHI

When the taste of food taken in the mouth is not detectable by a person, then the disease is called arochaka.

Nidana:

Excess intake of guru and snigdha bhojana

Ajirna & agnimandhya

Secondary to pandu, kamala, kaphaja roga etc.

Intake of viruddha ahara

Intake of tridosha prakopaka ahara – vihara

Manasika Nidana like shoka, bhaya, krodha etc.

Lakshanas:

1. Vataja aruchi → hypersensitivity, bitter taste of the mouth
2. Pittaja aruchi → bitter and acidic taste in mouth, foul smell from mouth
3. Kaphaja aruchi → sweet and salty taste in mouth, heaviness
4. Tridoshaja aruchi → mixed features of all doshas
5. Agantuja aruchi → discomfort

Samprapti:

Nidana sevana leading to incomplete digestion of food. This leads to the formation of ama. This ama with a type of kapha, known as bodhak kapha blocks the annavaha srotas of the body and thus disturbs the sense of taste.

Chikitsa:

Kavala – gandusha

Dhumapana

Mukhaprakshalana

Harshana (measures to keep with pleasure)

Aashwasana (assurance to boost the self-confidence)

Single herbs like – maricha, draksha, chinch, sunthi, amalaki, vacha etc.

Formulations like -

- Lavanabhaskara churna
- Hingvashtaka churna
- Chyavanaprasha

- Chinchyadi lehya
- Chitrakadi vati

AJIRNA

Ajirna is the disease in which food is not properly digested due to low digestive power or other reason.

It is the root cause of many other diseases and causes many types of pain.

Nidana:

Aharaja:

Atyambupana, atimatra bhojana, ati langhana, vishamasana, asatmya ahara, kaphakara ahara

Viharaja:

Vegadharana, swapna viparyaya, ratri jagarana / Diwaswapna

Manasika:

Dwesha, bhaya, chinta, krodha, moha, lobha

Agantuja:

Virechana – snehabasti vyapada, desha kala vaishmya, vyadhi karshana (due to any illness)

Samprapti:

Intake of aaharaja, viharaja, mansika, agantuja Nidana → vitiation of tridosha specially kapha dominating → impairs jatharagni → agnimandhya → ajirna

Purvarupa:

- | | | | | |
|---------------|--|----------|--|-----------|
| • Annabhilasa | | • Aruchi | | • Chhardi |
|---------------|--|----------|--|-----------|

Rupa:

- Malavibandha or atipravriti
- Obstruction of apanavayu and udgara
- Shaithilya
- Shirah shula
- Murchha
- Heaviness of body
- Angamarda
- Aruchi & Avipaka

Bheda:

1. Ama ajirna:

Caused due to vitiation of kapha dosha

The feature of this is puffiness of around the eyes & face, frothy and increased salivation in the mouth, nausea, repeated belching having the smell of food and feeling of heaviness in the body.

2. Vidagdha ajirna:

Caused due to vitiation of pitta dosha.

It causes burning sensation in the chest & throat region, different kinds of pain, increased feeling of thirst, sour belching, fainting, giddiness

3. Vistabdha ajirna:

Caused due to vitiation of vata dosha

It is characterised by pain abdomen, bloated stomach or gaseous distension, pain all over the body, fatigue, non-elimination of stools & flatus

4. Rasa shesha ajirna:

This is caused due to agnimandhya of rasa dhatu.

It is characterised by dislike for meals, pure belching heaviness and turbidity in heart, excessive salivation, and heaviness.

5. Dinapaki ajirna:

In this the digestion completes within one day and one night

This occurs due to overeating of food.

It is not harmful

6. Prakrita ajirna:

It is prakrita avastha

It prevails till the consumed food is complete digested.

After the completion of digestion, its manifest symptoms like hunger, thirst, defecation etc.

Chikitsa:

Samanya chikitsa:

The first line of treatment for all types of ajirna is langhana (fasting)

The purpose of langhana treatment is to make the body light by relieving heaviness

In ajirna heaviness is due to kapha dosha, so langhana treatment principle is adopted to subside kapha.

Dipana pachana:

A dipana is herbal medicine taken before meals with the intension of kindling agni for the meal.

A pachana is herbal medicine taken after meals with the intention of burning ama, or toxic waste.

Therefore, in ajirna some dipana pachana herbs like trikatu, hingwastaka churna, chitrakadi vati, shankha vati taken.

Takra pana: drink after meals to aid digestion. Add jiraka, dhanyak, sunthi, for better digestion.

Vishesha chikitsa:

In amajirna → langhana

In vistabdhajirna → Swedana repeated on abdomen

In vidagdhajirna → vamana until pitta darshana

In amajirna:

Pippali, dhanyak, shunthi, haritaki, nimbu siddha dhanya panchak kwatha, amapachaka vati, ajirnakantaka rasa, chitrakadi vati

In vidagdhajirna:

Avipattikara churna, shankha vati

In vistabdhajirna:

Shivakshara pachana churna, Hingwastak churna, Lavanabhaskar churna

In rasa shesha ajirna:

Diwaswapna, shankha bhasma, lasuna vati, gandhaka vati

Pathya:

- Food should be taken only when previous is completely digested and feel hungry.
- Never suppress the natural urges
- Always prefer to light food in moderate quantity
- Mentioned at least three-to-four-hour (1 yama) gap in between meals.
- Drink water sip by sip along with meal.
- Replace curds with buttermilk
- Regular usage of some ushna, tikshana and laghu dravya like jeerna, maricha, hingu, lasuna and sunthi for proper digestion of food.

Apathya:

- Guru, vidahi, vishtambhi bhojana
- Asatmya bhojana, viruddha bhojana
- Ati ambupana
- Tikshana virechana
- Adhyasana, samashan, vishamasana
- Raktamokshana

ADHMANA

- Due to obstruction to vata dosha, when severe pain in abdomen along with gurgling sour and distension occurs, the disease is called as adhmana.
- If vayu sanchaya in pakvashaya called adhmana
- Purishaja anaha chikitsa should be adopted for adhmana
- If vayu sanchaya in amashaya called pratyadhmana
- Aamaja anaha chikitsa should be adopted for this.

Formulations:

- | | | |
|-------------------------|--|------------------|
| • Lavanabhaskara churna | | • Agnitundi vati |
|-------------------------|--|------------------|

Anaha

The disease in which mala and vayu get obstructed and not eliminated by their natural route, is called as anaha.

Bheda:

1. Amaja anaha:

Caused due to accumulation and obstruction of ama in the stomach

2. Purishaja anaha:

Caused due to accumulation and obstruction of faeces in the intestine & colon.

Lakshanas:

Mala marga avarodha: constipation

Vayu marga avarodha: obstruction of belching & fart.

Chikitsa:

- Nidana parivarjana
- Abhyanga, Swedana
- In amaja anaha → Vamana, dipaniya aushadha siddha peya – vilepi – yavagu pana
- In purishaja anaha → Virechana, niruha basti, vatanulomana, phala varti

Formulations like:

- | | | |
|---|--|---|
| <ul style="list-style-type: none">• Ichchhabhedadi rasa• Lasunadi vati | | <ul style="list-style-type: none">• Haritakyadi churna• Sukha virechana churna |
|---|--|---|

ATOPA

आटोपः गुडगुड शब्दः

Atopa refers to gurgling sound / borborygmi sound of the abdomen.

Lakshanas:

Sound in abdomen

Abdomen distortion

Nausea

Chikitsa:

Snehana, Swedana, dipana pachana

Vatanulomana chikitsa: basti, gudavarti, haritaki

Ajirnavata chikitsa

Formulations like –

Lavanabhaskar churna

Chitrakadi vati

Abhayarista

ALASAKA

आमाशयेअलसीभूतः तेन सोअलसकः स्मृतः ।

In this disease the food remains in the stomach without getting digested for a long time.

Nidana:

Kaphadhikya, durbalagni, vegadharana, adhyasana, vishmasana

Consuming guru ruksha sheeta ahara after indigestion

Samprapti:

Nidana sevana → vata kapha prakopa → margavarodha → leads to aamashaye alaseebhuta
anna → urdhwa & adha marga apravruti → alasaka

Lakshanas:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Kukshi aadhmana • Shula | <ul style="list-style-type: none"> • Vayu malavarodha • Murcha |
|--|--|

Chikitsa:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Vamana by saindhava lavana & ushna jala • Langhana • Dipana pachana | <ul style="list-style-type: none"> • Panchakola churna • Vishatinduka vati • Agnitundi vati • Amapachana vati |
|---|---|

VILAMBIKA

After kapha-vata type indigestion, if the person continues mithya ahara vihara, he develops accumulation and adherence of ama in the body.

Vilambika is the chronic disease in which food neither goes upwards nor downwards, it remains in stomach for a long time and becomes toxic this condition is known as Vilambika. This is the result of long standing alasaka.

VISHUCHIKA

Vishuchika is a condition in which vitiated agni causes over affection of ama leading to expulsion of the biological humors through both upper and lower passage.

Because of Ajeerna, vata is vitiated with other doshas which causes pricking pain all over the body, as through being pricked by needles, hence this disease is called Vishuchika (suchi means needle)

Lakshanas:

Pricking type of pain all over the body.

Udarshula

Vomiting

Rice water diarrhoea

Chikitsa:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Langhana (upavasa) • Peya - vilepi etc. laghu ahara which is given after virechana karma. • Niruha basti • Formulations like – | <ul style="list-style-type: none"> • Vishuchikantaka rasa • Sanjivani vati • Mahashankha vati • Ajirnakantaka rasa |
|---|--|

CHHARDI

Forceful expulsion of the atipravritta doshas through mouth is known as chhardi.

Nidana:

Ati drava, ati snigdha, ati lavana bhojana

Atimatra bhojana

Bhaya, udwega, shoka, Krimi dosha

Garbhakala

Beebhatsa hetu

Samprapti:

Vatadi dosha prakopa → amashayastha dosha Utklesha → anga utpeedana & dosha urdhwa gamana → chhardi

Purva rupa:

Nausea & uneasiness in cardiac region

Excessive salivation

Aversion towards food

Bheda:

1. Vataja chhardi
2. Pittaja chhardi
3. Kaphaja chhardi
4. Sannipataja chhardi
5. Dwishtartha samyogaja chhardi: vomiting cause due to incompatible, disturbing, repulsive or awkward foods and things.

Chikitsa:

All chardi are caused by amashaya -utklesha, there langhana & kaphapitta shamaka vamaana, virechana should be adopted.

Formulations:

Mayurpichchha bhasma, manahshiladi yoga

GRAHANI

Grahani (duodenum) which is the site of agni is called so, because of its power to restrain the downward movement of food. It is located above the umbilical region, and is supported and nourished by the strength of agni.

Normally, it restrains the downward movement of undigested food and after the digestion it releases the food through its lumen. In the abnormal condition, when it gets vitiated because of weakness of agni, it releases the food in undigested form only.

Mandagni brings about vidaha which moves upwards and downwards in gastro intestinal tract. When the digested and undigested food move downwards, this condition is called grahani.

Nidana:

Abhojana

Ati bhojana

Ajirna bhojana

Vishamasana

Asatmya guru shita ati ruksha dushta bhojana

Mithyayoga of vamana, virechana, snehapana

Karshyata due to disease

Vega dharana

Bheda:

1. Vatika grahani

2. Paitika grahani

3. Kaphaja grahani

4. Sannipataja grahani

Samprapti:

Nidana sevana → Pittapradhana tridosha prakopa → mandagni → amadosha → shukta paka → amavisha → grahani dushti → ama or pakwa muhur baddha muhur drava malapravruti → grahani.

Lakshanas:

- Irregular bowel habits
- Excess thirst
- Aruchi
- Vairasya – bitter taste in mouth
- Excessive salivation
- Darkness in front of eyes.
- Belching having metabolic smell.

Avastha bheda (according to madhavakara):

Ghati yantra grahani:

There is bubbling sound in the abdomen

Ghatiantra grahani is the chronic stage of sannipataja grahani which is characterised by pain in the flanks while sleeping and bubbling sound in the abdomen.

It is incurable.

Sangraha grahani:

There is temporary retention of dosha and mala. Sangraha means collection or retention.

Characterised by antra kunjana, alasya, sadana, diva prakopa & ratri shamana

Sama grahani:

When dosha is in grahani is afflicted by food, which is not fully digested then the signs of ama are manifested –

Vishtambha – constipation

Shoola – pain

Vidaha – burning sensation

Chikitsa:

Snehana, Swedana, shodhana, langhana, deepana various powder preparation of lavana, kshara, madhvarishta, surasava, various takra preparation. Deepaniya ghrita are to be prescribed to the grahanidosha patient.

Grahani dosha should be treated like ajirna. First line of treatment is to administer langhana and deepaniya dravyas.

If amadosha is situated in pakvashaya then do the virechana by dipana dravya.

If dosha spread in body then use the langhana & pachana.

After shodhana karma use the panchakoladi peya and laghu annapana.

Vataja grahani chikitsa:

Niruha and anuvasana basti

Virechana – Eranda taila mixed with kshara tilvaka ghrita with ghrita

Ghrita prayoga:

Dashamuladi ghrita

Trayushnadi ghrita

Panchamuladi ghrita

Pittaja grahani chikitsa:

Vamana & virechana karma

Tiktadravya sadhita ghrita (tikta ghrita, maha tikta ghrita)

Agnideepana by using jangala mamsa rasa.

Kaphaja grahani chikitsa:

Vamana karma, then agnidipana by use of katu, amla, lavana, kshara dravya.

Shamana aushadhi:

- | | |
|----------------------|---------------------|
| • Rasa aushadhi | • Panchmrit parpati |
| • Agnikumara rasa | • Shankha bhasma |
| • Hemagarbha pottali | |

Vati:

- | | | |
|-------------------|-------------------|-----------------|
| • Agni tundi vati | • Chitrakadi vati | • Jirakadi vati |
|-------------------|-------------------|-----------------|

Churna:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Bhunimbadya churna | <ul style="list-style-type: none"> • Jirakadhya churna |
|--|---|

Kwatha / arista:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Dhanyakadi kwatha • Dhanyapanchaka kwatha | <ul style="list-style-type: none"> • Madhvarista • Takrarista |
|--|---|

Kshara prayoga:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Bhallataka kshara • Bhunimbadi kshara | <ul style="list-style-type: none"> • Kshara gutika |
|--|---|

AMLAPITTA

Amla → sour

Pitta → pitta

The disease in which the normal quality of panchaka pitta changes from katu to amla as a result of pitta-vidagdha, is called as amlapitta.

Nidana:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Viruddha anna pana • Dushta anna pana • Amla anna pana | <ul style="list-style-type: none"> • Vidahi anna pana • Pitta prakopa anna pana |
|--|---|

Samprapti:

Accumulation of pitta in monsoon season & other etiological factors of its own → pitta developing vidagdhata / sourness → amlibhava pitta → amlodgaradi lakshanas utpati → amlapitta

Lakshanas:

Classified under 3 groups for better understanding of the disease –

1. Samanya lakshanas
2. Bhedanusara lakshanas
3. Doshanubandhanusara lakshanas

1. Samanya lakshanas:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Avipaka • Klama • Utklesha | <ul style="list-style-type: none"> • Tikta udagara • Amla udagara • Gaurav | <ul style="list-style-type: none"> • Hrt daha • Kantha daha • Aruchi |
|--|---|---|

2. Bhedanusara lakshanas:

Udhwarga amlapitta:

- Harita, pitta, nila, ati amla vamaana
- Amlodgara
- Kantho daha

Adhoga amlapitta:

- Harita, pitta, raktavarna, gudasrava
- Trishna
- Daha
- Murchha

3. Doshanubandhanusara lakshanas:

Vatanubandhi:

- Kampa, pralepa, shula, tam pravesha

Kaphanubandhi:

- Kaphasthivana, gaurava, shitata, aruchi, vamana, kandu

Kapha-vatanubandhi:

- Hrita kantha daha
- Tiktamla udgar
- Bhrama, murccha, praseka

Chikitsa:

Vamana:

Patoladi kwatha for vamana

In udhwarga amlapitta

Virechana:

Trivrut yoga for virechana

In adhoga amlapitta

Anuvasana basti

Asthapana basti

Useful formulations:

- | | |
|-----------------------|--------------------|
| • Amalaki churna | • Patoladi kwatha |
| • Yastimadhu churna | • Yavadi kwatha |
| • Avipattikara churna | • Kushmand avaleha |
| • Katuki churna | • Sutshekhara rasa |
| • Pathhyadi churna | • Shankha bhasma |
| • Patoladi churna | • Shukti bhasma |
| • Dashanga kwatha | • Narikela khanda |
| • Guduchyadi kwatha | |

Pathya:

Amla, lavana, tikta ahara

Laja saktu, sheetala jalapana

GULMA

A palpable lump like swelling in the abdominal region due to vitiated vata is called as gulma.

The important feature of the gulma is that there is always swelling and pain.

Sushruta has said that gulma is deep rooted, fixed and is round in shape.

Gulma sthana:

Both charaka and sushruta have given five places where gulma develops viz.

- | | |
|------------|---------------------|
| 1. Hridaya | 4. Vama parshwa |
| 2. Nabhi | 5. Dakshina parshwa |
| 3. Basti | |

Nidana:

- Excessive elimination or excessive accumulation of purisha - kapha – pitta
- Suppression of natural urges
- External injury
- Excessive intake of ruksha annapana.
- Excessive grief
- Improper administration of panchakarma.

Samprapti:

Nidana sevana → vatadi prakopa → dosha sanchaya (sthana samshraya in mahasrotas) → obstruction in mahasrotas → paripindita in any part of udara → gulma

Stage of gulma:

1. Apakwa (immature) gulma:

Gulma are heavy, hard, situated beneath the muscles, without change of colour and fixed firmly.

2. Pachyamana (maturing) gulma:

Gulma are burning, painful, causing agony, loss of sleep, irritation and fever

3. Pakwa (matured) gulma:

Gulma are burning, bluish red in colour palpable like bladder and severe painful in nature.

Specific features:

1. Vataja gulma:

Obstruction of flatus

Aggravates in empty stomach and relieved on ingestion of food.

2. Pittaja gulma:

In this condition fever, thirst, redness of the face, pain, sweating, burning and tenderness are complained by the patients.

3. Kaphaja gulma:

This produces shivering, fever, body ache, nausea, cough, tastelessness, heaviness, and hard elevated non inflammatory masses.

4. Dwidoshaja & sannipataja gulma:

Mixed features

5. Raktaja gulma:

Menstruating women indulging in fasting or using excess of dry food, suppressing the natural urges, suffering from uterine dysfunction etc. cause the vitiation of menstrual blood. This, in turn lead to the occurrence of raktaja gulma.

Here pulsating tumours gradually taking the shape of a round mass, with pain and producing the features of pregnancy (like amenorrhoea, pigmented nipples, morning sickness etc.)

Chikitsa:

All measures are undertaken to control vata. To achieve this –

Snehana, Swedana, Asthapana basti, and sour mixed sweet eatables are recommended

Upavasa, deepana pachana, snigdha – ushna & Vatanulomaka dravya, and brimhana should be used to treat all types of gulma.

1. Vataja gulma chikitsa:

Snehapana → if gulma is situated above nabhi

Basti → if gulma situated in pakwashaya

Both → if gulma is situated in udara pradhesh.

2. Pittaja gulma chikitsa:

Mridu virechana, raktamokshana

Shastrakarma (in case of pakwa gulma)

Kshirabasti (if pittaja gulma is situated in pakwashaya)

3. Kaphaja gulma chikitsa:

Vamana, virechana, ksharakarma, agnikarma, langhana

After vamana or langhana → katudrava siddha ghritapana

4. Raktaja gulma chikitsa:

Treated only after 10 months

Virechana should be administered after snehana – Swedana

Palashkshara Yamaka is used for gulma bhedana

Yonivishodhana (medicines kept in yoni)

e.g., mamsa khanda mixed with yavakshara, mamsakhanda mixed with snuhi kshara, cotton piece dipped in bile of pig or fish.

If bleeding occurs after shodhana →

Uttara basti with jeevaniya dravya siddha ghrita

Anuvasana basti with tiktadravya siddha ghrita

Shamana aushadhi for gulma chikitsa:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Gulmakuthara rasa • Agnikumar rasa • Pravala panchamrita • Hingwadi churna • Hingwadi vati | <ul style="list-style-type: none"> • Swarjika kshara • Eranda taila • Danti haritaki • Kumaryasava |
|--|--|

SHOOLA

It is a symptom complex in which there is pain as if some sharp pointed object has been penetrated.

Types:

Shula is of 8 types. They are:

- | | |
|---|--|
| <ol style="list-style-type: none"> 1. Vatika shoola 2. Pittaja shoola 3. Kaphaja shoola 4. Sannipataja shoola | <ol style="list-style-type: none"> 5. Vata-pittaja shoola 6. Vata-kaphaja shoola 7. Pitta-kaphaja shoola 8. Amaja shoola |
|---|--|

Parinama shoola and anna drava shoola are special types of shula and its variants. They have not been included under the 8 types of shoola, because of the unique way of their presentation.

Chikitsa:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Depending on dosha involvement and nature of the disease – • Vamana • Langhana • Swedana | <ul style="list-style-type: none"> • Pachana • Phalavarti • Kshara • Churna • Kshara gutika |
|---|--|

Parinama shoola:

Parinama means transformation

The shoola or colic or pain abdomen which occurs due to transformation (digestion) of the food is called parinama shoola.

Lakshana:

Pain occurs during digestion of food.

Pain in abdomen

Pain in abdominal sides

Navel pain

Pain in region of urinary bladder

Pain in between the breasts

It is correlated with duodenal ulcers.

Annadrava shoola:

Anna means food, drava means liquids, the pain (colic which is associated and aggravates with food and liquid is called anna drava shula.

BHASHMAKA ROGA

In a person with increased pitta- vata & decreased kapha, ingested food gets digested very quickly and later the digestive fire digests the dhatu, thus the person becomes weak, suffers from various diseases, and finally dies.

Lakshanas: trishna, daha, murcha, Kshudha, vruddhi & bala hani

Chikitsa:

Intake of guru, kaphavardhaka, snigdha, shita madhura ahara

Products of jaggery, milk, diwa swapna, virechana karma

ACID PEPTIC DISORDERS

Acid peptic disorders include a number of disease whose etiology can be linked to gastric secretions

Gastro oesophageal reflux disease, and peptic ulcer disease are two most common and well-defined disease states.

APD occurs when the acid starts irritating the mucosa of the stomach.

APD mostly affect the oesophagus, stomach and duodenum

Regurgitation of gastric contents into the oesophagus is called GERD.

Peptic ulcer is a lesion in the mucosa of the digestive tract typically in stomach or duodenum

Etiology:

- Infection of helicobacter pylori
- Prolonged use of high dose of NSAIDs
- Excessive use of steroids
- Stress, hereditary

Treatment:

- Avoid use of aspirin & NSAIDs
- Avoid spicy foods
- Antacids (milk of magnesia, gelusil)
- H2 blockers – ranitidine, cimetidine
- Proton pump inhibitors – omeprazole, rabeprazole
- For H. pylori – antibiotics – amoxicillin, tetracycline

Ayurvedic concept & treatment:

GERD can be compared to amlapitta.

The main objective is to get rid of the morbid pitta and protect the stomach and gut from getting damaged by the action of pitta.

Vamana by decoction of patola, nimba, madanaphala, honey and saindhava lavana.

Virechana by decoction of triphala, trivrut, madhu

Anuvasana basti → after vamana and virechana anuvasana basti should be administered.

Asthapana basti → in chronic cases

Formulations like

Yavadi kwatha

Guduchyadi kwatha

Patoladi kwatha

Lasun ksheerapaka

After the disease gets controlled, rasayanas are administered to eliminate the residual disease and to provide a long-term immunity towards the disease.

Peptic ulcer can be correlated to parinama shula and annadrava shoola.

4. Principles of treatment and management of Vata Vyadhi such as - Pakshavadha, Ekangavata, Sarvangavata, Ardita, Avbahuka, Kati Graha, Manyastambha, Gridhrasi, Vishwachi, Khalli, Khanja, Pangu, Padaharsha, Padadaha, Vatakantaka, Kroshtukashirsha, Udavarta, Kampavata, Dhatugata and Ashayagata Avarana Vata, other Vata Rogas, Parkinsonism.

VATAVYADHI

Diseases produced by vata dosha are called as vatavyadhi.

2 types of disease

1. Samanyaja vyadhi: caused by combination of dosha.
2. Nanatmaja vyadhi: caused by a single dosha (there are 80 vataja nanatmaja vyadhi)

There are two major cause.

- | | | |
|-----------------|--|----------------|
| 1. Dhatu kshaya | | 2. Margavrodha |
|-----------------|--|----------------|

Samprapti:

Dhatukshaya janya vata vyadhi:

Hetu sevana → vata prakopa → rukshata, kharata, parushata in srotas sthana → vayu purana in rikta srotas sthana → nirupstambhita vata vyadhi

Srotavarodha janya vata vyadhi:

Hetu sevana → amadoshotpati → srotavarodha → vayu vimarga gamana → sthana samsraya of sama vayu at srotovaigunya sthana → upastambhit vata vyadhi

Samanya lakshana:

Sandhi stambha, sandhi bheda, asthi bheda, Pralapa, panipristha shirograha, pangutva, Shosha, sanga, spandana, Nidranasha, gatra suptata, toda

Samanya chikitsa:

If there is absolute vitiation of vata without any kind of association, it should be treated at first with snehana therapy, such as internal administration of ghee, fat, oil, marrow when saturated by snehana should again be snehana with snigdha dravyas
Like yusha, mamsarasa with dugdha.

Swedana → regular

Mruduvirechana by Eranda taila, tilvak taila

Vatanulomana by haritaki churna to clear the obstruction.

Anuvasana & niruha basti → basti is the best treatment –

Anuvasana basti with ksheerabala taila / sahacharadi taila

Niruha basti with Erandamuladi basti / ksheera basti.

Nasya → medicated oils to treat urdhwa jatru gata vatavikara by anutaila / shad bindu taila / dhanvantari taila

Shamshamana:

- Vatanashaka aushadha like –
- Vatari rasa
- Panchakola churna
- Rasnasaptaka kwatha
- Rasona taila
- Dashamularista
- Yogaraja guggulu
- Kaishor guggulu
- Chyavanprasha
- Shilajatu

PAKSHAGHATA / PAKSHAVADHA

When the aggravated vata paralyzes one side of the body either right or left side of the body it causes immobility of that side along with pain, loss of speech. This condition is called pakshaghata.

Samprapti:

Due to etiological factors vata is aggravated and it vitiates blood vessels or nerves and muscles, tendons in the left half or right half of the body and produces their diminution.

Bheda:

1. Based on dosha involvement:
Pittanubandhi → daha, santapa, murccha
Kaphanubandhi → shaitya, shotha, gaurava
Kevala vata → toda, shosha
2. Based on which organs affected
Ekanga vata (monoplegia) → only one part of the body gets affected like one hand or leg.
Ardhanga vata (hemiplegia) → either left or right half of the body.
Adhanga vata (paraplegia) → both the lower extremities
Sarvanga vata (quadriplegia) → all the body parts get affected or both the arms and legs get paralyzed.

Chikitsa:

Nidana parivarjana

Snehana karma: massage with medicated oils such as – maha Narayana taila, sahacharadi taila, dhanvantara taila, ksheerabala taila, etc.

Svedana by shashtika shali pinda sveda

Sarvanga sveda for 7 – 14 days.

Snehayukta virechana should be administered

Virechana by draksha, Aragwadha phala majja, haritaki, katuki with Eranda taila

Basti: matra basti with Narayana taila, kashaya basti with Eranda mula kwatha, ksheera basti

Nasya karma: brimhana nasya with purana ghrita

Shiro basti with medicated oils like Narayana taila, ksheera bala taila

Shirodhara with medicated liquids

Shamana aushadhis

- | | |
|---|---|
| <ul style="list-style-type: none"> • Ashwagandha churna • Brahmi svarasa • Rasana ksheera pala • Eranda taila | <ul style="list-style-type: none"> • Maharasnadi kwatha • Brihatvata Chintamani rasa • Vatari guggulu • Brahmi vati |
|---|---|

EKANGAVATA & SARVANGAVATA

When vata after getting aggravated take ashraya at any of the dhatu, ashaya or kostha and gets prakupita then it is known as Ekangavata.

If vata gets increased all over the body, there will be tremors (throbbing, twitching, pulsations etc.) cutting, crushing and other types of pain, feeling of pain in the joints and the person feels as if there is a blast (bursting) in the joints.

Ekangavata lakshana:

Lakshana of the respective amashaya (dhatu, ashaya or kostha) as shows its own lakshanas.

Sarvanga gata vata lakshana:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Gatra sphurana | <ul style="list-style-type: none"> • Bhanjana |
|--|--|

Chikitsa:

In case of pain → upanaha

In case of Sankocha → abhyanga with the taila cooked with masha and saindhava.

Basti:

Sarvangavata: abhyanga with vatahara taila, anuvasana & niruha basti

Ekangavata: abhyanga, swedana, avagaha, medicines which are good for heart.

ARDITA

When excessively aggravated vata affects the half part of the body, it dries up the rakta dhatu and causes contraction of the arm, foot and knee of that part. It causes deviation of half of the face and curvature of the nose, eyeball, forehead, eye and mandible.

Lakshanas:

Deviation of half of the face

Pain in extremities, temple, ear and cheek

Loss of function which are carried with the help of facial muscles and nerves like difficulty in speaking, difficulty in swallowing, unable to close affected eye etc.

Numbness of skin

Stiffness of the neck muscles & jaw.

Bheda:

1. Vataja:

Nausea, shivering, pulsation, lock jaw, Edema over the lips, pain in specific part of the face etc.

2. Pittaja:

Yellowish discolouration of the face, fever, thirst, sensation of fumigation etc.

3. Kaphaja:

Edema over the hair margin, cheeks, face and neck. Stiffness of muscle etc.

According to location:

1. Half of the body affected
2. Half of face only

Chikitsa:

Nasya (navan), shirobasti (murdha taila), tarpana, Swedana (nadi sweda, Upanaha sweda), anupa mamsarasa sevana are general line of treatment of ardita.

Shodhana chikitsa:

- Nasya karma
- Shirobasti
- Mukha abhyanga with ksheerabala taila
- Dhooma with dashamoola kwatha boiled with milk.
- Upanaha sweda
- Karna poorana
- Akshitarpana
- Gandusha with ksheera bala taila with dashamoola kwatha.

Shamana chikitsa:

Single herbs:

1. Lasuna → it stimulates facial nerves by improving blood circulation
2. Nirgundi → it is good to relieve pain of nerve and to improve muscle strength
3. Eranda → balance vata
4. Lavanga → strengthen nerves
5. Rasna → powerful vata balancing herb

Formulations:

- | | |
|------------------------|-----------------------|
| • Mahanarayana taila | • Rason pinda |
| • Saindhavadi taila | • Rasnadi guggulu |
| • Mahayogaraja guggulu | • Dashamoola rasayana |
| • Ekangaveera rasa | |

AVABAHUKA

The aggravated vata vitiates the nerves in the shoulder region and causes atrophy and contraction of the muscles in that region. The movement of shoulder become restricted and painful

Chikitsa:

Vyaghri taila or sheeta jala prayoga for nasya

Mahamasha taila or prasarinee taila prayoga for abhyanga

KATIGRAHA

Due to improper posture, excessive exercise, strenuous work, or injury, aggravated vata gets localized in kati – pradesha and causes pain and stiffness of the low back.

Chikitsa:

Langhana (in amavastha)

Sthaniya abhyanga

Kati basti with mahanarayana taila

Rasnadi guggulu, Agnitundi vati, Dashamularista

MANYASTAMBHA

Due to improper posture, injury to the neck, or excessive travelling vata gets aggravated and causes stiffness and pain in the neck.

Chikitsa:

Ruksha Swedana (lavana, pottali / valuka sweda)

Nasya karma & sthanika abhyanga

GRIDHRASI

Gridhrasi is explained as one among 80 types of vataja imbalance disorder.

The word gridhrasi is derived from the root word gridhra, which means the bird vulture.

The patient walks similar to the walk of the vulture. Hence it is known as gridhrasi.

Nidana:

Intake of vata aggravating eatables like masura etc.

Excess intake of dry, light and cold food

Excess intake of pungent, bitter and astringent food.

Heavy weight lifting, long walk, improper lying or sitting positions.

Vegadharana

Mithya yoga of pancha karma

Fall or injury etc.

Rarely stiffness or pulsation etc. are mainly found.

Freezing sensation in the lower limbs

```

graph TD
    A[Nidana seva] --> B[Agnivikruti]
    A --> C[Doshaprakopa]
    A --> D[Khavaigunya]
    B --> E[Mandagni & Vishamagni]
    E --> F[Ama]
    F --> G[Samavata]
    G --> H[Sthana samsraya]
    C --> I[Vatakapha prakopa]
    I --> J[Sama vatakapha]
    J --> H
    H --> K[Doshadushya samurchana]
    K --> L[Gridhrasi]
    D --> M[Khavaigunya]

```

Chikitsa:

Gridhrasi is being a vata vyadhi, general treatment advised for that of vata. The first and foremost principle to be adopted in treatment is to avoid the nidanas that cause gridhrasi.

Stages of dosha prakopa treatment:

Minimum (vata) → langhana

Moderate → langhana pachana

Maximum (vata kapha) → shodhana

In all stages of gridhrasi, except in amavata oil preparations is suggested by all acharyas both externally and internally. But in ama and vata kapha gridhrasi sneha prayoga will not give any positive result. In this, rukshana prayoga should be advised.

Snehana:

Taila is supposed to be the best for vata as vata is ruksha, shita, laghu and khara and taila has just opposite qualities like snigdha, ushna, guru, pichchila etc.

Sneha is used externally in abhyanga, pariseka, avagaha etc. sparshanendriya is the place of vata since abhyanga is done on the skin, it alleviates vata.

Swedana:

Gridhrasi is a shoolapradhana vatavyadhi and shulavayuparama is sign of proper Swedana. Nirgundi patra sweda is effective in gridhrasi as it acts as snehana as well as Swedana.

Mridu virechana:

Trivruta, Eranda, aragvadha etc. are used for this purpose.

Virechana removes the maladravyas, increases agni, purifies srotas, dhatus & destroys the vyadhi.

Venesection in between the Achilles' tendon and ankle joint (four angula above the janu)

Basti karma:

Basti is the important karma in treatment of vata vyadhis, especially indicated in the patients who have disability, stiffness in extremities etc. Majority of the symptoms is present in the patients of gridhrasi.

Niruha basti is used methodically and skillfully purifies mala.

In anuvasana basti sneha is used. Taila with its snigdha guna destroys rukshata and with its guru and ushna guna destroys laghu and sheeta guna of vata respectively

Agnikarma:

After siravedhana agnikarma at kanishthika anguli of pada has been suggested.

Shamana chikitsa:

Single herbs:

- | | | |
|------------|-------------|----------|
| • Nirgundi | • Punarnava | • Shigru |
| • Bala | • Eranda | |

Formulations:

- | | |
|--|--|
| <ul style="list-style-type: none">• Yogaraja guggulu• Gokshuradi guggulu• Kaishora guggulu | <ul style="list-style-type: none">• Sahacharadi kashaya• Punarnavastaka kashaya• Ksheerabala taila |
|--|--|

VISHWACHI

The aggravated vata affects the nerves in the upper extremity pain starts from the backside of the shoulder, travels along the hand and palm up to the fingers.

All the movements: flexion, extension, abduction raising the hand are restricted and painful.

Chikitsa:

Sthaniya abhyanga, nadi Swedana, vatanashaka chikitsa

KHALLI

Khalli is characterised by the twisting pain of the feet, calf regions, thighs and wrists

Chikitsa:

Ushna Upanaha prepared of payasa (ksheera) or krushara or mamsa.

KHANJA & PANGU

Nidana:

Ruksha, katu, tikta, kashaya dravya sevana

Ati vyavaya

Ati vyayama

Vata vardhaka ahara vihara

Shoka, bhaya

Samprapti:

Nidana sevana → vata at kati pradesha gets prakupita → produce akshepa (karma heenata) in kandara of kati to gulfa pradesha → khaja & pangu (If one leg is involved khanja, if both the legs are involved pangu)

Lakshana:

Limping

Chikitsa:

Virechana

Asthapana basti

Swedana

Use of guggulu cure newly arised khanja or pangu.

PADAHARSHA

Aggravated vata along with vitiated kapha produces tingling sensation in the feet and numbness in the legs.

PADADAHA

Aggravated vata along with vitiated pitta and rakta produces burning sensation in the feet and this condition is called pada daha.

VATA KANTAKA

Due to excessive walking or abnormal positioning of legs, the aggravated vata causes excessive pain and swelling in the ankle

Chikitsa:

Sthanika abhyanga by maha lakshminarayana taila or dashamoola taila

Nadi Swedana with dashmoola kwatha

Eranda taila pana

Haridra + saindhava lepa

KROSTUKASHIRSHA

The aggravated vata along with vitiated rakta causes swelling and severe pain in knee joint. The affected joint appears a head of a fox and hence called as kroshtuka-sheersha.

Chikitsa:

Vataraktanashana chikitsa

Abhyanga, ruksha Swedana

UDAVARTA

Udavarta means the upward or backward or reverse movement of vata dosha. Usually, obstruction to the normal pathway of vata results in reverse movement. Most commonly, this condition is resulted due to the suppression or obstruction to the natural urges or natural functioning of vata. Rarely it occurs as a secondary to organic obstruction.

Hetu:

Suppression of vega of adhovata, purisha, mutra, jrimbha, ashru, kshvathu, udagara, chhardi, Kshudha, uchchvasa, nidra.

Kashaya, tikta, katu, ruksha ahara

Samprapti:

Nidana sevana → vata prakopa → srotovarodha & vimarga gamana of vayu → udavarta

Samanya lakshanas:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Severe pain in hridaya, kukshi, udara, prustha & parshwa • Adhmana • Hrilasa • Vikartika | <ul style="list-style-type: none"> • Toda • Vipaka • Basti sotha • Mala sanga |
|---|---|

Chikitsa:

First abhyanga should be done with shitajvara nashaka taila i.e., agurvadi tailam. Next Swedana should be done. Due to these doshas will move to the kostha. After that varti, niruha basti, sneha virechana, anulomana ahara and anuvasana basti.

Snehana → Swedana → varti → niruha basti → anulomana ahara → sneha virechana → anuvasana basti

Varti → main important phalavartis are pippalyadi varti and krimighnadi varti

Pradhana churna prayoga:

Done with shyamakadi and rakshoghni churna.

These churna filled in nadi yantra and should be inserted inside the guda.

Teekshna niruha basti prayoga:

It should be done with kwatha prepared with virechana and vama dravyas, gomutra, vataghna dravyas.

Aushadha prayoga:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Ichchabhedadi rasa • Hingwadi churna • Vachadi churna | <ul style="list-style-type: none"> • Panchalavana churna • Pippalyadi kwatha |
|---|--|

Annapana prayoga:

- Vatanulomanaka ahara
- Prasanna
- Guda seedhu (alcohol prepared with guda)
- Trivrut, sudhapatra

KAMPAVATA

Kampa – means tremors and vata means pathological increase or aggravation of vayu.

Thus, Kampavata means a diseases condition in which the tremors are manifested due to a pathological increase of vata.

Lakshanas:

- Tremors in hands and feet
- Irregular movements of body parts
- Insomnia
- Reduced memory and intelligence

Chikitsa:

Bahya prayoga:

Abhyanga with sahacharadi taila, masha taila, balashwagandha taila, ksheerabala taila

Swedana with baspa sweda, nadi sweda → kwatha of rasna, patrapinda sweda, shashtika shali pinda sweda

Shirobasti with brahmi ghrita

Shirodhara with medhya kashaya

Abhyantara prayoga

Snehapana → aswagandhadi ghrita, brahmi ghrita, panchagavya ghrita, rasna ghrita

Virechana → Eranda taila, trivrut leha, triphala churna

Anuvasana & niruha basti → Erandamuladi kashaya, dashamoola kashaya

Aushadha yoga:

- Balya & medhya rasayana prayoga
- Kapikacchu churna
- Ashwagandha churna
- Kapikachchu churna ksheerapaka
- Trivanga bhasma
- Vanari gutika

AVARANA

Avarana is a unique concept in ayurveda. It is a condition which has been explained in the context of vata disorders.

Avarana means covering, enveloping or enclosing.

In this condition the 'free flowing' vata is obstructed and enveloped by pitta, kapha, tissues, food and excrete. This obstructed vata many disorders. These diseases are called avarana janya vyadhis.

Avaraka → the dosha dushya those are causing avarana.

Aavruta → obstructed vata

Types:

1. Doshavruta vata:

When vata gets obstructed by components body inclusive of pitta, kapha

13 types of avaranas occur.

2. Dhatu, anna & malavruta vata

Vata gets obstructed by food, urine, faeces tissues

9 types of avaranas occur.

3. Anyonyavarana:

When one sub-type of vata obstructs another sub-type of vata.

20 types of avaranas.

Ashaya gata vata:

Ashayagata vata is a pathological condition of vata wherein the vitiated vata gets lodged in the tissues and visceral organs, consequently damage the tissues and organs and giving origin to many diseases.

Twakgata vata:

When vitiated vata gets lodged in skin, the below mentioned symptoms can be seen –

- Ruksha
- Sphutita
- Supta
- Krushna
- Toda

Chikitsa → svedana, avagaha, abhyanga, hridya ahara

Asthi majja gata vata:

When the vitiated vata gets seated in bones and bone marrow, the following symptoms are seen –

- Asthi bheda → splitting pain in the bones.
- Parva bheda → splitting pain in the joints
- Mamsa kshaya
- Bala kshaya
- Santata ruk → constant pain

Chikitsa → snehapana, snehana like abhyanga, seka, pichu

Amashayagata vata:

When vitiated vata gets lodged in amashaya or stomach, the following symptoms are seen –

- Parshwa ruka
- Udara ruka
- Hrid – nabhi ruk
- Trishna
- Vishuchika

Chikitsa → vamana – virechana with trikatu, Lavanabhaskar, amapachaka vati

Pakwashaya gata vata:

When vitiated vata gets lodged in pakvashaya, the following symptoms are seen –

- Antrakunjana
- Shula – pain in sacral region
- Anaha – abdominal distension
- Atopa – borborygmi of abdomen
- Malavarodha – constipation

Chikitsa: udavarta chikitsa

Guda sthita vata:

Vata aggravated in anus and rectum causes dryness, emaciation and pain in legs, sacral regions, legs and hands.

Chikitsa: same as udavarta

Mamsa medogata vata:

Presence of throbbing pain in muscles and pain as if beaten with sticks is experienced in vitiated vata afflicting muscles and fat.

Raktagata vata (hypertension):

Raktagata vata means involvement of rakta by vitiated vayu.

The following symptoms are seen –

Santapa and teevraruja in sarvashareera.

Varna Vivarnata, daurbalya

Acne in the body

Chikitsa:

Sheetapradeha, virechana, raktamokshana

Sandhigata vata:

When vata gets aggravated in joints, it causes destruction and damage to ligaments of joint swelling over joint feels like air-filled bag. There will be pain and difficulty in movement of joints.

This condition is compared to osteoarthritis.

Ashayapakarsha vata:

Ashayapakarsha means displacement from original place. In this, the vitiated vata dosha displace normal pitta or kapha from its place.

This displacement of pitta and kapha from its place causes various disorders due to imbalance of pitta and kapha.

Chikitsa: vata prashamana, ashayapakrushta dosha sthapana

PARKINSONISM

Parkinsonism is a clinical syndrome of the nervous system characterized by the cardinal features of rigidity, bradykinesia, tremor and postural instability. It is found in parkinson's disease.

Parkinson's disease (PD) is a neurodegenerative disorder that affects predominantly dopamine producing neurons in a specific area of the brain called substantia nigra.

Symptoms:

Generally, come on slowly over time. Early in the disease, the most obvious are shaking, rigidity, slowness of movement, shuffling gait and flexed posture.

Dementia becomes common in the advanced stages of the disease. Depression and anxiety are also common.

Treatment:

There is no cure for parkinson's disease, but medications, surgery and multidisciplinary management can provide relief from symptoms.

Initial treatment is typically with the antiparkinson medication levodopa (L-Dopa)

When medications are not enough to control symptoms, surgery and deep brain stimulation can be of use.

Ayurvedic management:

Kampavata is an ayurvedic term given to a condition which closely resembles parkinson's disease.

Also, parkinson's disease can be treated on the lines of treatment protocol of below said conditions –

- | | |
|------------------|---------------------|
| • Vata vyadhi | • Unmada chikitsa |
| • Sarvanga vata | • Apasmara chikitsa |
| • Mamsagata vata | • Ardita chikitsa |
| • Majjagata vata | |

All the above said conditions might be different conditions from parkinson's disease, but the principles of the treatment explained in the above said contexts are also useful in PD.

5. Nidana and Chikitsa of Urustambha, Gullian Barrie syndrome, Muscular Dystrophy, Myasthenia Gravis, Motor Neuron Diseases and Neuralgia.

URUSTAMBHA

A rather rare medical condition correlated with thigh stiffness or spasticity of thigh

Nidana:

Intake of snigdha, ushna, laghu, sheeta ahara during indigestion

Ati drava, shushka ahara, dugdha, dadhi sevana

Langhana, adhyasana, Diwaswapna, Ratrijagarana

Vega dharana, atisneha, prayoga

Samprapti:

Nidana sevana → ama sanchaya in kostha + meda kapha sangati → avaruddha & prakupita vata-pitta → sthanasamshraya in uru pradesha → Sakthi – asthi kaphapurnata → urustambha

Lakshana:

Stiffness, continuous pain & burning sensation in the thighs.

Patient feels as if thigh region is broken.

Difficulty in standing and walking

Unable to perceive cold touch.

Chikitsa:

This is the only disease where panchakarma is contraindicated.

Snehana is contraindicated in urustambha → when applied, causes sadana (lassitude), supti (numbness), difficulty in lifting legs.

Chikitsa sutra:

All the therapeutic measures which alleviate kapha but do not aggravate vata should always be employed for the treatment of urustambha.

Rukshana therapies with diet, lifestyle and medicines administered to absorb morbid dosha causing obstruction.

Shamana aushadhis:

Haritaki + pippali + madhu

Vatsakadi lepa,

Swarnakshiryadi yoga,

Urustambhanashak kalka

Urustambhanashaka taila → Kusthadi taila, saindhavadi taila

GUILLAIN BARRE SYNDROME

Guillain barre syndrome or landry's paralysis is a disorder in which the body's immune system attack on the part of the peripheral nervous system.

It is an acute, progressive, autoimmune, inflammatory demyelination of peripheral sensory and motor nerves and nerve roots.

This leads to nerve inflammation that causes muscle weakness.

It is also known as acute inflammatory demyelinating polyneuropathy (AIDP).

This syndrome is named after the French physicians George Guillain & jean barre, who described it.

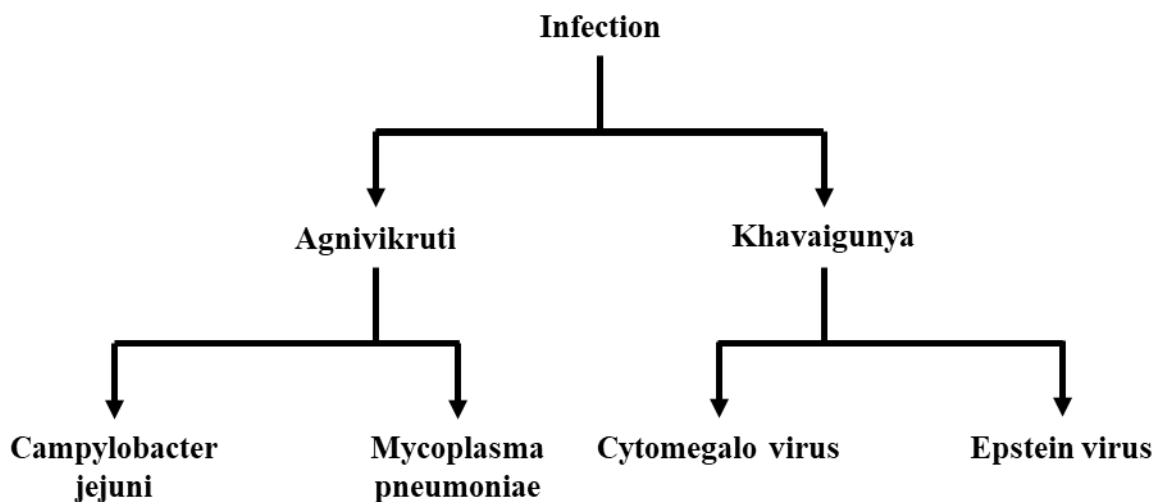
Causes:

Exact cause is unknown

It is due to immune response to foreign antigens such as infectious agents that the body's immune system mistargets.

Immune system mistakenly attacks gangliosides compounds which are naturally present in nerve cells.

The most common infection which precedes the GBS is



Rarely, recent surgery or immunization can trigger GBS.

Recently, there have been a few cases reported following infection with zika virus.

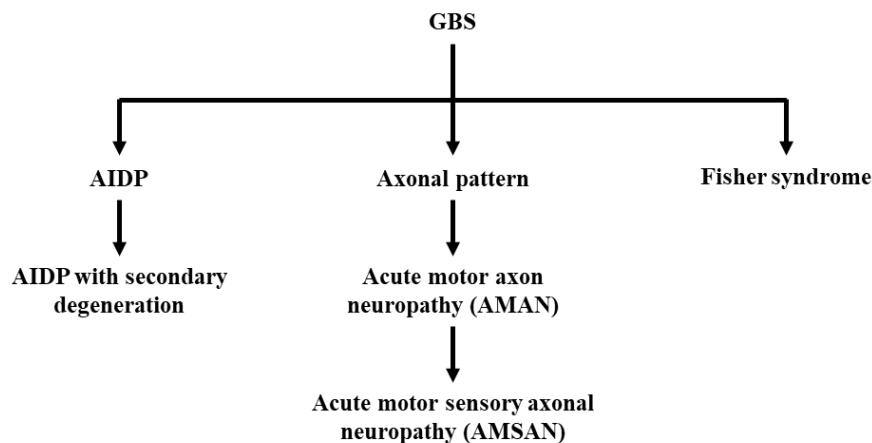
Pathogenesis:

Infection by pathogens → pathogens have specific antigens in their capsules, that they share with nerves → the immune system usually response to these components by producing → antibodies → but, antibodies cross react with the myelin sheath in peripheral nervous system → causing demyelination & damage to PNS. → this will lead to defect in the transmission of electrical nerve impulses → lead to paralysis

Clinical features:

The first symptoms of GBS are numbness tingling and pain, alone or in combination. This is followed by weakness of the legs and arms that affects both sides equally and worsens over time.

- Tingling or prickly sensations in the fingers and toes.
- Muscle weakness in the legs that travels to upper body and gets worse over time.
- Difficulty walking steadily
- Difficulty in eye movement, facial movements, facial movement, speaking, chewing, swallowing
- Severe lower back pain
- Tachycardia
- Difficulty in breathing
- Paralysis
- Parasthesia – loss of sensation
- Diagnosis:
- Medical history
- Physical examination
- Cerebrospinal fluid analysis (typical CSF findings include albuminocytological dissociation)
- Electromyography
- Nerve conduction studies

Types:

1. Acute inflammatory demyelinating polyneuropathy

It is the most common form of GBS, and the term is often used synonymously with GBS. It is caused by an autoimmune response directed against schwann cell membrane

2. Miller fisher syndrome (MFS):

Rare variant of GBS

Manifest as a descending paralysis.

It usually affects the eye muscles first and presents with the triad of ophthalmoplegia, ataxia and areflexia.

3. Acute motor axonal neuropathy (AMAN):

Known as Chinese paralytic syndrome

Attacks motor nodes of Ranvier & prevalent in china & Mexico.

Auto immune response directed against the axoplasm of peripheral nerves

4. Acute motor sensory axonal neuropathy (AMSAN):

Similar to AMAN

Affects the sensory nerves with severe axonal damage.

5. Acute panautonomic neuropathy:

Most rare variant of GBS, sometimes accompanied by encephalopathy

Associated with high mortality rate.

Symptoms are impaired sweating, lack of tear formation.

6. Bickerstaff's brainstem encephalitis (BBE)

Characterized by acute onset or ophthalmoplegia, ataxia, disturbance of consciousness etc.

Treatment:

1. Plasmapheresis:

The aim is to deplete the body of blood plasma without depleting of its blood cells.

The aim is to remove the cells that are attacking the nerves.

2. High dose immunoglobulin therapy:

Concentrated antibodies are injected straight into a vein. The antibodies are extracted from healthy donors.

3. Mechanical ventilators:

Supportive care with monitoring of all vital functions is the corner stone of successful management in the acute patient.

Greatest concern is respiratory failure due to paralysis of the diaphragm.

4. Pain control

5. Supportive care

6. Advice from physiotherapist & occupational therapist.

MUSCULAR DYSTROPHY

Muscular dystrophy is a group of genetic diseases that causes progressive weakness and loss of muscle mass.

It is a group of muscle diseases that weaken the musculoskeletal system & hamper locomotion.

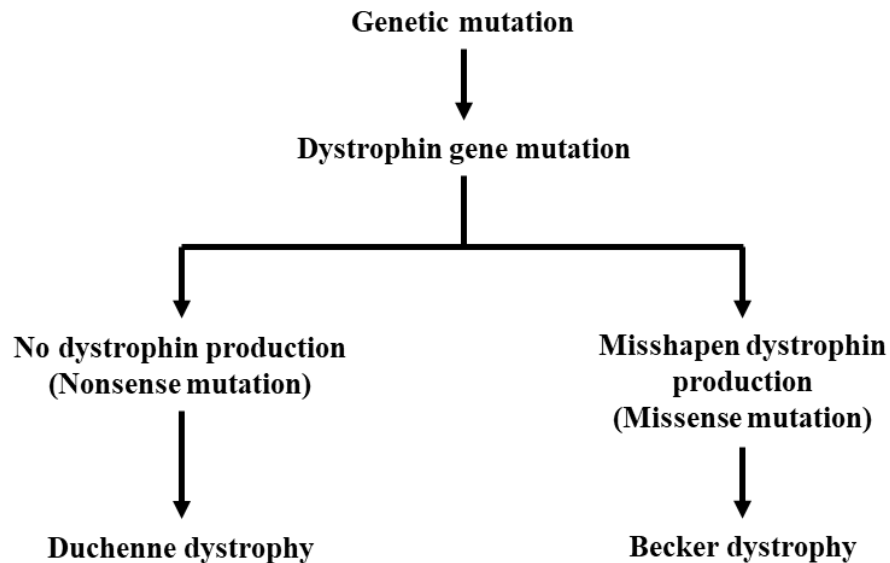
It is characterised by progressive skeletal muscle weakness, defects in muscle proteins (dystrophin) and the death of muscle cell and tissue.

Causes:

Muscular dystrophy is genetically inherited.

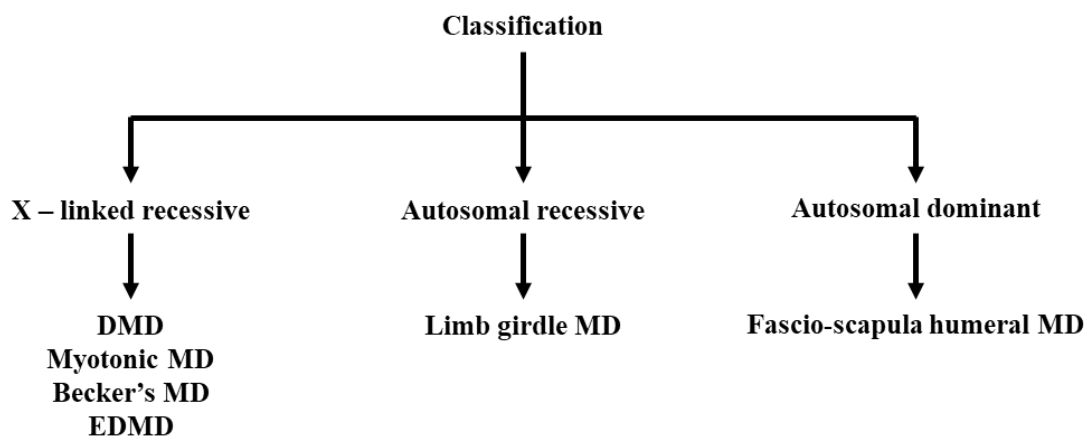
The main cause of the disease is due to the lack of muscle proteins like dystrophin and dystrophin associated protein complex.

However, mutations of dystrophin gene and nutritional deficits are responsible for the disease.



Classification:

There are around 30 types of muscular dystrophies out of below mentioned are common.



1. Duchenne muscular dystrophy (DMD):

Most common form of early childhood muscular dystrophy.

Caused by change of gene that makes a protein called dystrophin.

2. Myotonic muscular dystrophy:

It is the common form of MD diagnosed in adults.

This type of MD causes difficulty with muscle relaxation: weakness in the distal extremities, such as hands & wrists.

It can also lead to endocrine disturbance.

3. Becker muscular dystrophy:

It is very similar to DMD, but it progresses much more slowly & less common.

It causes progressive weakness in the muscles of hips, thighs, pelvis & shoulders.

4. Emery – Dreyfus's muscular dystrophy:

Arise mainly in adolescent boys and young men.

In this muscle strength in the shoulders, upper arms may be affected.

This type of MD progresses slowly.

5. Limb – girdle muscular dystrophy:

It affects the muscle of the upper arms, upper legs, shoulders & hip.

Complains are – problems with climbing stairs, rising from seating position, walking etc.

6. Fascioscapulo humeral muscular dystrophy:

It affects the muscles of the face.

Affects shoulder blades & upper arms.

Weakness of the muscles around eyes & mouth, shoulders & hip muscles become weak.

Symptoms:

The first symptoms usually appear between 3 to 5 year.

- Fatigue
- Muscle weakness: proximal muscles are affected first, later on distal muscles.
- Difficulty in walking, running, jumping
- Frequent falls
- Trouble in getting up from a lying position.
- Loose of muscle coordination.
- Waddling gait – walking like duck
- Gower's sign – take support while standing from sitting
- Muscle atrophy – as the muscles are damaged it shrinks
- Pseudo hypertrophy – the muscles is replaced by fat & connective tissue, so it become larger.
- Breathing difficulties
- Drooping eyelids
- Scoliosis (curvature of the spine & back)

Complication:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Common complications are • Cardiac arrhythmias • Joint contractures • Osteopenia | <ul style="list-style-type: none"> • Scoliosis • Pulmonary infections • Mental retardation |
|---|---|

Treatment:

There is no specific treatment for any of the forms of muscular dystrophy but significant way is being made with –

Low intensity anabolic steroids, prednisone supplements may help to prevent contractures and maintain muscle tone.

Physical therapy, aerobic exercise

Occupational therapy – self feeding, self-care activity etc.

Orthoses / orthopaedic appliances used for support. E.g., braces → slowing the progression of contractures mobility aids like canes, walker and wheel chairs can help maintain mobility and independence

Myotonia occurring in myotonic MD may treated with medications such as quinine phenytoin.

Inactivity and body building efforts,
Genetic counselling:
Education about the disorder
Coordination and explanation of genetic testing
Emotional counselling.

Surgery:

Surgery might be needed to correct contractures or a spinal curvature that could eventually make breathing more difficult.

Heart function may be improved with a pacemaker or other cardiac device

Ayurvedic management:

No disease explained in ayurveda can be directly correlated with muscular dystrophy.

When the pathogenesis and symptoms of MD are translated into ayurveda it can be understood on the lines of one or more of below mentioned conditions.

Mainly correlated as per symptoms is 'mamsashosha' where MD is due to imbalance vata dosha and sapta dhatu. Vitiating in agni of any of these dhatu leads to improper absorption of nutrients which result in weakness

Other ayurvedic concepts –

- | | |
|--|-----------------------|
| • Aadibala pravrita rogas | • Mamsa kshaya |
| • Mamsa pradoshaja vikara | • Mamsa gata vata |
| • Snayu sira kandara upadhatu pradoshaja | • Mamsa dhatu avarana |

Aim of chikitsa:

- Vata shamana
- Kapha vardhana
- Amapachana, deepana
- Mamsa dhatu pushtikara

Abhyanga: mahamasha taila, bala -ashwagandhadi taila

Swedana:

Shastika shali pinda sweda → reduce pain and stiffness and increase muscle strength

Basti: brimhana basti, ajarakta basti, ksheera basti

Nasya: brimhana nasya with ksheerabala taila, dhanwantara taila

In severe condition → rajyakshma chikitsa

Brimhana chikitsa → aja dugdha, mamsa rasa sevana

Useful formulations:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Dashamoola kashaya • Vaiswanara churna • Shatpala ghrita • Dashmoola siddha ghrita with peya / mamsarasa. • Ashwagandhadi leha | <ul style="list-style-type: none"> • Chyavanaprasha • Brahma rasayana • Pravala bhasma • Shilajeetwadi vati • Brimhana Mahakashaya • Mrit sanjeevani sura |
|--|---|

Useful herbs:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> • Ashwagandha • Bala | <ul style="list-style-type: none"> • Guduchi • Guggulu | <ul style="list-style-type: none"> • Musta • Triphala |
|---|--|---|

Preventive aspect:

- Nidana parivarjana
- Masanumasika garbhini charya (5th month)
- Ksheera sarpi
- Shashtika odana with peyas
- Protect agni to cause doshapaka & prevent dhatupaka.
- Ojoskara, rasayana

MYASTHENIA GREVIS

Myasthenia gravis comes from the Greek and latin words meaning grave muscular weakness. Myasthenia gravis is a chronic autoimmune neuromuscular disorders that affecting the myoneural junction, is characterised by fluctuating weakness of voluntary muscle groups.

Causes:

By circulating antibody block acetylcholine. It is an autoimmune disorder, in which weakness is caused by circulating antibodies that block acetylcholine receptors at the post synaptic neuromuscular junction inhibiting the excitatory effects of the neurotransmitter acetylcholine throughout neuromuscular junctions.

Idiopathic

Auto antibodies that destroy acetyl choline receptors.

Thymus tumours found in 15% of patients

Symptoms:

Affects any of the muscles that control voluntarily, certain muscle groups are more commonly affected than others – eye, face, throat, neck, limb muscles

The hallmark of myasthenia gravis is fatigability.

Fluctuating weakness increased by exertion – weakness increases during the day and improves with rest.

Extraocular muscle weakness:

Ptosis is present initially in 50% of patients and during the course of disease in 90% of patients.

Head extension and flexion weakness

Weakness may be worse in proximal muscles.

Dysarthria

Dysphagia

Diplopia

Nasal – sounding speech

Diagnosis:

- History
- Physical examination
- Edrophonium test
- Blood analysis
- Repetitive nerve stimulation
- Single fiber electromyography
- Imaging scans

Treatment:

- Non-pharmacological management:
- Eat small meals and snacks 5 – 6 times a day
- Avoid using low fat or diet products
- Avoid eating chewy or dry foods.

Pharmacological management:

- | | |
|--|---|
| <ul style="list-style-type: none">• Immunosuppressive therapy• Prednisone• Azathioprine• Acetylcholinesterase inhibitors:• First line of therapy | <ul style="list-style-type: none">• Neostigmine bromine• Edrophonium chloride• Plasmapheresis:• Immunoglobulin therapy |
|--|---|

Surgical management:

Thymectomy: surgical removal of the thymus gland; can produce antigen specific immunosuppression and result in clinical improvement.

Ayurvedic management:

Vatavyadhi chikitsa, asthimajjagata vata chikitsa, Ardita chikitsa and avarana concepts were applied for diagnosis and treatment.

Nasya, basti chikitsa were planned accordingly

Vatakaphahara, dhatwagni vardhana, brimhana and snehana dravyas were used in management.

MOTOR NEURON DISEASES

Motor neuron diseases are a group of neuro-degenerative disorders that affects the nerves in the spine and brain to progressively lose its function.

They are rare but serious and incurable form of progressive neurodegeneration.

It is condition that selectively affects the motor system, the cells which control voluntary muscles of the body.

It is defined as a progressive disease that involves degeneration of the motor neurons and wasting of the muscles.

Pathophysiology:

Motor neurons are two kinds of viz.

- | | | |
|------------------------------|--|------------------------------|
| 1. Upper motor neurons (UMN) | | 2. Lower motor neurons (LMN) |
|------------------------------|--|------------------------------|

UMN are in the brain. They send message from brain to spinal cord.

LMN are in the spinal cord. They transmit the messages from spinal cord to muscles.

As nerve cell die, when MND occurs, electrical messages can't get from brain to muscles and muscles waste away, known as atrophy.

When this happens, it leads to lose control over movements. It gets harder to walk, talk, swallow and breathe.

When there are the disruptions in the signals between the LMN & muscles → muscles do not work properly → muscles gradually weaken & may begin wasting away → develop uncontrolled twitching (called fasciculation)

When there are disruptions in the signals between UMN & LMN → the limb muscles develop stiffness

Movement become slow & effortful

Tendon reflexes such as knee & ankle jerks become overactive.

The ability to control voluntary movement can be lost.

They are generally progressive in nature, and can cause progressive disability and death.

Classification:

There are five recognized subtypes of motor neurine diseases.

The bulbar region in the table below refers to the mouth, face a throat.

Type	UMN degeneration	LMN degeneration
ALS (Amyotrophic lateral sclerosis)	Yes	Yes
PLS (Primary lateral sclerosis)	Yes	No
PMA (progressive muscular atrophy)	No	Yes
PBP (progressive bulber palsy)	No	Yes – bulber region
Pseudo – bulber palsy	Yes- bulber region	no

Causes:

Exact 90% MNDs are 'sporadic'.

Meaning that the patient has no family history of ALS.

Approximately 10% of cases are 'familial MND'.

Symptoms:

MND can be divided into three stages – early, middle and advanced

1. Early stage:

Symptoms develop slowly and can be confused with symptoms of other neurological diseases.

Early symptoms depend upon which body system is affected first.

Typical symptoms begin in one of three areas: the arms, legs, mouth or respiratory system.

They include:

A weakening grip, making it hard to pick up and hold things.

Fatigue difficulty swallowing

Muscle pains, cramps, twitches

Weakness in the arms & legs

Trouble breathing or shortness of breath.

2. Middle stage:

As condition progresses, symptoms become more severe.

Muscle pain & weakness increase and spasms & twinges worsen

Limbs muscles become weakened & starts to shrink, and become abnormally stiff.

Movement is difficult

Eating, drinking & swallowing become harder

Speech problem worsen

Person may show changes in personality and emotional state.

Secondary symptoms include insomnia, anxiety & depression

Advanced stage:

Eventually, the patient will be unable to move, eat or breathe without assistance.

Without supportive care, an individual will pass away.

Diagnosis:

- Blood test, urine test
- MRI
- EMG
- Lumbar puncture / spinal tap
- Muscle biopsy
- Transcranial magnetic stimulation

Treatment:

Currently there is no cure for ALS.

Two drugs are currently approved for ALS. Riluzole or rilutek.

Muscle cramps & stiffness can be treated with physical therapy & medications, such as botulinum toxin (BTA) inj.; BTA blocks the signals from the brain to stiff muscle.

Speech and language therapy

Occupational therapists, dieticians, respiratory therapists, social workers, palliative care specialists, psychologists can slow the progress of disease.

NEURALGIA

Neuralgia is a stabbing, burning and often quite severe pain that accounts along a damaged nerve.

The damaged nerve may be anywhere in the body, but is most common in the face and neck.

Causes:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Infection like shingles • Multiple sclerosis • Pressure on nerves | <ul style="list-style-type: none"> • Diabetes • Result of old age |
|---|---|

Types:

1. Postherpetic neuralgia (PHN)

Occurs as complication of shingles

Characterised by painful rash & blisters

2. Trigeminal neuralgia:

Pain from trigeminal nerve

Characterised by pain in face, usually one side

3. Glossopharyngeal neuralgia:

Pain from glossopharyngeal nerve from throat.

Pain in neck & throat.

4. Supraorbital neuralgia / swimmer's headache:

Damage of supraorbital nerve, severe headache

5. Occipital neuralgia:

Damage of occipital nerve

Pain in upper neck, back of head, behind eyes

Treatments:

- Surgery to relieve the pressure on the nerve.
- Control of blood sugar levels
- Physical therapy
- Nerve block by injection of medicines
- Medications to relieve pain.

KAYA CHIKITSA

PAPER 2

PART B

1. Chikitsa Sutra and Management of Mamsavaha Srotas and Medovaha Srotas such as- Gandamala, Galaganda, Mamsashosha, Arbuda, Apachi, Prameha, Sthaulya, Karshya, Diabetes Mellitus, Dyslipidaemia.

MAMSAVAHA SROTAS

Nidana:

अभिष्यन्दीनि भोज्यानि स्थूलानि च गुरुणि च ।
मांसवाहीनि दूष्यन्ति भुक्त्वा च स्वपतां दिवा ॥

Lakshanas:

अधिमांसार्बुदं कीलं गलशालूक शुंडिके ।
पूतिमांसालजी गण्डगण्डमालोपजिह्विका ॥

Chikitsa:

मांसजानां तु संशुद्धिं शस्त्र क्षाराग्निकर्म च ।

GANDAMALA

Gaṇḍamālā is the condition in which Kapha Doṣa along with association of Vāta and Pitta, vitiates Meda Dhātu leading to a series of glandular swellings in axillae, shoulders and neck region.

Nidāna: Divāsvapna, Meda vṛddhikara Āhāra, Duṣṭa Ambupāna

Chikitsā:

Pathya: Vamana, Virechana, Svedana, Vairechanika Dhūmapāna, Sirāvyadha, Agnikarma, Kṣāra, Pralepa, Laṅghana, Purāṇa Ghṛta pāna, Guggulu, Shilājatu
Rakta Shāli, Yava, Mudga, Paṭola, Rakta Shigru, Rūkṣa Kaṭu Dravya, Dīpana Dravya

Apathya: Kṣīra, Ikṣu, Māmsa, Piṣṭāṇna, Amla Madhura Guru Abhiṣyanda Dravya

- Kāñchanāra Guggulu
- Bhallātakādi Lepa
- Gandhakādi Lepa
- Nasya with either one of the following: Nirguṇḍī mūla, Nimba taila, Vachā and Pippalī with Madhu

CERVICAL LYMPHADENOPATHY

Cervical lymphadenopathy refers to a local form of lymphadenopathy in which only the lymph nodes in the cervical area are enlarged.

It is an acute condition, common in children.

Causes:

- Staphylococcus infections
- Streptococcal pharyngitis
- Cat scratch diseases: Bartonella henselae bacteria
- Viral respiratory infections; bronchitis, common cold, etc.
- Ear infection, Tonsillitis, Chickenpox, Cancer

Symptoms:

- Swollen lymph nodes, prolonged tenderness and pain
- Fever, Runny nose
- Sore throat
- URT infections
- Weight loss

Diagnosis:

CBC, CT scan, PET, Lymph node biopsy, Chest radiography

Management:

- Antibiotics: Clindamycin, Trimethoprim, Sulfamethoxazole, Amoxicillin
- Antiviral, NSAIDs, Ibuprofen
- Adequate rest
- Symptomatic treatment for pain, fever, etc.
- Warm and wet compress

If the lymph nodes are swellings because of cancerous growth, treatment may include:

- Chemotherapy
- Irradiation therapy
- Lymphadenectomy

GALAGAṆḌA

The swelling which hangs like scrotum in the throat region is called Galagaṇḍa.

Samprapti:

Duṣṭa Kapha Doṣa along with Vāta Doṣa localize at throat region to vitiate Meda Dhātu and cause Galagaṇḍa.

Bheda:

1. Vātaja
2. Kaphaja
3. Medoja

Lakshana:

1. Vātaja Galagaṇḍa:
 - Toda
 - Kṛṣṇa-Sirā avanaddha (covered by a network of blackish veins)
 - Kṛṣṇa / Aruṇa varṇa
 - It may be rough and discharge pus
 - Āsya Vairasya
 - Tālu-Gala Shosha
 - When associated with Medo duṣṭi, it grows slowly but gradually, is painless and unctuous.
2. Kaphaja Galagaṇḍa:
 - Savarṇa (same colour as the surrounding skin)
 - Sthira, Alparuk, Kaṇḍū, Shīta
 - Mahān (large swelling)
 - Chiravṛddhi
 - Āsya Mādhurya
 - Tālu-Gala Pralepa
3. Medoja Galagaṇḍa:
 - Snigdha, Mṛdu, Pāṇḍu varṇa
 - Niruja, Atikaṇḍū
 - Decrease or increase of Meda Dhātu influence the size of the swelling
 - Snigdhāsyatā

Asadhya lakshana:

- Dyspnea
- Flaccid body
- Diseases is associated for more than a year
- If patient suffers from thirst, emaciation, and hoarseness of voice

Chikitsā:

Pathya: Vamana, Virechana, Svedana, Dhūmapāna, Sirāvyadha, Agnikarma, Kṣāra, Pralepa, Laṅghana, Purāṇa Ghṛta pāna, Guggulu, Shilājatu

Rakta Shāli, Yava, Mudga, Paṭola, Rakta Shigru, Rūkṣa Kaṭu Dravya, Dīpana Dravya

Apathya: Kṣāra, Ikṣu, Māmsa, Piṣṭāṇna, Amla Madhura Guru Abhiṣyanda Dravya

- Varuṇa mūlatvak kvātha with Madhu
- Kāñchanāra tvak kvātha with Shuṇṭhī chūrṇa
- Kāñchanāra tvak chūrṇa pounded with Taṇḍulodaka and mixed with Shuṇṭhī.

1. Vātaja:

Nāḍī Svedana with Vātahara Dravya

Nichulādi Lepa (Nichula, Shigru bīja, Dashamūla, Uṣṇodaka)

2. Kaphaja:

Upanāha Svedana with Kaphahara Dravya

Devadāryādi Lepa (Devadāru & Indravāruṇī)

Vamana, Shirovirechana, Virechana

3. Medoja:

External application of Sneha followed by Sirāvyadha

Kalka from Shyāmā-Trivṛt, Snuhī, Maṇḍūra Bhasma, Dantī, Rasāñjana

Khadira sāra Kvātha with Gomūtra for internal administration

GOITER

Diffuse enlargement of thyroid gland is called as goiter. It is derived from latin word gutter means throat.

Incidence:

Physiological goiter occurs at puberty, pregnancy and menopause

25-35 years (Primary thyrotoxicosis)

35-45 years (Secondary thyrotoxicosis)

M: F = 8:1 (Thyrotoxicosis)

Toxic goiter is more common in persons working under stress and strain

Himalaya. vindhya, satpuda regions in India are known as goiter belts and porbandar is iodine deficiency goiter belt.

Classification:

1. Simple goiter

- Puberty goiter (Diffuse hyperplastic)
- Colloid goiter (Iodine deficiency goiter)
- Multinodular goiter

2. Toxic goiter

- Grave's disease (Diffuse toxic goiter)
- Secondary thyrotoxicosis (Plummers disease)
- Toxic nodule

3. Neoplastic goiter

- | | | |
|------------------------------------|--|--------------------|
| • Benign tumour (Follicle adenoma) | | • Malignant tumour |
|------------------------------------|--|--------------------|

4. Thyroiditis

- | | | |
|-----------------------------|--|--------------------------------------|
| • Granulomatous thyroiditis | | • Hashimoto's autoimmune thyroiditis |
| • Riedel's thyroiditis | | |

➤ **Simple goiter:**

It is developed as result of increased levels of TSH. It is due to stimulation of thyroid gland by the anterior pituitary. The main factor is iodine deficiency.

Types:

- Diffuse hypertrophic goiter: The goiter is soft, diffuse and may become large enough to cause discomfort.
- Nodular goiter: Appear between 20-30 years of age. Usually multiple nodules, or cellular degeneration. Hemorrhage and subsequent calcification occur. Due to fluctuation in TSH level, leads to iodine deficiency.

Clinical features:

- Slow progressive disease with many years of history
- Swelling: Firm, nodular, non-tender and moves with deglutition
- Later hardness and irregularity due to calcification

Diagnosis:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Thyroid function test (T₃, T₄, TSH) • FNAC | <ul style="list-style-type: none"> • Ultrasonography neck |
|---|--|

Complications:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Secondary thyrotoxicosis • Follicular cancer of thyroid | <ul style="list-style-type: none"> • Tracheal obstruction |
|--|--|

Treatment:

- **Early stage:** Hyperplastic goiter may regress if Thyroxine is given daily for few months
- **Nodular stage:** Irreversible. Operation is indicated on cosmetic grounds
- **Subtotal thyroidectomy:** 8 gm of thyroid is retained in each lateral lobe
- **Total thyroidectomy:** Entire gland is dissected

➤ **Toxic goiter (Thyrotoxicosis or Hyperthyroidism):**

Thyrotoxicosis: Biochemical and physiological manifestation of excessive thyroid hormone.

Hyperthyroidism: Over production of hormone by thyroid gland.

Types:

- Primary thyrotoxicosis/Diffuse toxic goiter (GRAVE'S DISEASE): Disease with increased level of specific antibodies in blood (TSH receptor antibodies). A diffuse vascular goiter usually in young women and frequently associated with eye sign, due to abnormal thyroid stimulating antibodies.
- Toxic nodular goiter (Secondary thyrotoxicosis): A simple nodular goiter, usually in middle age or elderly and eye sign absent
- Toxic nodule: A solitary overactive nodule. Thyroid is > 3 cm in size

Clinical features:

- Loss of weight in spite of good appetite
- Tiredness
- Heat intolerance
- Thyroid swelling
- Exophthalmos
- Cardiac arrhythmias
- Unexplained behavioral problems
- Insomnia
- Myopathy
- Unexplained diarrhoea

Diagnosis:

- Sleeping pulse rate: 2 hours before the scheduled time of awakening
- X-ray neck AR, lateral view
- Thyroid hormone assay
- FNAC

Treatment:

- Rest & sedation
- Antithyroid drugs e.g., carbimazole
- Surgery: In diffuse toxic and toxic nodular goiter to reduce the mass of overactive tissue below a critical level.
- Hemithyroidectomy
- Subtotal thyroidectomy
- Total thyroidectomy

MAMSASHOSHA

Mamsa kshaya and shosha can be considered as wasting of muscles.

Extreme weight loss and unnatural thinness due to a loss of subcutaneous fat and muscle throughout the body leading to the condition emaciation.

This condition emaciation (wasting of muscles) is explained as a symptom in mamsavaha srotas vidha lakshana.

CACHEXIA

It is term used to describe the stage of emaciation.

It is a multifactorial syndrome defined by an ongoing loss of skeletal muscle mass (with or without loss of fat mass) that can be partially but not entirely reversed by conventional nutritional support.

Unexplained weight loss leading to emaciation, cachexia can be a symptom of a serious condition or illness such as –

- | | |
|---|---|
| <ul style="list-style-type: none"> • Addison's disease (adrenal insufficiency) • Amyloidosis (build-up of abnormal proteins in organs) • Cancer • Celiac disease • Changes in diet or appetite • Changes in sense of smell • Changes in sense of taste • COPD • Crohn's disease • Dementia • Dental problems • Depression (major depressive disorder) | <ul style="list-style-type: none"> • Diabetes • Heart failure • HIV/AIDS • Hypercalcemia • Hyperthyroidism (overactive thyroid) • Hypothyroidism (underactive thyroid) • Medications • Parkinson's disease • Peptic ulcer • Substance abuse (alcohol, • Tuberculosis • Ulcerative colitis |
|---|---|

ARBUDA (TUMOUR)

Nirukti:

- Derived from arb dhatu means cause to death.
- Literally it is used to denote mountain.
- In Rigveda it is used to describe a demon like serpent.

Definition:

When granthi becomes too large, it is called arbuda.

Location, etiology, clinical features, involvement of Doṣa and Dushya, and treatment of Granthi and Arbuda are identical. Arbuda is larger in size compared to Granthi.

Samprapti: same as granthi

Bheda:

- | | | |
|---|--|---|
| <ol style="list-style-type: none"> 1. Vātaja 2. Pittaja | <ol style="list-style-type: none"> 3. Kaphaja 4. Raktaja | <ol style="list-style-type: none"> 5. Māṁsaja 6. Medoja |
|---|--|---|

Lakṣhana:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Vṛtta (round) • Sthira (stable / fixed) • Mandaruja (mild pain) • Mahānt (large) | <ul style="list-style-type: none"> • Analpamūla (deep seated roots) • Chiravṛddhi (grows slowly) • Apāka (never suppurates) |
|---|--|

Sādhyāsādhyatā:

Sādhyā → Vātaja, Pittaja, Kaphaja, Medoja

Asādhyā → Raktaja, Māṁsaja, Mahāmūla, Marmasthāna

Adhyarbuda:

When an additional Arbuda grows over a pre-existing one, it is known as Adhyarbuda or Dvandvaja Arbuda.

Dvirarbuda:

When two Arbuda grow simultaneously or one soon after the other, it is known as Dvirarbuda.

Treatment: Same as Granthi

1. Vataja arbuda:

Repeated raktamokshana by shrunga

Nadi sweda

2. Pittaja arbuda:

Raktavisravana with jalauka

Mrudu sweda

Upanaha sweda

Virechana

3. Kaphaja arbuda:

Raktamokshana by alabu

Maggot therapy

4. Alpamula arbuda chikitsa:

Base is encircled with sheets of tin, copper, lead or iron

The physician should apply kshara, agni and shastra many times without any hesitation. avoiding risk to patient's life

Vrana shodhana by decoction of asphota, jati and karvira leaves.

5. Medoja arbuda chikitsa:

Fomented and incised

Drained out blood and cleaned the wound

Sutured

Apply kalka of haridra, lodhra, patanga, haratala and manahshila with plenty of madhu

Krimi chikitsa in Kaphaja arbuda:

Paste of nispava, oil cake and kulattha with plenty of meat, goghrita, and buttermilk should be applied over the tumour so that flies may be attracted to it and produce worms. After the worms have consumed most of the tumour, the remnant should be scraped and perform dahan karma.

TUMOURS (NEOPLASM)**Definition:**

A tumour is a new growth consisting of cells of independent growth arranged atypically and serves no function. Cells proliferate without relation to the needs of body. The most important two processes which play part are abnormal reproduction and abnormal differentiation.

Types:

1. **Benign or Innocent tumours:** Growth of mass of cell may be stopped and there is no tendency to invade surrounding tissue. It is subdivided as follows

- | | | |
|-------------|------------|-----------|
| • Papilloma | • Chordoma | • Neuroma |
| • Lipoma | • Fibroma | |

2. **Malignant tumours:** Growth of cell mass continuous and proliferation is an atypical and relentless way. It is subdivided into Carcinoma and Sarcoma.

Carcinoma	Sarcoma
It arises from epithelium-ectodermal (skin cancer), endodermal (Gut cancer) or mesodermal (Renal cancer) in origin.	It arises from soft tissues or bone and are derived from mesoblast or mesenchymal tissue.

Etiology:

Cancers are caused by abnormalities in the genetic material of the transformed cells.

1. Mutation: Chemical carcinogen
2. Mutation: Ionizing radiation
3. Viral or Bacterial Infection
4. Hormonal imbalances
5. Immune system dysfunction
6. Hereditary
7. Other causes, such as trans-placental from mother to foetus, unhealthy diet

Risk factors:

Tobacco, Overweight, Obesity, Unhealthy diet, Lack of physical activity, Alcohol, Sexual transmitted infection, Ionizing and non-ionizing radiation, Urban air pollution, Exposure to indoor smoke from household use of solid fuels

Mode of spread:

- Blood stream
- Lymphatic drainage
- Both
- Direct spread

Signs & Symptoms:

1. Local

Unusual lump / swelling, hemorrhage, pain, ulceration, compression of surrounding tissues

2. Metastatic

Enlarged lymph nodes, cough, haemoptysis, hepatomegaly, bone pain, fracture of affected bone, neurological defects

3. Systemic

Weight loss, poor appetite, fatigue, night sweats, anemia, etc.

Pathogenesis:

Causes → Cell proliferation: uncontrolled & uncoordinated cell division or replication →

Angiogenesis: new vascular tree grows to supply oxygen & nutrients to neoplastic cells →

Growth: continuous cell proliferation leads to formation of lump / mass → Metastasis →

Growth: cell proliferation of secondary tumour

Investigation:

Biopsy

FNAC (Fine Needle Aspiration Cytology)

Tumour markers

Polymerase Chain Reaction (PCR)

Treatment:

Primary treatment:

The goal of a primary treatment is to completely remove the cancer from the body or kill all the cancer cells.

Any cancer treatment can be used as a primary treatment, but the most common primary cancer treatment for the most common types of cancer is surgery. If the cancer is particularly sensitive to radiation therapy or chemotherapy, one of those therapies may be chosen as primary treatment.

Adjuvant treatment:

The goal of adjuvant therapy is to kill any cancer cells that may remain after primary treatment in order to reduce the chance that the cancer will recur.

Any cancer treatment can be used as an adjuvant therapy. Common adjuvant therapies include chemotherapy, radiation therapy and hormone therapy.

Palliative treatment:

Palliative treatments may help relieve side effects of treatment or signs and symptoms caused by cancer itself. Surgery, radiation, chemotherapy and hormone therapy can all be used to relieve symptoms. Other medications may relieve symptoms such as pain and shortness of breath.

Cancer treatment options include:

Surgery:

The goal of surgery is to remove the cancer or as much of the cancer as possible.

Chemotherapy:

Chemotherapy uses drugs to kill cancer cells.

Bone marrow transplant:

A bone marrow transplant, also known as a stem cell transplant, can use one's own bone marrow stem cells or those from a donor. A bone marrow transplant allows the use of higher doses of chemotherapy to treat cancer. It may also be used to replace diseased bone marrow.

Radiation therapy:

Radiation therapy uses high-powered energy beams, such as X-rays or protons, to kill cancer cells. Radiation treatment can come from a machine outside the body (external beam radiation), or it can be placed inside the body (brachytherapy).

Immunotherapy:

Immunotherapy, also known as biological therapy, uses the body's immune system to fight cancer. Cancer can survive unchecked in the body because the immune system does not recognize it as an intruder. Immunotherapy can help the immune system "see" the cancer and attack it.

Hormone therapy:

Some types of cancer are fueled by the body's hormones. Examples include breast cancer and prostate cancer. Removing those hormones from the body or blocking their effects may cause the cancer cells to stop growing.

Cryoablation:

This treatment kills cancer cells through extreme coldness. During cryoablation, a thin, wand-like needle (cryoprobe) is inserted through the skin and directed into the cancerous tumor. A gas is pumped into the cryoprobe in order to freeze the tissue. Then the tissue is allowed to thaw. The freezing and thawing process is repeated several times during the same treatment session in order to kill the cancer cells.

Radiofrequency ablation:

This treatment uses electrical energy to heat cancer cells, causing them to die. During radiofrequency ablation, a thin needle is guided into the cancer tissue. High-frequency energy passes through the needle and causes the surrounding tissue to heat up, killing the nearby cells.

APACHI

Apachī is the condition in which there is chronic presence of Gaṇḍamālā, glandular swelling in axillae, shoulders & neck region. It is mainly due to vitiated Kapha and Meda.

Lakṣhaṇa:

- The lumps are Sthira, Vṛtta, Snigdha
- Alparuja, Kaṇḍū
- The swelling grows steadily, but slowly
- When injured, the lumps start suppurating and discharging pus. The swelling disappears and recurs at another location in the body.

Treatment:

- Agnikarma: By making three linear incisions above the wrist, at a distance of one angula between each.
- An incision is made in the leg, 12 fingers from heel avoiding the vital part named indravasti, remove the retinaculum similar to the of fish and apply dahan karma.
- During healing stage, kshara prepared from peacocks, crows, godhas, snakes and tortoises should be mixed with oil of ingudi is used
- Vairechanik dhuma
- Regular diet of barley and mudga

CERVICAL LYMPHADENITIS

Inflammation of lymph node in cervical region

Source of infection:

Nasal and oral cavity, larynx, pharynx, ear, scalp etc.

Types:

1. Acute
2. Chronic
3. Tuberculous

1. Acute lymphadenitis	2. Chronic lymphadenitis
<ul style="list-style-type: none"> • Affected lymph nodes are enlarged and tender • Pyrexia, general malaise • Appropriate antibiotics • If abscess occurs go for I & D 	<ul style="list-style-type: none"> • Painless • In children/adults may be tuberculous • In elderly due to secondary malignant metastasis

3. Tuberculous lymphadenitis:

- Commonly seen in children and young adults
- Deep upper cervical lymph nodes are commonly involved, but due to widespread lymphadenitis, matting together of numerous lymph nodes is evident
- These caseated lymph nodes enlarged and result in formation of cold abscess
- Gradually pus drains out through skin resulting in chronic discharging sinus called as collar stud abscess.
- Treated with ATT
- Drainage of abscess and excision of surrounding lymph nodes

PRAMEHA

In ayurvedic texts prameha is defined to be characterised with excessive urination (both in frequency & quantity) and turbidity. The nature of the turbidity may vary depending upon the body reaction with the doshas.

Nidana:

आस्यासुखं स्वप्नसुखं दधीनि ग्राम्योदकानूपरसाः पयांसि ।

नवान्नपानं गुडवैकृतं च प्रमेह हेतुः कफेकृच्च सर्वम् ॥

Addiction to the pleasures of lounging and sleeping.

The excessive use of curds.

Meat juice of domestic, aquatic and wet-land animals.

Milks, new grains, and drinks & products guda and all things that increase kapha are the causative factors of prameha.

Purvarupa:

- Excessive sweating with foetid odour.
- Flabbiness of body
- Sedentary habits
- Excessive mucosal discharge
- Rapid growth of hairs & nails.
- Sweetness of mouth
- Burning sensation in hands & feet.
- Swarming of ants on the urine.

Bheda:

Etiological classification (sushruta):

1. Sahaja prameha:

Family history

Early onset

2. Apathyanimitaja prameha:

Over nutrition

Sedentary habits

Obese

Clinico-pathological classification:

1. Kaphaja prameha:

There are 10 types of kaphaja prameha.

Early diabetes –

1. Udaka meha → urine resembling water
2. Ikshu meha → urine resembling sugarcane juice
3. Sandra meha → urine having high density
4. Sandra prashada meha → high density in lower layer of urine
5. Shukla meha → urine having white colour
6. Sukra meha → urine containing seminal fluid
7. Sheeta meha → urine with cold touch
8. Sikta meha → urine containing sand like particles
9. Sanaih meha → urine passing out slowly
10. Lalameha → urine containing slimy material like saliva

2. Pittaja prameha:

6 in number

Acute diabetes

1. Kshara meha → urine resembling the solution of alkalies
2. Kala meha → urine having black colour
3. Neela meha → urine having blue colour
4. Haridra meha → urine having yellow colour like haridra
5. Manjistha meha → urine having reddish colour like Manjistha
6. Rakta meha → urine having blood in it

3. Vataja prameha:

4 in number

Chronic diabetes

1. Majja meha → urine mixed with majja or bone marrow
2. Vasa meha → urine mixed with vasa or muscle fat
3. Hasti meha → urinates more in quantity like an elephant
4. Madhu meha → urine mixed with ojas.

Therapeutic classification based on body constitution

1. Sthula pramehi:

Santarpana janya prameha

Manageable with diet control and exercise

Correlated with non-insulin dependent diabetes mellitus (NIDDM)

2. Krisha pramehi:

Apatarpana janya prameha

Not manageable with diet control alone rather requires nutritive treatment (brimhana chikitsa)

Samprapti:

Dasha dushya:

Rasa, rakta, mamsa, meda, majja, sukra, oja, ambu, vasa, lasika

Samanya lakshanas:

General symptoms of all types of prameha are increased quantity of urination with turbid urine, resulting in excess thirst.

Sadhyasadhyata:

Sadhya (manageable)

Apathyanimitaja prameha (NIDDM)

Kaphaja prameha (early diabetes)

Sthula prameha (obese diabetes)

Yapya (palliative):

Pittaja prameha (acute diabetes)

Asadhya (unmanageable):

Sahaja prameha: (IDDM)

Vataja prameha: (chronic diabetes)

Krishna pramehi (asthenic diabetes)

Chikitsa:

Treatment is based upon the nature of the individuals in obese (sthoola) and lean (krisha). In obese patients, purification is carried out first and later santarpana is followed. The disease is controlled by wholesome diets & habits.

In lean patients, brimhana (tissue nourishment) is carried by selective medicines and diet.

Other than this all the pramehas are treated based upon dosha dominance.

Shodhana chikitsa in sthoola & balavana pramehi:

- Nidana parivarjana
- Abhyantara snehana with triphala ghrita or pippali ghrita
- Swedana is contraindicated
- Tikshna vamaana & virechana
- Tikshna, ushna, ruksha basti according to dosha e.g., mustadi payanabasti, madhutailika basti, prameha hara Asthapana basti
- Anuvastana basti is indicated in sthoola pramehi because it is nourishing type of basti.
- Kapha medo hara chikitsa
- Takrarista
- Mustadi kwatha

Shamana chikitsa in krisha & durbala prameha

- Nidana parivarjana
- Santarpana chikitsa: rasayana & vajikarana yoga
- Mantha, kashaya, avaleha, yavanna with madhu
- Salasaradi gana kwatha bhavita shilajatu
- Abhyanga, pradeha, parisheka
- Manasika and sharirika vishrama

Common medicine used in prameha:

- Nyagrodhadi churna
- Eladi churna
- Mustadi kwatha
- Shilajatu
- Shilajatvadi vati
- Vidangadi kwatha
- Phalatrikadi kwatha
- Vasantasukumar rasa
- Chandraprabha vati
- Madhuka

Doshanusara chikitsa:

1. In kaphaja prameha:

Apatarpana should be done in santarpanajanya prameha and then after vamana, santarpana should be done.

Mantha, kashaya or leha of yavachurna

Haridra churna and madhu with amalaki swarasa

Kapha pramehanashaka ten kashaya yoga –

1. Parijata kashaya
2. Vaijanti kashaya
3. Nimba kashaya
4. Chitraka kashaya
5. Khadira kashaya
6. Haridra kashaya
7. Daruharidra kashaya
8. Saptaparna kashaya
9. Kasheru kashaya
10. Haritaki kashaya

In meda vriddhi → triphala, guduchi, shilajatu, madhu etc. should be used.

2. In pittaja prameha:

After virechana, santarpana should be done

Pittaja pramehanashaka ushira kashaya, lodhra kashaya

3. Vataja prameha:

Sneha processed with kapha-pitta pramehanashaka medicines

Pathyapathya:

Pathya:

The best foods to eat are those that are not sweet not too oily, have the ability to mitigate kapha, meda and nourishing.

Ushna diet is recommended since it will ease kapha, normalize vata, and stimulate pitta to intensify digestion.

In the diet importance should be given to yava.

Other spices with antidiabetic are haridra, dhanyaka, jeeraka, Rasona, methika, ela etc.

Ayurveda recommends use of anupana along with diet and any herbs that are being utilized like: sarodaka, kushodaka.

Vihara:

Regular exercise, including brisk walk, jogging, sports and so on.

Patients are advised to do yoga, pranayama which highlight the development of positive attitude and decrease anxiety and stress

Apathya:

Ahara:

Navanna pana, dadhi, ghrita, Sharkara, dugdha, anupa mamsa, adhyasana

Vihara:

Avoid laziness and sedentary lifestyle. Swedana, raktamokshana

Upadrava:

- | | | |
|-------------|-------------------|--------------|
| 1. Trishna | 4. Putimamsa | 7. Daurbalya |
| 2. Daha | 5. Prameha pidika | 8. Ajirna |
| 3. Arochaka | 6. Atisara | 9. Vidradhi |

Prameha pidika:

- | | | |
|----------------|-------------|-------------|
| 1. Saravika | 4. Sarshipi | 7. Vidradhi |
| 2. Kachchapika | 5. Alaji | |
| 3. Jalini | 6. Vinata | |

DIABETES MELLITUS

Diabetes mellitus is a chronic disorder of carbohydrate, fat and protein metabolism, with a relative or absolute deficiency in insulin secretory response resulting in hyperglycaemia.

Types:

1. Type 1 DM

It results from the pancreas' failure to produce enough insulin

Also called 'insulin dependent diabetes mellitus' (IDDM) or 'juvenile diabetes'

2. Type 2 DM

It begins with insulin resistance, a condition in which cells fail to respond to insulin properly.

Also called 'non-insulin dependent diabetes mellitus' (NIDDM) or 'adult-onset diabetes'.

The most common cause is excessive body weight and insufficient exercise.

3. Gestational DM:

When pregnant women without a previous history of diabetes develop high blood sugar levels.

Clinical features:

Classic hyperglycaemic triad → polyuria, polydipsia, polyphagia

Weight loss

Blurred vision

Genital itching

Delayed wound healing

Treatment:

Diet control

Daily exercise & life style modifications.

Medications:

Insulin injections for type 1 DM

Metformin / insulin for type 2 DM

Mass education / counselling to the patient.

Diabetes mellitus is correlated with an ayurveda disease called madhumeha.

STHAULYA

स्थूल परिबृहणे the word sthoola donates the meaning of paribrimhana or vriddhi. Hence sthaulya means over weight (ati sthoola) or excess accumulation of body fat.

Nidana:

Lack of exercise

Sleeping at day time

Intake of foods which increase kapha dosha

Excessive sleep

Hereditary

Samprapti:

Due to above factors the annarasa becomes sweet by not getting digested and thereby results in accumulation of sneha and meda. The accumulation of meda blocking the other tissue channels, the successive dhatus (bone, marrow, shukra) do not get nourishment and they fail to develop properly. It leads to more accumulation of meda.

Lakshanas:

- Short life span
- Inability to work
- Loss of libido
- Weakness
- Foul odour of the body
- Excess sweating
- Excess appetite
- Excess thirst

Complication:

One indulges in continues kapha increasing foods, the agni gets weakened and the resultant ahara paka becomes madhura, there by resulting in ama. Formed madhura rasa gets adhered to the inner coatings of the annavaha srotas. Hence, though the annavaha srotas is supposed to be predominant with the activities of pitta, it starts experiencing vidaha within its channels and thus starts exhibiting the pathological features of ama.

This ama causes sthauilyajanya rogas which are –

- | | | |
|--------------|-----------|-------------------|
| • Prameha | • Kamala | • Uccha raktachap |
| • Arsha | • Atisara | • Sandhivata |
| • Bhagandara | • Visarpa | • Katigraha |
| • Jvara | • Slipada | • Apachi etc. |

Chikitsa:

- | | |
|----------------------------|------------|
| • Nidana parivarjana | • Karshana |
| • Guru apatarpana chikitsa | |

Samshodhana:

- | | |
|-------------|--------------------------|
| • Vamana | • Niruha basti |
| • Virechana | • Karshana nasya prayoga |

Samshamana:

- | | |
|--------------------|-----------------------|
| • Vadavagni rasa | • Phalatrikadi kwatha |
| • Medohara vati | • Medohara guggulu |
| • Bhedani vati | • Guggulu rasayana |
| • Triphala churna | • Shilajatu rasayana |
| • Vidangadi churna | • Amalaki rasayana |

Swedahara & daurgandha nashaka lepa → shirishadi lepa, haritakyadi lepa

Yogasana: surya namaskara, Sarvangasana, mayurasana, pranayama etc.

Pathya:

Purana shali, mudga, yava, kulattha, patola, Shigru, takra, ela, sarshapa taila, ushnodaka, langhana, udvartana, vyayama, chankramana, atapa sevana

Apathya:

Nava dhanya, godhuma, masha, dugdha, dadhi, mamsa, matsya, guda, Diwaswapna, sukhashadhya.

KARSHYA

The word 'karshya' is derived from 'krusha'.

It is a disease characterised by atikrushata that means excess leanness or emaciation.

Nidana:

- | | |
|-----------------------------|--------------------------------|
| • Ruksha annapana sevana | • Ativyayama |
| • Langhana | • Vamanadi panchakarma atiyoga |
| • Alpabhojana | • Sahaja or kulaja karana |
| • Vatavardhaka ahara sevana | |

Lakshana:

- Thinner thighs, abdomen and neck.
- Appearance of vascular network on skin.
- Skinny and skeletal appearance of the body
- Tiredness
- Intolerable to heat and cold
- Always suffering from diseases

Upadrava:

Plihavriddhi, kasa, shwasa, gulma, rajyakshma

Chikitsa:

Nidana parivarjana

Samshodhana:

- Bahya & abhyantara snehana
- Anuvasana basti
- Brimhana basti
- Brimhana nasya prayoga

Balya & brimhana dravya chikitsa:

Dugdha, ghrita, mamsarasa, bala, atibala, ashwagandha, lasun, amalaki, kharjura

Samshamana drugs:

- Kshudhasagar rasa
- Agnitundi vati
- Chitrakadi vati
- Chandraprabha vati
- Arogyavardhini vati
- Shatavari churna
- Ashwagandha churna
- Bala taila
- Chyavanprasha

Pathya:

- Navanna
- Gramya anupa & jangala mamsa rasa
- Dugdha, dadhi, ghrita, ikshu
- Shastika shali, godhuma
- Rasayana & vajikarana dravya

Apathya:

- Katu tikta kashayarasa pradhana dravya
- Rukshana
- Yava, chanak, shigaru
- Ativyayama
- Atisanshodhana etc.

DYSLIPIDAEMIA

Dyslipidaemia is an abnormal amount of lipids in the blood.

Lipids, or fat, are building blocks of the life and provide energy to cells.

Lipids include: LDL cholesterol, HDL cholesterol, triglycerides

Types:

Hyperlipidaemia → lipids

Hyperlipoproteinemia → lipoproteins

Symptoms:

Severe or untreated dyslipidaemia can lead to other conditions, including coronary artery disease (CAD) and peripheral artery disease (PAD).

Common symptoms of these conditions include –

Leg pain, especially when walking or standing

Chest pain, pressure in the chest

Sleep problems and daytime exhaustion

Dizziness

Fainting

Treatment:

Lifestyle changes such as exercising and eating a healthy diet.

Statins

Bile acid binding resins

Cholesterol absorption inhibitors

Ayurvedic management:

In ayurveda, dyslipidaemia denoted as medoroga.

Use of lekhaniya dravya:

The drugs that have a depleting effect on the body are known as lekhaniya dravya.

Medohara dravya is compared with hypolipidemic agents

Drugs having katu vipaka are said to be lekhaniya drugs.

Guggulu → Use of guggulu as treatment of high levels of lipid in the blood.

Arjuna → arjunarista is very effective in reducing high levels of blood cholesterol.

Amalaki → supplementation of the diet with amalaki. It effects on serum cholesterol and its lipoprotein fractions.

Sarpagandha → reducing blood pressure

2. Chikitsa Sutra and Management of 'Asthi and Majjavaha Srotas such as Asthimajja Vidradhi, Asthisousharya, Asthi kshaya, Sandhigata Vata, Osteo Arthritis, Osteomyelitis, Osteoporosis, Osteopenia.

ASTHI MAJJA VIDRADHI

The aggravated dosha vitiate the tvaka, rakta, mamsa and meda getting sthanasamsraya in asthi. When there is suppression process in the asthi & majja, the pus fails to find an outlet and thus results in severe burning pain.

Chikitsa:

It is pratyakhyey that means the physician can treat it without holding any definite hope of recovery.

In pakwa Vidradhi → incision & drainage of pus

In apakwa Vidradhi → vrana shodhana by tilwaka ghrita or Trivrutadi gana kwatha siddha ghrita.

Vrana ropana by priyangwadi taila.

Shamana aushadhi:

- Panchatiktaghrita guggulu
- Triphala guggulu
- Sanjivani vati
- Swarna bhasma
- Jatyadi taila

OSTEOMYELITIS

Osteon → bone

Myelo → marrow

Itis → inflammation

Osteomyelitis is the inflammation of the bone caused by an infecting organism, which spread to the bone marrow, cortex, periosteum and soft tissue surrounding the bone.

Types:

1. Acute pyogenic osteomyelitis
2. Subacute osteomyelitis → Brodie's abscess
3. Chronic osteomyelitis → chronic pyogenic osteomyelitis, tuberculous osteomyelitis.

Aetiopathogenesis:

- Staphylococcus aureus is common causative organism. These organisms reach bone via blood circulation.
- The bacteria as they pass through bone, get lodged in the metaphysis.
- The host bone initiates an inflammatory reaction in response to the bacteria.
- This leads to bone destruction and production of an inflammatory exudate & pus.
- Once sufficient pus forms in the medullary cavity, it spreads to sub periosteally, muscle, where it can be felt as an abscess.
- Then abscess. If untreated then bursts out of skin forming discharging sinus.

Clinical features:

- Pain & swelling at the end of a bone.
- Painful movements
- Fever with chills
- Dehydration

Treatment:

- Incision and drainage of pus
- Antibiotics
- Analgesics & anti-inflammatory drugs.

ASTHISOUSHIRYA

Asthi soushirya is not mentioned as a separate condition but in majjakshaya symptoms vagbhata elaborate the term soushirya.

soushirya means 'with pores'.

Asthi soushirya means 'porous bones'.

OSTEOPOROSIS

Osteoporosis, which literally means porous bone, is a disease in which the density and quality of bone are reduced.

It is characterized by thinning of the bones, with reduction in bone mass, due to depletion of calcium & bone protein.

Etiology:

More common with old age. Bone loss increases after menopause due to lower levels of estrogen.

Osteoporosis secondary to disease state.

e.g., calcium deficiency, vit D deficiency, malnutrition, scurvy, renal disease, leukemia

Drug induced → thyroid hormones, corticosteroids

Life styles → nutrition, alcohol, smoking, inactivity, excessive caffeine

Clinical features:

- Loss of height
- Back pain
- Vertebrae collapse
- Spine deformities like kyphosis

Treatment:

- Bisphosphonates medicines
- Estrogen
- Weight bearing

Ayurvedic management:

Correlated with asthi soushirya

Management:

Preventive measures like using rasayana and adopting life style modification early in the life.

Snehana: massage with medicated oils such as maharasyana taila, dashamoola taila, mahamasha taila, chandana bala lakshadi taila etc.

Vata alleviating drugs e.g., dashmoolarishta

Yoga practices

Drugs useful for pain and fractures. E.g., laksha guggulu, mahayogaraj guggulu, pravala pishti, muktashukti bhasma.

Adequate dietary calcium – masha, tila, milk, milk products, banana, pear, apple, and other dietary articles rich in calcium.

ASTHIKSHAYA

Kshaya means loss, decline, decay, diminution or warning.

Asthi kshaya means ‘decrease in the bone tissue’.

Lakshana:

Brittleness of teeth and nails

Asthitoda, asthishula

Falling of hairs, body hairs

Laxity of joints.

Roughness of skins

OSTEOPENIA

Osteopenia is decreased bone density but not to the extent of osteoporosis.

This decreased bone density leads to bone fragility and an increased chance of breaking a bone (fracture).

Ayurvedic management:

Osteopenia is correlated with asthikshaya.

Management:

Basti with kshira, ghrita and tikta dravyas.

Nidana parivarjana → avoid steroids, secondary life style, smoking etc.

Medication → calcium containing drugs: sudha varga dravyas.

Drugs helpful in osteogenesis: ashwagandha, Shatavari, amalaki

Vata shamana with various measures.

Abhyanga

Swedana

Pizhichil

Sashtikashali pinda sweda

Panchatikta ksheera basti

Sudhavarga dravya:

- Pravala pisti
- Mukta sukti
- Godanti bhasma
- Kukuttanda twak bhasma
- Shankha bhasma

SANDHIGATA VATA

Sandhigata vata means a condition in which morbid vata is located in the joints and destroys the joints.

Nidana:

Since the disease is caused by vitiated vata all the foods, life activities which cause aggravation of vata are the cause of sandhigata vata.

Lakshana:

Shula

Atopa

Shotha

Painful movement of the joints including extension and flexion.

Chikitsa:

- Daha karma
- Sneha karma
- Upanaha chikitsa

Bahya chikitsa:

Abhyanga → tila taila, mahamasha taila, ksheerabala taila, sahacharadi taila

Swedana →

Baspa sweda: nadi sweda

Pinda sweda: churna pinda sweda with Rasnadi churna

Shashtika shali pinda sweda

Avagaha

Dhara or seka

Sthanika basti: kati basti, janu basti, prishtha basti

Sandhi lepa → with Rasnadi churna, dashanga lepa

Abhyantara chikitsa:

Snehapana: guggulutiktam ghrita

Bala taila

Rasnadi taila

Mahamasha taila

Virechana → trivruta leha, triphala ghrita, gandharvahastadi Eranda taila

Basti →

Asthapana basti: Erandamuladi kashaya basti, dashamoola kashaya basti, mustadi yavana basti

Anuvasana / matra basti: guggulutiktaka ghrita, ksheerabala taila, bala taila

Udwartana: with vatahara herbs powder

Shamana yogas:

Dashamoolarishtam

Lakshadi guggulu

Yogaraja guggulu

Medohara vidangadi lauha

Vatagajankush rasa

Mukta sukta bhasma

Shringa bhasma

Ksheerabala taila

Vatavishwanshaka rasa

OSTEOARTHRITIS

Osteoarthritis is the most common form of arthritis that results from breakdown of joints cartilage and underlying bone.

It is characterized by progressive degenerative changes in the articular cartilages and commonly affects the hands, feet, spine and the large weight bearing joints, such as the hip & knees.

Also called degenerative arthritis or degenerative joint disease.

Types:

1. Primary osteoarthritis
2. Secondary osteoarthritis

Etiology:

1. Primary osteoarthritis:

Genetic factors, metabolic disorders, old age, idiopathic avascular necrosis, obesity etc.

2. Secondary osteoarthritis:

Trauma, management, inadequate blood supply, nutritional bone diseases, infection of joints e.g., pyogenic, tuberculosis etc.

Clinical features:

Pain – it is initial and leading symptoms

Stiffness – it follows pain.

Deformity due to shrinkage of capsule, fibrosis, muscle imbalance.

Limping – due to pain, stiffness and deformity of joint.

Synovial thickening and effusion resulting in swelling of the joints.

Treatment:

Lifestyle medication (such as weight loss & exercise) and analgesics are mainstays of treatment.

Paracetamol with NSAIDs such as aspirin or diclofenac.

Topical ointments with diclofenac.

If conservative management is ineffective → joint replacement surgery or resurfacing.

3. Chikitsa sutra and management of Shukravaha srotas such as Klaibya, shukralpata, shukradosha, kshina shukra, dhvajabhanga.

KLAIBYA

Klaibya is defined as sexual dysfunction characterized by the inability of a man to perform the 'sexual act' or 'incomplete performance which leaves the female partner partially or totally dissatisfied.

Nidana:

- Ati maithuna
- Ati vyayama
- Viruddha ahara-vihara
- Akala yonigamana
- Ayoni maithuna
- Vriddhavastha
- Shukravaha srotas dushti

Bheda:

1. Beejopaghata janya Klaibya:

Due to pathology of spermatogenesis

Patient is weak, depressed, and unhappy with his relation with women.

He can be affected by panduroga, hridroga, tamakashwasa, kasa, jvara etc.

2. Dhvajopaghata janya Klaibya:

Due to pathology of genital (e.g., STD)

Genital organ is having pain, swelling, redness, boils or abscess.

It can discharge like rice – water and undergo necrosis.

3. Jarajanya Klaibya:

Due to old age.

The patient is weak, getting tired without doing any work, affected by various diseases.

4. Shukrakshaya janya Klaibya:

Due to depletion of shukra dhatu.

Symptoms of shukra dhatu kshaya

Pratiloma dhatu kshaya leads to death.

Chikitsa:

Klaibya should be treated with the drugs and therapies useful in shukradosha chikitsa & kshataksheena chikitsa

Samanya chikitsa:

Samshodhana, basti karma, rasayana & vajikarana prayoga

Daivavyapashraya chikitsa (manidharana, yajna, stuti, homa, brahmacharya)

Bhedanusara Klaibya:

1. Beejopaghataja Klaibya → vajikarana prayoga

2. Dhvajopaghata Klaibya chikitsa →

Pradeha → parisheka → raktamokshana

Snehapana → snehayukta virechana

Anuvasana or niruha basti

Vrana chikitsa

3. Jarajanya & 4. Shukra kshayaja Klaibya chikitsa →

Snehana → Swedana → snehayukta virechana

Yapana basti

Rasayana – vajikarana prayoga

Dugdha and ghrita sevana

Rasayana yoga:

- Shilajatu rasayana
- Ashwagandha rasayana
- Bhallataka rasayana
- Amalaki rasayana
- Chyavanaprasha
- Amrutaprasha ghrita

Vajikarana yoga:

- Vanari gutika
- Brimhana gutika
- Kameswar modaka
- Vajikarana pindarasa
- Ashwagandha ghrita
- Vrushya shatavari ghrita

Balya & brimhana dravya:

Bala, atibala, ashwagandha, shalaparni, lasuna, vidarikanda, draksha, kharjura

SUKRALPATA

It is the diseases produced due to old age or excessive sukra kshaya.

Treatment:

- Ksheera
- Ghrita
- Basti
- Rasayana
- Vajikarana
- Sukra vardhaka medicines

Formulation:

- Pippali rasayana
- Amalaki rasayana
- Bhallataka

SHUKRA DOSHA

According to acharya charaka, due to mithya ahara 8 types of shukradosha can be manifested which can result impotency.

फेनिलं तनु रूक्षं च विवर्णं पूति पिच्छिलम् ।

अन्यधातूपसंसृष्टमवसादि तथाऽष्टमम् ॥

1. Fenila (frothy)
2. Tanu (thin)
3. Ruksha (rough)
4. Vivarna (abnormal colour)
5. Puti (foul smell)
6. Pichchila (slimy)
7. Anyadhatu upasamsrisht (other dhatu mixed)
8. Avasadi

Chikitsa:

- Nidana parivarjana:
- Raktapitta nashaka chikitsa
- Rasayana vajikarana prayoga

KSHINA SHUKRA

शुक्रे चिरात् प्रसिच्येत् शुक्रं शोणितमेव च ।

तोदोऽत्यर्थं वृषणयोर्मेढ्रं धूमयतीव च ॥

Kshina shukra is a condition in which the man is unable to do intercourse even in presence of his partner due to stiffness of the medhra. Even if he intercourses he is not able to complete it because of it he will find difficulty in ejaculation of the virya and virya will be ejaculated in small quantity.

Treatment:

- Basti
- Daiva vyapashraya chikitsa
- Use of dugdha, ghrita and rasayana – vajikarana

Formulations:

- Sugandhadi churna
- Kalyanaka ghrita
- Shilajatu rasayana

UPADAMSHA / DHWAJABHANGA

Upadamsha is characterised by peeta srava yukta vranotpatti on genital organs of men and women.

Nidana:

- Linga abhighata by hasta, mukha, danta, nakha during hasta maithuna or mukha maithuna
- Linga adhavana (not cleaning the genitalia)
- Rati atisevana
- Yoni pradosha
- Kuyoni gamana

Samprapti:

Nidana → jeevana sankramana → pita pradhana sotha utpatti in jananaga → vranotpatti → upadamsha roga

Bheda:

1. Vataja
2. Pittaja
3. Kaphaja
4. Raktaja
5. Sannipataja

Lakshana:

1. Vataja → toda, bheda, sphurana, krishna sphota
2. Pittaja → peeta varnata, bahukledi, sadana
3. Kaphaja → kandu, Shopha, mahat, sravayukta

If upadamsha is not treated, or in late stage it causes gangrene of genitalia that is shishnamani fall out.

Chikitsa:

- Nidana parivarjana
- Snehana, Swedana
- Raktamokshana by siravyadha or jalaukavacharana on genital organ.
- Vamana & virechana
- Anuvasana & niruha basti
- Vrana Prakshalana with grahi, jantughna, visankramana kwatha i.e., panchakshiri kwatha, triphala kwatha, Bhringaraja swarasa
- Vrana ropana with triphala masi, jatyadi taila, vranarakshasa taila
- Lepana, dhupana, bandhana

Shamana aushadhis:

- | | |
|-----------------------------|-----------------------|
| • Trivanga bhasma | • Patoladi kwatha |
| • Upadamsha gajakesari rasa | • Karanjadhya taila |
| • Gandhaka rasayana | • Jatyadi taila |
| • Kasisa bhasma | • Vranarakshasa taila |
| • Kaishor guggulu | • Upadamshahara lepa |
| • Triphala masi | |

4. **Chikitsa Sutra and Management of diseases of Mutravaha Srotas such as -Mutrakricha, Mutraghata, Ashmari, Cystitis, Nephritis, Nephrotic Syndrome, BPH, Renal Failure.**

MUTRA KRUCHCHRA

Types:

1. Vataja
2. Pittaja
3. Kaphaja
4. Sannipataja
5. Abhighataja
6. Shakruda
7. Ashmari
8. Sharkara

1. Vataja mutra kruchchra:

- Passes urine in small amount with difficulty producing pain
- Tearing sensation in the scrotum, penis, and urinary bladder

Treatment:

Shavadamshtadi taila or ghrita used as orally, anuvasana basti and uttar basti

Oil should be processed with the expressed juice of shvadamshtadi, along with jaggery, milk and ginger; it should be administered as above.

2. Pittaja mutra kruchchra:

- Passes turmeric coloured or bloody urine with scalding sensation
- Feels his scrotum, penis, and urinary bladder as if burning with fire

Treatment:

Ghee or milk processed with trina panchmula, utpala, kakoli and nyagrodha gana should be taken orally and for urethral irrigation.

Fat medicated with above said drugs also administered as basti.

Laxatives with milk along with juices of grapes and sugarcane

3. Kaphaja mutra kruchchra:

- Passes slimy and colourless urine which is not warm
- Horripilation
- Feeling of heaviness in the scrotum, penis and the urinary bladder

Treatment:

Taila and yava processed with surasa, ushaka, musta and varuna.

4. Sannipataja mutra kruchchra:

- Passes urine of various colours again and again with difficulty, pain and either warm or a cold sensation
- Feels as if sinking into darkness

5. Abhighataja mutra kruchchra:

- An injury to the urinary system after surgery or trauma produces very painful obstructive
- uropathy of its channels Clinical features are similar to those of vatabasti.

Treatment:

Sadhyo vana chikitsa

6. Shakrud pratighata mutra kruchchra:

- When there is faecal retention, movement of apana vayu get reversed
- Produces aadhmana, Shula and mutrasanga

Treatment:

Vatahara treatment

Swedana, avagaha, basti, churna kriya

7. Sharkaraja mutra kruchchra:

- The disintegrated particles of kapha, transformed by pitta and then broken up by vayu are known as sharkara.
- Precordial pain, rigor, colicky pain in the flanks, impaired digestive power, fainting and dysuria.
- When sharkara are passed with the flow of urine, pain subsides and this period of remission lasts as long as another sharkara does not obstruct the urinary passage.

DYSURIA

Dysuria is painful or uncomfortable urination, typically a sharp, burning sensation.

Dysuria results from irritation of the bladder trigone or urethra. Inflammation or stricture of the urethra causes difficulty in starting urination and burning on urination. Irritation of the trigone causes bladder contraction, leading to frequent and painful urination.

Dysuria most frequently results from an infection in the lower urinary tract, but it could also be caused by an upper urinary tract infection (UTI). Impaired renal concentrating ability is the main reason for frequent urination in upper UTIs.

MUTRAGHATA

Nidana:

- | | |
|--------------------------------------|---|
| • Vegavarodha (suppression of urges) | • Excessive intake of ruksha, ushna and teekshana materials |
| • Ashmari (Stones) | • Vibandha (Constipation) |
| | • Abhighata (trauma) |

Types: 12

- | | |
|------------------|---------------------------|
| 1. Vatakundalika | 7. Mutra kshaya |
| 2. Vatasthila | 8. Mutra granthi |
| 3. Vata vasti | 9. Mutra shukram |
| 4. Mutratita | 10. Ushnavata |
| 5. Mutra jathara | 11. Mutrauksada (2 types) |
| 6. Mutra utsanga | |

1. Vatakundalika:

Nidana leads to aggravation of vata, which localises in bladder causing severe pain in this region and passes the urine in drops.

2. Vatashtila:

The aggravated Vata produces an enlargement like a stone, leading to distension of bladder and rectum, severe pain and obstruction to passage of urine and faeces.

3. Vatavasti:

Vegavarodha etc for long time, aggravate vata, which localising in bladder outlet, blocks the urinary passage, resulting in retention of urine and pain over region of bladder.

4. Mutratita:

When patient tries to pass urine, he passes it slowly in drops.

5. Mutra jathara:

Vegavarodha makes apana vayu to move upwards, causing distension of abdomen below region of umbilicus associated with severe pain and inability to pass urine.

6. Mutrotsanga:

Irrespective of site of obstruction, whenever the person tries to pass urine, he has to strain and when he passes, the urine is mixed with blood and is in small quantities. This may or may not be associated with pain.

7. Mutra kshaya:

In person who takes dry foods and does excessive physical activity, pitta and vata get aggravated, localise in bladder, leading to passage of urine in small quantities with pain and burning sensation.

8. Mutra granthi:

Sudden development of swelling (round) inside the bladder (internal urethral orifice), which is fixed and produces symptoms like ashmari is termed as mutra granthi.

9. Mutra shukra:

Shukra vegavarodha makes semen to get mixed with urine, making urine appear like water mixed with ash (chyleuria).

10. Ushnavata:

Excessive physical exercise, exposure to sun etc aggravate pitta. which along with causes burning sensation in bladder, genitalia and perineum, makes the urine yellow and mixed blood.

11. Mutrauksada:

- a. Pittaja: Burning micturition which is clear and yellow. On drying urine resembles gorochana powder

- b. Kaphaja: Dysuria, which is slimy, concentrated and whitish. On drying urine resembles shankha churna

Chikitsa:

- Different forms of medication depend upon their uses (Kashaya, kalka, sarpi, leha, payasa, kshara, madhu, asava, swedana)
- Snehana and swedana
- Uttar basti
- Virechana
- Kalka of bala, svadamshttra, kraunch asthi, Kokilaksha, devadaru, chitraka with sura – orally

URINARY RETENTION

Urinary retention is incomplete emptying of the bladder or cessation of urination.

It may be acute or chronic.

Causes include impaired bladder contractility, bladder outlet obstruction, detrusor-sphincter dyssynergia (lack of coordination between bladder contraction and sphincter relaxation), or a combination.

Retention is most common among men, in whom prostate abnormalities or urethral strictures cause outlet obstruction. In either sex, retention may be due to drugs (particularly those with anticholinergic effects), severe faecal impaction (which increases pressure on the bladder), or neurogenic bladder in patients with diabetes, multiple sclerosis, Parkinson's disease, or prior pelvic surgery resulting in bladder denervation.

Symptoms & Complications:

Urinary retention can be asymptomatic or cause urinary frequency, a sense of incomplete emptying, and urge or overflow incontinence.

It may cause abdominal distention and pain. When retention develops slowly, pain may be absent.

Long-standing retention predisposes to UTI and can increase bladder pressure, causing obstructive uropathy.

Diagnosis: Diagnosis is obvious in patients who cannot void. In those who can void, incomplete bladder emptying is diagnosed by postvoid catheterization or ultrasonography showing an elevated residual urine volume. A volume < 50 mL is normal; < 100 mL is usually acceptable in patients > 65 years but abnormal in younger patients. Other tests (e.g.: urinalysis, blood tests, ultrasonography, urodynamic testing, cystoscopy, cystography) are done based on clinical findings.

Management: Urethral catheterization and treatment of specific cause

ASHMARI

Nirukti:

अश्मानं रति ददति अश्मरि ।

“Ashma” means “stone.”

“Rati” means “to present”

Ashmari means the formation and presentation of a substance like stone.

Nidana:

तत्र असंशोधनशीलस्य अपथ्यकारिणाः प्रकुपितः श्लेष्म मुत्र सम्प्रक्तोऽनुप्रविश्य बस्ति अश्मरी जनयति ।

Those who neglect the Samshodhana of internal channels

Those who are engaged in unwholesome dietary habits become the victim of Ashmari.

Samprapti:

Nidana causes kapha prakopa, which mixes with mutra, entered in basti and formed ashmari.

Similes given by sushruta:

A new pitcher filled with clear water can also show settling down of muddy particles in due course of time. In the same way the calculi are formed in Basti.

As air & fire of electricity in the sky consolidate water (to form hail storms) similarly Pitta located in the bladder, along with Vayu consolidates Kapha to form calculi.

Purvarupa:

- Basti peeda (Pain in hypogastric region)
- Aruchi (Anorexia)
- Mutrakricchra (Dysuria)
- Bastishirovedana (Pain in Suprapubic region)
- Mushka Vedana
- Shepha Vedana
- Jwara (fever)
- Avasada
- Bastigandhatwa (Concentrated urine smell like goat's urine)
- Sandra Mutra (Sedimentation of urine)
- Avila Mutra (Turbidity of urine)

Rupa:

- | | | |
|-------------------|------------------|-------------------|
| • Nabhi Vedana | • Dhavan, Plavan | • Sarudhira Mutra |
| • Mutra Dhara | etc. | • Sevani Vedana |
| Sanga | • Basti Vedana | • Mutra Vikirana |
| • Gomeda Prakasha | • Mehana Vedana | • Sasiktam |
| | • Atyavilam | |

Classification of ashmari:

- | | |
|-----------------------|---------------------|
| 1. Shleshmaja ashmari | 3. Vataja ashmari |
| 2. Pittaja ashmari | 4. Shukraja ashmari |

Kaphaja	Pittaja	Vataja	Shukraja
Heavy and cold sensation in bladder area	Burning hot sensation and inflammatory changes in urinary tract	Severe bladder pain, umbilical and pain in the anus	Dysuria
Cutting, incising, pricking pain	Reddish / yellowish – black or honey like in colour	Frequent passage of flatus	Scrotal swelling
White, slimy, big like kukkutanda	Resembles bhallataka seed	Urethral burning	Lower abdominal pain
Colour – madhuka pushpavata		Dysuria	Special characteristic feature is, it can be crushed into powder by pressure
Heavy in weight		Difficulty in defecation. Dusty coloured, hard, irregular, rough and nodular like kadambapushpa	

Sadhyasadyata:

In our classics Acharyas have described about 'Ashta Mahagadas' and these mahagadas are not easy to treat and they are not having good prognosis. As Ashmari is mentioned as one of them, so it requires attention for its cure.

Ashmari in balaka:

Ashmari in balaka is easily curable because of following reasons.

- Smaller space occupying lesion
- Less fat in subcutaneous and peri-nephric region the prognosis is better
- Can easily catch and remove

Upadrava:

- | | | |
|----------------|-----------|---------------|
| • Daurbalya | • Sadana | • Pandu |
| • kukshi Shula | • Aruchi | • Hruta peeda |
| • Ushnavata | • Trishna | |
| • Vamana | • karshya | |

Chikitsa:**Chikitsa in purva rupa:**

- | | |
|------------|-------------------|
| 1. Snehana | 3. Vamana |
| 2. Swedana | 4. Virechana etc. |

Ayurvedic formulations:

- Varunadi kashaya
- Chandraprabha vati
- Tab crush
- Gokshuradi kashaya
- Tab cystone
- Tab clacurosin

Panchakarma chikitsa:

1. Virechana: Tilvak ghrita etc
2. Basti: Especially Uttara basti
3. Niruha basti
4. Anuvasana basti: Peetadaru siddha taila

CYSTITIS

Definition: Inflammation of the urinary bladder mucosa is called as cystitis.

Causes:

Common .in females, because of short urethra in females may cause ascending infection and cystitis

Honeymoon cystitis → Initial period of sexual contact in females can cause diffuse form of cystitis.

Causative organisms → E coli, klebsiellae, pseudomonas, staphylococcus aureus (Acute cystitis)

Predisposing factors:

- Catheters, instrumentation
- Bladder stone, bladder diverticulum, bladder neck obstruction, bladder tumours

Clinical features:

- Frequency, urgency, and dysuria are hallmark of cystitis
- Low backache
- Fever, chills, and rigors
- Suprapubic pain and tenderness

Investigation:

- Leucocytosis
- Urine Microscopy: More than 5 WBC (females) and 2-3 WBC (Males)
- Culture study to know organism
- Cystoscopy: Bladder inflammation, mucosal changes

Treatment:

- Plenty of water intake to flush the bacteria from bladder
- Urine alkalisers like Neeri, Chitraka
- Local hot and Sitz bath
- Appropriate antibiotics
- Antipyretics, analgesics and antispasmodics

NEPHRITIS

Nephritis is inflammation of the kidneys and may involve the glomeruli, tubules or intestinal tissue surrounding the glomeruli and tubules.

Types:

1. Glomerulonephritis

It is inflammation of the glomeruli. Glomerulonephritis is often implied when using the term 'nephritis' without qualification

2. Interstitial nephritis:

Inflammation of the spaces between renal tubules.

Causes:

- Infections
- Caused by autoimmune disorder that affect the major organs like kidney.
- Pyelonephritis: inflammation that results from urinary tract infection by E. coli.
- Lupus nephritis: inflammation of kidney caused by SLE.
- Athletic nephritis: is nephritis resulting from strenuous exercise.

Symptoms:

- Pain in pelvis
- Pain or burning sensation while micturition
- A frequent need to urinate
- Cloudy urine
- Blood or pus in urine
- Vomiting

Treatment:

- Corticosteroids → to reduce inflammation
- Immuno suppressing drugs → if nephritis is due to autoimmune disorders.
- IV fluids if electrolyte disturbance
- Intravenous antibiotic
- If condition serious than dialysis.

Ayurvedic management:

According to ayurveda nephritis can be consider as a disease of mutravaha srotas.

The featured of this patient indicates involvement of vata and pitta dosha, the treatment was planned as per the principle of ayurveda described for ushnavata.

Kidney is root of 'medovaha srotas' also applied medovaha srotas dushti chikitsa.

Inflammation of kidneys called vrikka shotha.

The main approach will be strengthening the kidneys with rasayanas like chandraprabha vati, vanga bhasma and shilajatu, trivanga bhasma, gokshura, dashamoola kashayam

The formulations like –

- Varunadi vati
- Mutrakrichantak churna
- Punarnava mandura
- Gokshuradi guggulu
- Punarnavadi kashayam
- Gokshur churna
- Gokshur kwatha

Supportive enemas in the form of dashamoola kshira basti and mustadi yavana basti and matra basti with guggulutiktakam ghrita, masha taila, Narayana taila.

NEPHROTIC SYNDROME

Nephrotic syndrome is a non-specific disorder in which the kidney is damaged, causing them to leak large amounts of protein proteinuria at least 3.5 grams per day 1.73m² (body surface area) from the blood into the urine.

Causes:

- Many disease and conditions can cause glomerular damage and lead to nephrotic syndrome including –
- Diabetic kidney disease
- Membranous nephropathy
- Systemic lupus erythematosus
- Amyloidosis
- Blood clot in a kidney vein

Symptoms:

Nephrotic syndrome is a collection of symptoms due to kidney damage.

This includes –

- Protein in the urine (proteinuria)
- Low blood albumin levels (hypoalbuminemia)
- High blood lipids (hyperlipidaemia)
- Significant swelling (oedema)
- Weight gain, feeling tired, foamy urine

Complications may include thrombosis, sepsis, hypertension

Treatment:

- | | |
|--|---|
| <ul style="list-style-type: none">• Blood pressure control• ACE inhibitors are drug of choice | <ul style="list-style-type: none">• Reduce sodium intake• Fluid management |
|--|---|

BENIGN PROSTATIC HYPERPLASIA / HYPERTROPHY (BPH)

Benign prostatic hyperplasia (BPH) is non-malignant adenomatous overgrowth of the periurethral prostate gland

Pathophysiology:

Multiple fibroadenomatous nodules develop in the periurethral region of the prostate, probably originating within the periurethral glands rather than in the true fibromuscular prostate (surgical capsule), which is displaced peripherally by progressive growth of the nodules.

As the lumen of the prostatic urethra narrows and lengthens, urine outflow is progressively obstructed. Increased pressure associated with micturition and bladder distention can progress to hypertrophy of the bladder detrusor, trabeculation, cellule formation, and diverticula.

Incomplete bladder emptying causes stasis and predisposes to calculus formation and infection. Prolonged urinary tract obstruction, even if incomplete, can cause hydronephrosis and compromise renal function.

Clinical features:

1. Frequency: Occurs due to visceral introversion of sensitive prostatic mucus membrane. Started with day time, later day and night time (5-10 times during night). It is due to irritability of bladder and amount of residual urine.
2. Urgency: Internal sphincter mechanism is deranged due to invasion of prostate into bladder. This result in few drops of urine tickling down the post urethra resulting in urgent desire to pass urine.
3. Hesitancy: Patient must wait due to obstruction of internal urethral orifice by median lobe
4. Difficulty in micturition with weak stream and dribble
5. Retention of urine (Acute/chronic)
6. Haematuria

Diagnosis:

- Digital rectal examination
- Urinalysis and urine culture
- Prostate-specific antigen level
- Sometimes uroflowmetry and bladder ultrasonography
- Transrectal biopsy is usually done with ultrasound guidance and is usually only indicated if there is suspicion of prostate cancer. Transrectal ultrasonography is an accurate way to measure prostate volume.

Treatment:

Conservative management:

- Avoid heavy alcohol consumption
- Patient should void as soon as he feels the urge to do
- Correction of electrolyte, urea, and creatinine
- Catheterisation in acute retention. If fails then suprapubic catheterisation
- Drugs: Finasteride acetate 5mg daily for 6 months (to decrease the size) and Alpha-adrenergic blocker to relax internal sphincter for better drainage of bladder.

Benign prostatic hyperplasia (BPH), also called prostate enlargement, is a non-cancerous increase in size of the prostate.

Ayurveda management:

Description of BPH are closely resembles with the clinical features of the 13 types of mutraghata.

Aggravated vata dosha which leads to astheela which is a mobile and elevated swelling, which obstructs the passage of urine.

Samshodhana chikitsa:

Avapeeda snehapana with vastyamantaka ghrita.

Avgaha sveda (sitz bath) for 15 days with warm water or kwathas like panchavalkal kwatha / triphala kwatha / dashmoola kwatha.

Basti:

Uttara basti with Varunadi ghrita / shatavaryadi ghrita 30 – 50 ml for 3 days. (Each Uttara basti is given with gap of 3 days)

Matra basti with Varunadi ghrita / shatavaryadi ghrita 30 – 50 ml for 14 days.

Samshamana chikitsa:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Gokshura • Pashanabheda • Haritaki | <ul style="list-style-type: none"> • Varuna • Punarnava |
|--|---|

Formulations:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Trina panchamula kwatha • Brihatyadi kwatha • Gokshuradi kwatha • Sveta parpati | <ul style="list-style-type: none"> • Varunadi ghrita • Punarnavasava • Chandraprabha vati |
|--|--|

RENAL FAILURE

Kidney failure, also known as end – stage kidney disease, is a medical condition in which the kidney no longer works.

Kidney failure is the stage where kidney stops functioning properly and is not able to remove waste from the blood and control the fluid level in the body.

Types:

1. Acute kidney failure:

A sudden drop in kidney function is known as a kidney failure.

It can be life threatening and requires immediate treatment.

2. Chronic kidney failure:

The chronic kidney failure develops gradually, and the kidney function get worsens over the years.

Symptoms:

- | | |
|--|--|
| <ul style="list-style-type: none">• Malaise• Breathlessness• Nausea• Vomiting | <ul style="list-style-type: none">• GI mobility• Headache• Pruritis• Pigmentation |
|--|--|

5. Chikitsa Sutra and Management of diseases of Purishavaha Srotas such as – Atisara, Pravahika, Arsha, Purishaj Krimi, IBS and Ulcerative Colitis.

ATISARA

Loose stools or passing excessive watery stool through guda marma is called atisara. Atisara is disease of intestinal disturbances, involves water and electrolyte imbalances, malnutrition or under nutrition.

Nidana:

- Guru, Atisnigdha, ushna, drava, sthula shita ahara
- Ajirna, adhyasana, vishamashana
- Viruddha ahara, dushita jala, madhya, visha
- Bhaya, shoka, vegadharana
- Mithyaviparyaya of panchakarma
- Rutuviparyaya
- Krimi etc.

Samprapti:

Nidana sevana → vata pradhana tridosha prakopa → mandagni & increased apa → purishvaha, udakavaha srotodushti → dravamala – atipravrutti → atisara

Purvarupa:

- Suchibhedanavata peeda at udara
- Gatravasada
- Apanavayu avarodha
- Vit sanga
- Aadhmana

Lakshana:

1. Vataja atisara → aruna, fenila, ruksha, alpamala, saruka, sa shabda
2. Pittaja atisara → peeta, nila, krishna, Durgandhi mala, trishna, daha, murcha, guda paka
3. Kaphaja atisara → snigdha shweta shleshma yukta mala, gaurava, aalashaya
4. Sannipataja atisara → rakta krishna harita peeta mala, tridosha lakshana
5. Shokaja atisara → vataja atisara lakshana
6. Bhayaja atisara → vataja atisara lakshana

Sadhyasadyata:

Sukhasadhyata → vataja, pittaja, kaphaja

Krrichsadhyata → shokaja, bhayaja

Asadhyata → sannipataja, upadravayukta.

Upadrava → Shotha, shoola, jwara, trishna, murccha, kasa, shwasa, aruchi, chardi

Chikitsa:

First, find out stage of atisara, whether it is –

1. Amatisara:

Stool in this kind of diarrhoea is picchila with foul smell which sinks in water, is known as amatisara.

2. Pakwatisara:

Diarrhoea with the feeling of lightness in the body and stool does not sink in water, then this condition is known as pakwatisara.

Amatisara chikitsa:

Do not try to stop diarrhoea when undigested food is being expelled, i.e., sangrahi & stambhaka aushadha or kashaya rasa dravya are to be avoided, initially.

If stambhana chikitsa is done when ama is still inside, it can cause various diseases or complications like dandalasaka, adhmaana etc.

Langhana pachana is the best method for amapachana. If needed laghu ahara like manda, peya etc. can be given.

If ama still remains, administered haritaki or Eranda taila with warm water to expel remaining dosha.

In alpa dosha avastha → langhana

In madhyama dosha avastha → dipana pachaniya pramathya

In bahu dosha avastha → virechana

Formulations:

- | | |
|-------------------------|----------------------|
| • Pippalyadi pramathya | • Shunthyadi kwatha |
| • Hriberadi pramathya | • Lavanabhaskar rasa |
| • Dhanyapanchaka kwatha | • Sanjivani vati |

Pakwatisara chikitsa:

Stambhana dravya should be used.

i.e., kutaja, bilwa, lodhra, jambu, shalmali, Shallaki, dhataki, ahiphena

Formulations:

- | | |
|---------------------|---------------------|
| • Kutaja ghana vati | • Kutajarishta |
| • Bilwadi kwatha | • Gangadhara churna |

If gudabhramsa condition occurs then –

Changeri ghrita prayoga

Mushaka taila prayoga

Sneha basti

Pichu prayoga after manual replacement of rectum

Raktatisara chikitsa:

Trishna nigradhana with ajadugdha + madhu

Pittaja atisara vata chikitsa (shadanga paniya)

Shatavari kalka + dugdha

Kutaja kwatha

Piccha basti → green stalks of shalmali are covered with green kusha, and coated with black mud. This pinda is placed over the cow-dung fire. After the mud is dried up, the stalks of shalmali are removed. This is triturated in khalva yantra and then 1 pala of shalmali is mixed with 1 prastha of boiled milk and filtered.

Ghrita, taila & yastimadhu churna are added to this milk in adequate quantity, and this mixture is used for piccha basti after proper oleation.

ARSHAS

Arshas are protrusions of Māmsa which obstructs Gudamārga and torture the person.

According to Ā. Charaka, Arshas is formation of Aṅkura (muscular sprouts) in Gudavalli.

Paryāya → Gudāṅkura, Gudakīla, Māmsakīla, Durnamaka, Anamaka, Payūroga

Nidāna:

- Viruddhāshana
- Adhyashana
- Strīprasaṅga (excessive coitus)
- Utkāṭukāsana (sitting for long time on irregular surfaces)
- Pr̥ṣṭhayāna (riding/travelling on the back of animals)
- Vegavidhāraṇa

Samprāpti: Nidāna sevana → Doṣa prakopa Rakta pradhāna → Gudavali Traya pradesha duṣṭi → Māmsāṅkura → Arshas

Vargīkaraṇa:

1. According to Origin
 - a. Sahaja
 - b. Janmottara kālaja
2. According to General Character
 - a. Shuṣka (Vāta-Kaphaja)
 - b. Arda (Pitta-Raktaja)
3. According to Site
 - a. Bāhya (Arshas forming at Bāhyavali → Samvariṇī)
 - b. Abhyantara (Arshas forming at Abhyantaravali → Visarjinī & Pravahinī)
4. According to Doṣa
 - a. Vātaja
 - b. Pittaja
 - c. Kaphaja
 - d. Dvandvaja
 - e. Sannipātaja
 - f. Raktaja

Pūrvarūpa:

Anne ashreddhā, Kṛcchrāt pakti, Amlīkā, Paridāha, Viṣṭambha, Pipāsā, Sakthisadana, Āṭopa, Kārshya, Udgāra bāhulya, Akṣṇo Shvayathu, Antra kūjana, Guda parikartana, Pāṇḍuroga, Grahaṇīdoṣa, Shoṣa, Kāsa, Shvāsa, Balahāni, Bhrama, Tandrā, Nidranāsha, Indriya daurbalya

Lakṣhaṇa:

1. Vātaja Arshas
 - Aṅkura appears dry and reddish (Rūkṣa Aruṇa)
 - Arshas resembles Kadamba puṣpa
 - Kaṭhina purīṣa
 - Kaṭi-Prṣṭha-Pārshva-Vṛṣaṇa-Nābhī shūla
 - Blackish discolouration of Nakha, Akṣi, Danta, Mukha, Mutra, Viṭ
 - Gulma, Plīhā, Udara
2. Pittaja Arshas
 - Aṅkura appears slender, with bluish tips and discharge
 - Arshas resembles Jalaukavaktra
 - Purīṣa pravṛtti Sarakta Sadāha
 - Yellowish discolouration of Nakha, Akṣi, Danta, Mukha, Mutra, Viṭ
 - Jvara, Dāha, Pipāsā, Mūrcchā
3. Kaphaja Arshas
 - Aṅkura appears pale, broad at the base, rounded and does not discharge any fluid or blood
 - Arshas resembles Gostana
 - Whitish discolouration of Nakha, Akṣi, Danta, Mukha, Mutra, Viṭ
 - Shopha, Shītajvara, Arochaka, Avipāka, Shirogaurava
4. Raktaja Arshas
 - Arshas resembles Nyagrodha / Guñja
 - Pittaja Lakṣaṇa
 - Hard stool with significant amount of Duṣṭa Rakta
5. Sahaja Arshas
 - Duṣṭa Shukra Shoṇita janya
 - Durdarshana (difficult to see as it is deeply situated)
 - Paruṣa, Pāṇshu (grey), Dāruṇa (severely painful)
 - Kṛsha, Alpabhukta, Sirā santata gātra, Svarakṣaya, Āṭopa
 - Ghrana-Nāsa-Akṣi-Shiroroga

Sādhyāsādhyatā:

1. Sādhyā → Ekadoṣa, Bāhyavali sthita, < 1 year duration
2. Kṛcchrāsādhyā → Dvidoṣaja, Madhyamavali sthita, > 1 year duration
3. Yāpya → Tridoṣaja (Manda lakṣaṇa)
4. Asādhyā → Tridoṣaja, Sahaja, Antarvali sthita, Upadrava

Asādyha Lakṣaṇa:

Trṣṇā, Aruchi, Shūla, Atishoṇita srāva, Shotha, Atisāra, Chardi, Jvara, Gudapāka, Sammoha

Upadrava: Udāvarta, Vāta-Viṭ-Mūtra saṅga, Nābhī-Pārshva-Ura shūla

Chikitsā:

Sthānika Chikitsā:

- Svedana & Abhyaṅga
- Avagāha Svedana with Kvātha, Uṣṇodaka, Gomūtra
- Raktamokṣaṇa with Shastra/Jalauka in Kaṭhina Arshas & Duṣṭa Rakta
- Arshoghna Lepa (Snuhī kṣīra and Haridrā chūrṇa)
- Haridrādi Lepa (Haridrā and Jālinī chūrṇa with Sarṣapa taila)

Bheṣaja:

- Guḍa Harītakī, Dashamūla Guḍa, Chaṅgeri Ghṛta
- Harītakī with Gomūtra, Shatāvarī mūla Kalka with Kṣīra
- Dashamūla kvātha, Pippalyādi yoga
- Abhayāriṣṭa, Dhātryariṣṭa, Dantyarīṣṭa, Takrāriṣṭa
- Arshakuṭhāra rasa, Vyoṣādyā chūrṇa, Chandraprabhā vaṭī,
- Takra, Takra with Pañchakola

Doṣa Chikitsā:

- Vātaja Arshas → Kakkolādyā chūrṇa, Hīṅgvādi chūrṇa
- Pittaja Arshas → Dhattūrādi chūrṇa, Bhallātaka modaka,
- Kaphaja Arshas → Ghṛta prepared with Kvātha of Surasādi gaṇa & Dīpanīya Jalaukāvaccharaṇa followed by Lepa with Arkapatra svarasa, Shuṇṭhī kvātha pāna
- Raktaja Arshas → Chirabilvādi chūrṇa, Pittaja Chikitsā, Raktapitta Chikitsā

HEMORRHOIDS / PILES

Hemorrhoids are dilated vessels of the hemorrhoidal plexus in the anal canal.

Increased pressure in the veins of the anorectal area leads to haemorrhoids.

This pressure may result from pregnancy, frequent heavy lifting, or repeated straining during defecation (e.g.: due to constipation).

Hemorrhoids may be external or internal. In a few people, rectal varices result from increased blood pressure in the portal vein, and these are distinct from haemorrhoids.

External haemorrhoids are located below the dentate line and are covered by squamous epithelium.

Internal haemorrhoids are located above the dentate line and are lined by rectal mucosa.

Hemorrhoids typically occur in the right anterior, right posterior, and left lateral zones.

Signs & Symptoms:

- Hemorrhoids are often asymptomatic, or they may simply protrude.
- External haemorrhoids may become thrombosed, resulting in a painful, purplish swelling.
Rarely, they ulcerate and cause minor bleeding.
Cleansing the anal region may be difficult.
- Internal haemorrhoids typically manifest with bleeding after defecation; blood is noted on toilet tissue and sometimes in the toilet bowl.
Internal haemorrhoids may be uncomfortable but are not as painful as thrombosed external haemorrhoids.
Internal haemorrhoids sometimes cause mucus discharge and a sensation of incomplete evacuation.
Strangulated haemorrhoids occur when protrusion and constriction occlude the blood supply. They cause pain that is occasionally followed by necrosis and ulceration.

Diagnosis:

- Anoscopy
- Sometimes sigmoidoscopy or colonoscopy

Most painful haemorrhoids, thrombosed, ulcerated or not, are seen on inspection of the anus and rectum. Anoscopy is essential in evaluating painless or bleeding haemorrhoids.

Rectal bleeding should be attributed to haemorrhoids only after more serious conditions are excluded (i.e., sigmoidoscopy or colonoscopy).

Classification of Internal Hemorrhoids:

1. Grade I → No prolapse; Prolapse after a Valsalva manoeuvre
2. Grade II → Prolapse reduces spontaneously; Prolapse after Valsalva manoeuvre
3. Grade III → Prolapse needs manual reduction; Chronic prolapse
4. Grade IV → Manual reduction of prolapse ineffective

Management:

- Symptomatic: Stool softeners, sitz baths, analgesics
- Occasionally excision for thrombosed external haemorrhoids
- Injection sclerotherapy, rubber band ligation, or infrared photocoagulation for internal haemorrhoids

Symptomatic Treatment:

Symptomatic treatment of haemorrhoids is usually all that is needed. It is accomplished with stool softeners (e.g.: docusate, psyllium), warm sitz baths (i.e., sitting in a tub of tolerably hot water for 10-15 minutes) after each bowel movement and as needed, anaesthetic ointments containing lidocaine, or witch hazel (hamamelis) compresses (which soothe by an unknown mechanism).

Pain caused by a thrombosed external haemorrhoid can be treated with non-steroidal anti-inflammatory drugs.

Infrequently, simple excision of the external haemorrhoid is done, which may relieve pain rapidly; after infiltration with 1% lidocaine, the thrombosed portion of the haemorrhoid is excised, and the defect is closed with an absorbable suture.

PRAVAHIKA

When less quantity of kaphayukta mala is passed frequently, by pravahana (straining) and with difficulty, the condition is known as pravahika.

The cardinal symptom is pravaha.

Nidana:

- Sarva atisara Nidana
- Ahita ahara sevana
- Vata-kapha doshavadhaka ahara vihara sevana
- Ati ushna tikshana kala (rutu)
- Tilapishta, misthanna sevana

Samprapti:

Hetu sevana → kledaka kapha dushita + samana vayu dushita + pachaka pitta dushti → kledaka kapha becomes stickier and sticks to inner layer of pakwashaya → apana vayu dushti → pravahana → frequent minimal sticky mucous mixed loose stool → again vata prakopa due to pravaha shrama → pravahana yukta frequent minimal sticky mucous mixed, blood-stained loose stool → pravahika

Purvarupa:

- Suchibhedana vata peeda at udara
- Gatra avasada
- Apanavayu avarodha
- Vit sanga
- Adhmana

Samanya lakshana:

Muhur muhur kapha mishrit alpa mala pravrutti

Pravahana

Differential diagnosis:

- Raktaja atisara
- Kaphaja atisara
- Kaphaja grahani
- Amaja atisara

Chikitsa:

Pravahika should be treated like atisara, by considering its ama & pakwa avastha

In ama avastha → langhana pachana

In pakwa avastha → stambhana dravya prayoga

Also refer to atisara chikitsa

In raktaja pravahika → raktastambhaka chikitsa & piccha basti

Formulations:

- | | |
|-----------------------|---------------------|
| • Ramabana rasa | • Kutaja parpati |
| • Panchamrita parpati | • Kutaja ghana vati |

ULCERATIVE COLITIS

Ulcerative colitis is a chronic inflammatory and ulcerative disease arising in the colonic mucosa, characterized most often by bloody diarrhoea.

Pathophysiology:

Lesion in base of crypts of lieberkuhn → Crypt abscess → Pus in lieberkuhn → Abscess ultimately ruptures to form tiny ulcers → Proctitis and colitis → Multiple, small, irregular, shallow, superficial Pinpoint ulcer → Inflammation spread into submucosa of colon → Attempt of healing may produce polyp like structure (Pseudopolyposis) which is surrounded by heaped of granulation tissue & oedematous mucosa → Gut spasm → Epithelial hypertrophy healing with fibrosis resulting in narrow, contracted colon (Pipe stem colon) → Stricture of colon

Toxic Colitis:

Toxic colitis or fulminant colitis occurs when transmural extension of ulceration results in localized ileus and peritonitis. Within hours to days, the colon loses muscular tone and begins to dilate. Toxic colitis is a medical emergency that usually occurs spontaneously in the course of very severe colitis.

Signs & Symptoms:

- Attacks of bloody diarrhoea of varied intensity and duration interspersed with asymptomatic intervals
- Usually an attack begins insidiously, with increased urgency to defecate, mild lower abdominal cramps, and blood and mucus in the stools. Some cases develop after an infection (e.g.: amebiasis, bacillary dysentery).
- When ulceration is confined to the rectosigmoid, the stool may be normal or hard and dry, but rectal discharges of mucus loaded with red and white blood cells accompany or occur between bowel movements.
- If ulceration extends proximally, stools become looser and the patient may have > 10 bowel movements per day, often with severe cramps and distressing rectal tenesmus, without respite at night. The stools may be watery or contain mucus and frequently consist almost entirely of blood and pus.

- Toxic or fulminant colitis manifests initially with sudden violent diarrhoea, fever up to 40° C, abdominal pain, signs of peritonitis, and profound toxemia.
- Systemic symptoms and signs, more common with extensive ulcerative colitis, include malaise, fever, anemia, anorexia, and weight loss.

Investigation: Barium enema, Colonoscopy, Plain X-ray abdomen

Management:

Conservative:

1. Hospitalization & bed rest
2. Sedatives and tranquilisers with psychological counselling
3. Anti-diarrhoeal drugs like Lomotil etc.
4. Antibiotics: Salazopyrines 2ml/day. It is anti-microbial drug help in chronic cases
5. Corticosteroids:
Oral prednisolone 60mg/day. Dose is tapered off over 3-4 weeks (they decreases frequency of stools)
In acute attack IV hydrocortisone 100mg
Prednisolone retention enema, 20mg in 200ml saline. Advice for 7-10 days
6. Cyclosporines: IV 4 mg/kg/day
7. Diet: It should be milk free. Avoid too hot & too cold items. Fruits are helpful.
Vitamin A, B, C, D with supplements of iron and potassium.

Ayurvedic management:

The below mentioned conditions explained in ayurveda describe signs of inflammation of cold and small bowel.

Pitta atisara & rakta atisara

Pitta causes inflammation of colon rakta vitiated by pitta and cause bleeding diarrhoea, as happens in IBS & colitis.

Grahani, pittaja grahani:

Episodes of loose stools & diarrhoea.

Pittaja pravahika:

Blood in stools

Treatment:

- Pittaja atisara chikitsa → initially langhana
- Raktaja atisara chikitsa → piccha basti, kutaja kwatha
- Pravahika → langhana, pachana, stambhana dravyas like kutaja, bilwa etc.
- Pittaja grahani chikitsa → ama should be dealt with and pitta alleviating medicines & diet should be administered, vamana & virechana, tiktadravya sadhita ghrita
- Adhoga raktapitta chikitsa → therapeutic emesis should be given.
- Balya and brimhana chikitsa → bala, atibala, ashwagandha, vidarikanda, kharjura
brimhana chikitsa shall be administered after the inflammation have been cured. This will enable the patient to gain weight & health

- Rasayana → for strengthen the small bowel & colon. Shilajatu rasayana, amalaki rasayana.
- Krimihara chikitsa → If infection is found to be causal of colitis.

Role of panchakarma:

- Vamana in case of bleeding from lower passage i.e., anus as in adhoga raktapitta.
- Virechana → virechana should be given after the disease has been cured, to expel morbid pitta and prevent recurrence.
- Pittahara basti → pittahara basti to combat vitiated pitta with decoctions and oil / ghee prepared using pitta alleviating herbs.
- Piccha basti → special forms of basti mead for bleeding disorders, especially IBD & colitis associated with bleeding.

IRRITABLE BOWEL SYNDROME (IBS)

IBS is not a disease. It is functional disorder, which means that the bowel simply does not work as it should.

IBS is a common disorder that affects the large intestine.

IBS commonly causes cramping, abdominal pain, bloating, diarrhoea, constipation

Causes:

- Abnormal gastrointestinal tract movements.
- Change in nervous system communication between GI and brain.
- Sensory & motor disorders of colon.
- Dietary allergies & food sensitivities.
- Neurotransmitter imbalance
- Stress

Types:

- Constipation predominant (IBS – C)
- Diarrhoea predominant (IBS – D)
- Mixed (IBD – M)

Treatments:

Dietary modification

Pharmacological medications like antispasmodic & antidepressants medications.

For IBS – C → laxatives

For IBS – D → antidiarrheal drugs.

PURISHAJA KRIMI

Those craving for mamsa are called Krimi.

If these krimis are originated at large intestine called purishaja Krimi. They always move downwards. If their count is increased significantly, they move towards stomach too.

Bheda:

The worms are bigger, round, thin, bluish black, yellow, white or black in colour.

They are 5 kinds viz.

1. Kakeruka
2. Makeruka
3. Sousurada
4. Sashoolaka
5. Leliha

Nidana:

- Amla and madhura padartha atisevana
- Guda atisevana
- Ajeerna bhojana
- Viruddha anna sevana, snana dwesha, unhygiene

Lakshana:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Atidrava mala pravrutti • Atisara • Daurbalya | <ul style="list-style-type: none"> • Kathorata of udara • Gudapradeshe kandu • Sometimes worms are passed out with stool. |
|---|--|

Chikitsa:

Three principles of treatment of Krimi roga.

1. Apakarshana → (extraction or removal of Krimi)

Extracted by hand or with instrument

By samshodhana chikitsa

2. Prakriti vighata → (breaking pathogenesis)

Counteraction of manifestation of Krimi roga by using krimighna dravyas.

Krimighna dravya: Vidanga, kampillaka, puga, nimba etc.

3. Nidana parivarjana → (avoid factors which produces Krimi)

Avoid madhur-amla rasa atisevana, guda sevana

Formulations:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Krimi mudgara rasa • Krimi kuthara rasa • Krimihara rasa • Vidanga churna | <ul style="list-style-type: none"> • Palashabija churna • Vidangarishta • Parasikadi churna |
|--|--|

6. Chikitsa Sutra and Management of Sexually Transmitted Diseases such as – Phiranga, Puyameha, Upadamsha, lymphogranuloma inguinale, Syphilis, Gonorrhoea.

PHIRANGA

It is a sexually transmitted disease which is spread by foreigners.
As it came in India due to firangi, it is called phiranga.

Samprapti:

Nidana → jeevana sankramana → vranotpatti on prajana indriya → granthi nirmana → phiranga roga.

Roga avastha:

1. Prathama avastha → vranotpatti on prajanana indriya
2. Dwitiya avastha → after initial vranotpatti, within 3 to 4 weeks second stage manifests that can last for 2 years. In this stage jeevana visha gets circulated and spread all over the body producing body lesion on guda, bhagaushtha, that are called 'condyloma'.
3. Tritiya avastha → this stage manifests after 6 months to 2 years of condyloma stage. In this stage, granthi are formed in twacha.
4. Chatur avastha → there is involvement of central nervous system.

Nadi samsthaniya phiranga

Phirangajanya khanjata

Chikitsa:

Nidana parivarjana

Raktamokshana (jalaaukavacharana)

Vrana Prakshalana with Nimbapatra kwatha, triphala kwatha, sphatika churna

Vrana shodhana ropana with triphala masi, vranaghna malhar, paradadi lepa vati

Rakta shodhaka aushadha prayoga – Manjistha, nimba, amalaki

Formulations:

- | | |
|-----------------------|---------------------------|
| • Rasamanikya | • Laghumanjisthadi kwatha |
| • Arogyavardhini vati | • Khadirarista |
| • Chopachini churna | • Nimbadi churna |
| • Patoladi kwatha | |

SYPHILIS

Syphilis is a sexually transmitted disease (STD) caused by the bacterium Treponema pallidum.

Syphilis is most commonly spread through sexual activity. It may also be transmitted from mother to baby during pregnancy or at birth, resulting in congenital syphilis.

Stages:

1. Primary syphilis:

Starts as painless erythematous ulcer.

Site: genital, perineal or anal area

2. Secondary syphilis:

2 – 12 weeks of development of primary syphilis. Characterised by low-grade fever, malaise, sore throat

3. Tertiary syphilis:

Characterised by gumma & appear 3 – 10 years after infection.

Gummatous syphilis

Cardiovascular syphilis

Treatment:

- | | |
|--|---|
| <ul style="list-style-type: none">• In early infection:• Doxycycline & tetracycline | <ul style="list-style-type: none">• Ceftriaxone |
|--|---|

In late infection:

Once weekly IM benzathine penicillin.

PUYAMEHA

There is puyasrava (pus – discharge) from mutra marga (urethra) in this disease, it is called puya meha.

Nidana:

- Sexual contact
- Sex with a woman who has yoni vyapada
- Indulging in sexual activities by raja swala stree
- Multiple sexual partners
- Not using nirodha.

Lakshana:

- Pus discharge from urethra.
- Redness & swelling of urethra.
- Painful & burning micturition
- Sometimes urinary retention due to dried pus.
- Itching around urethral opening

Chikitsa:

- Nidana parivarjana
- Maithuna tyaga
- Veshyagamana nishedha
- Shothahara aushadha
- Vrana hara aushadha
- Vatanulomana, mutrala, raktashodhaka aushadha
- Shishna / yoni Prakshalana with –
- Sphatika jala
- Nimbapatra kwatha
- Panchavalkala kwatha
- Uttara basti with – triphala + pippali kashaya, triphala + dadhi + tuttha + mridarashriga kashaya

Shamana aushadhis:

- | | |
|---|--|
| <ul style="list-style-type: none">• Trivanga bhasma• Rasa manikya• Pravala pishti• Gandhaka rasayana | <ul style="list-style-type: none">• Arogyavardhini vati• Manjisthadi kwatha• Vidangarishta• Shilajatwadi vati |
|---|--|

GONORRHOEA

Gonorrhoea is a sexually transmitted infection caused by the bacterium Neisseria gonorrhoeae

Gonorrhoea is spread through sexual contact with an infected person. This includes oral, anal and vaginal sex.

It can also spread from a mother to a child during birth

Clinical features:

- Burning with urination
- Discharge from the penis
- Testicular pain
- If untreated, gonorrhoea can spread to joints or heart valves

Treatment:

- Injectable ceftriaxone is effective antibiotics.
- Combination of azithromycin or doxycycline.

This condition is correlated in ayurveda with puyameha vyadhi.

UPADAMSHA / DHWAJABHANGA

Upadamsha is characterised by peeta srava yukta vranotpatti on genital organs of men and women.

Nidana:

- Linga abhigata by hasta, mukha, danta, nakha during hasta maithuna or mukha maithuna
- Linga adhavana (not cleaning the genitalia)
- Rati atisevana
- Yoni pradosha
- Kuyoni gamana

Samprapti:

Nidana → jeevana sankramana → pita pradhana sotha utpatti in jananaga → vranotpatti → upadamsha roga

Bheda:

- | | |
|------------|----------------|
| 1. Vataja | 4. Raktaja |
| 2. Pittaja | 5. Sannipataja |
| 3. Kaphaja | |

Lakshana:

Vataja → toda, bheda, sphurana, krishna sphota

Pittaja → peeta varnata, bahukledi, sadana

Kaphaja → kandu, Shopha, mahat, sravayukta

If upadamsha is not treated, or in late stage it causes gangrene of genitalia that is shishnamani fall out.

Chikitsa:

- Nidana parivarjana
- Snehana, Swedana
- Raktamokshana by siravyadha or jalaukavacharana on genital organ.
- Vamana & virechana
- Anuvasana & niruha basti
- Vrana Prakshalana with grahi, jantughna, visankramana kwatha i.e., panchakshiri kwatha, triphala kwatha, Bhringaraja swarasa
- Vrana ropana with triphala masi, jatyadi taila, vranarakshasa taila
- Lepana, dhupana, bandhana

Shamana aushadhis:

- | | |
|-----------------------------|-----------------------|
| • Trivanga bhasma | • Patoladi kwatha |
| • Upadamsha gajakesari rasa | • Karanjadhya taila |
| • Gandhaka rasayana | • Jatyadi taila |
| • Kasisa bhasma | • Vranarakshasa taila |
| • Kaishor guggulu | • Upadamshahara lepa |
| • Triphala masi | |

CHANCROID

Also known as soft chancre and ulcer molle.

Chancroid is a bacterial sexually transmitted infection characterized by painful sores on the genitalia. It is caused by the bacterium called 'bacillus or Ducrey'

Chancroid spread from one individual to another solely through sexual contact.

Clinical features:

- Small, red bump on genitals.
- The ulcers are frequently painful
- The ulcers may bleed easily if touched.
- Pain may occur during sexual intercourse or while urinating.
- Swelling in the groin may occur.

Treatment:

- An oral dose of azithromycine, ceftriaxone, erythromycin, ciprofloxacin.
- Abscesses are drained
- Aminoglycosides such as gentamicin, streptomycin.

LYMPHOGRANULOMA INGUINALE

Lymphogranuloma inguinale is a sexually transmitted disease caused by the bacterium called chlamydia trachomatis.

Symptoms:

- Blood or pus from anus
- Pain in anal area when defecation
- Constipation

Laboratory tests for STDs:

- Blood test
- Urine samples
- Fluid samples
- Syphilis serology
- HIV – ELIZA test
- Chlamydia test

7. Introduction, Definition and Management of Kama, Krodha, Lobha, Moha, Mada, Matsarya, Shoka, Bhaya, Vishada, Dainya, Harsha and Pragyaparadha.

MANO BHAVA

KAMA

Lust / passion

Desire to obtain the objects

Aggravation of vayu caused by kama, shoka & bhaya

Kamaja jwara: due to kama manobhava

KRODHA

Anger

A strong feeling of annoyance, displeasure or enmity to someone.

Assessment of krodha:

- Redness of face and eyes
- Tightened eyebrows
- Tying teeth
- Saying good and bad and finally expressed in form of fights, abuses etc.
- Gradually the person becomes irritable, angry which in the end may generate psychoses.
- Krodha produce pitta which causes pittaja jwara and other pitta diseases.

Chikitsa:

- Production of kama suppress krodha janya jwara and production of krodha suppress kamaja jwara
- Brahmi vati
- Shankhapushpi
- Pranayama
- Swasthavritta
- Achara rasayana palana
- Satvika diet should be consumed

LOBHA

Greed

Intense and selfish desire for something, especially wealth, power or food.

MOHA

Delusion

Intense passion, or a mistaken belief that is held with strong conviction even when presented with superior evidence to the contrary.

MADA

Neurosis

Madness or intoxication which leads to anxiety or confused state of mind.

MATSARYA

Malice

To desire to harm someone – ill will.

SHOKA

- Grief / sorrow
- Special condition of mind due to –
- Disconnection of wealth
- Destruction of wealth
- Death of loved one
- Failure of some tasks
- Expression of shoka → person cries, sobs, sighs, chest thumps, falls to earth, become unconscious

Chikitsa:

Counselling, tell him about mortal things, consumption of medhya rasayana, satsang, pranayama

BHAYA

Fear

The feeling that has when something dangerous, painful or frightening might happen
Occurs due to insecurity, failure

VISHADA

Depression

A state of low mood, feeling of severe dejection and aversion to activity due to failure or other cause.

Symptoms:

Headache, insomnia, excessive worrying, restlessness, lack of fighting power. If proper care is not taken, then the patient can take his life as a result of regret.

Chikitsa:

First find the cause of depression

Give ashwasana

Satvika ahara vihara

Ashwagandha, kapikacchu prayoga

DAINYA

Misery

A state of feeling of great, physical and mental distress or discomfort.

When a person loses patience, the feeling arises is called dainya.

HARSHA

Euphoria / joy

Intense excitement and happiness

On receiving the desired thing, person or news, this condition occurs.

PRAGNAPARADHA

Due to derangement of intellect and memory violating the normal procedures / acts, or doing unwholesome practice knowingly.

Pragnaparadha has been described as the cause of all diseases.

Chikitsa:

Manoroga chikitsa

Especially sattwavajaya chikitsa →

Increases sattva quality of mind and decreases rajas and tamas.

Main aim is restraining mind from desire of unwholesome objects.

Techniques:

Jyana → knowledge of self

Vijnaja → analytical knowledge

Dhairya → patience and confidence

Smruti → keeping good memories

Samadhi → concentration and meditation

8. Manas and Manovahasrotas, Nidana and Chikitsa of the following disorders - Unmada-Apasmara-Atattvabhinivesha, Chittodvega, Vishada, Anxiety disorders, Depression, Somatoform and Mood disorders, Stress induced disorders, Psychosexual Disorders. Importance of Daivavyapashraya, Sattwavajaya, Adravabhuta Chikitsa. Medhya Rasayana in the management of Manasa Roga. Bhuta Vidya diagnosis and management of graha disorders.

UNMADA

Unmada is the disease in which there is abnormality, contradiction and variation in the qualities of mind, intellect, knowledge, memory, desire, character and actions
Perversion of mind.

Nidana:

Intake of viruddha, dushta, ashuchi foods and drinks.

Insult to the gods, guru and dvijas (people belonging to the families of brahmanas, vaidhyas and kshatriyas)

Manoabhigata due to fear and sudden happiness

Unwholesome physical and mental activities

Samprapti:

The excited dosha of the individual with alpa satwa mounting upwards through manovahasrotas vitiate hridaya which is the seat of buddhi and disturb manas, and occlude manovahasrotas as a result, chitta is disturbed and this condition is called unmada.

Purva rupa:

- Feeling of emptiness in head
- Loss of appetite
- Irregular behaviour
- Excessive thinking
- Exhaustion

Bheda:

- | | |
|--|-----------------------|
| 1. Vataja unmada | |
| 2. Pittaja unmada | |
| 3. Kaphaja unmada | |
| 4. Sannipataja unmada | |
| 5. Agantuja unmada → 8 types of bhutonmada | |
| a. Daivonmada | e. Yakshonmada |
| b. Shaponmada | f. Rakshshonmada |
| c. Pitruagrahaja unmada | g. Brahmarakshsonmada |
| d. Gandhrvonmada | h. Pishachonmada |

Acharaya sushruta explained 6 types of unmada instead of agantuja unmada.

Manasaja unmada → produced due to mental shock or psychological shock and is characterized by irrelevant talk and unusual behaviour.

Vishaja unmada → produced due to poisoning and is characterized by blackish discolouration of face and destruction of bala & indriya

Samanya lakshana:

- Mental disturbance
- Aggressive and unstable mind
- Irrelevant talk
- Emotionlessness
- Feeling of hollowness of heart.

Vishesha lakshana:

1. Vataja unmada →

At inappropriate place or without any cause laughing, smiling, dancing, singing, speaking, moving limbs.

Body becomes rough, emaciated, and reddish.

2. Pittaja unmada →

Intolerance, over dancing, nakedness, excessive heat & anger

Desire for shade, cold food, cold water

3. Kaphaja unmada →

Sluggishness in speech and activity

Linking for women and lonely places

Excessive sleep, vomiting, salivation

4. Sannipataja unmada →

All three dosha lakshanas present

5. Agantuja unmada →

Also known as bhootonmada

Caused by improper observance of niyama, insult to gods, sages etc. in present life and sinful acts of past life.

Lakshanas are supernatural speech, supernatural knowledge.

Chikitsa:

1. Daiva vyapashraya:

Chanting of mantras, homas, spiritual healing, religious rituals etc.

2. Yukti vyapashraya:

Nidana parivarjana

Samshodhana chikitsa:

- Snehana, Swedana
- Vamana, virechana
- Anuvasana & niruha basti
- Anjana, avapeeda nasya, pradhamana nasya
- Dhoomapana, dhupana karma

Samshamana chikitsa:

Abhyanga

Pradeha, parisheka, anulepana

Trashana chikitsa:

The patient is tied, and kept confined to a dark room devoid of iron & wooden pieces.

Body is rubbed with kapikacchu or branded with hot iron rods or burnt with hot oil or water or beaten with hunter etc.

Shouting with anger, threatening, terrorizing to the patient bring back the natural state of mind.

Shamana yogas:

- | | |
|--------------------------|-----------------------|
| • Unmada gajakesari rasa | • Saraswata churna |
| • Unmada gajankusha rasa | • Lasunadhya ghrita |
| • Sarpagandha ghanavati | • Kalyanaka ghrita |
| • Brahmi vati | • Siddharthaka ghrita |
| • Sarpagandha churna | • Siddharthaka agada |
| • Ashwagandha churna | • Purana ghrita |
| • Jatamansi churna | |

3. Satvavajaya chikitsa → Psychotherapy

Doshanusara chikitsa:

1. Vataja unmada chikitsa:

Snehapana

If vata is obstructed or covered by kapha-pitta then mrudu vamana-virechana.

2. Pittaja & kaphaja unmada chikitsa:

Snehana – Swedana

Vamana for kaphaja

Virechana for pittaja

3. Agantuja unmada chikitsa:

Ghritapana

Mantropachara

Rativishayaka Upahara

Vigata unmada:

Clarity in perception of sense objects, clarity of intelligence, self as well as mind, and normalcy of body elements are lakshanas of the person free from unmada.

APASMARA

Loss of memory for a while, associated with a feeling of entering into darkness (unconsciousness), irrelevant body movements, due to derangement of intellect & mind are the signs of apasmara.

Nidana:

- Habitual intake of unwholesome and unclean food
- Suppression of the sattva by rajas and tamas
- Occlusion of the heart by the aggravated doshas
- Affliction of mind by worry, passion, fear, anger, grief, anxiety etc.

Samprapti:

Nidana sevana → vatadi dosha prakopa, raja tama prakopa → sthanasamsraya at hridaya (mastishka) → smruti → tama pravesha & bheebhatsa cheshta → apasmara

Purvarupa:

- Visualizing non-existing things
- Falling down
- Twitching of eyes, tongue, eyebrows
- Excessive salivation
- Convulsive movement of hands & feet etc.

Bheda:

- | | |
|---------------------|-------------------------|
| 1. Vataja apasmara | 3. Kaphaja apasmara |
| 2. Pittaja apasmara | 4. Sannipataja apasmara |

Samanya lakshana:

- | | |
|-----------------|--------------------------------|
| • Smrutinash | • Bhibhatsa cheshta |
| • Lala srava | • Irrelevant mental activities |
| • Tama pravesha | • Convulsions |

Vishesha lakshana:

1. Vataja apasmara:

Tremors in the body, biting teeth

Seeing things as red & black

2. Pittaja apasmara:

Yellowish discolouration of body & eyes

Seeing things as yellow red.

3. Kaphaja apasmara:

Pale body & eyes

Seeing things as white

4. Sannipataja apasmara:

All 3 dosha lakshanas are present

It is incurable.

Chikitsa:

First of all, the physician should use samsodhana chikitsa to clear the obstruction of manovaha srotas and to protect the chetana of the patient.

In vataja apasmara → basti

In pittaja apasmara → virechana

In kaphaja apasmara → vamana

Nasya in apasmara:

Nasya with kapila Gaumutra is best to cure apasmara also use urine of dog, cats etc.

Nasya with bharangi, vacha & naga danti triturated with gomutra.

Nasya with triphaladi taila cures apasmara.

Samshodhana chikitsa:

Nidana parivarjana

Abhyanga with sarshapa taila processed with ajamutra

Dhoopana with pippali, saindhava lavana, chitraka, hingu, sarshapa, chandana & asthi of dog.

Utsadana with tulsi etc. mixed with gomutra.

Shamana yogas:

- | | |
|----------------------|----------------------------|
| • Smriti sagara rasa | • Panchagavya ghrita |
| • Saraswata churna | • Mahapanchagavya ghrita |
| • Ashwagandha churna | • Brahmi ghrita |
| • Dashamoola kwatha | • Siddharthaka ghrita etc. |

Medhya rasayana prayoga →

Apasmara is the chronic disease related to smriti, which should be treated with rasayana like brahmi, mandukaparni, yastimadhu, guduchi, shankhapushpa, Jyotishmati, vacha, jatamansi etc.

Agantuja apasmara should be treated similar to unmada chikitsa.

ATATWABHINIVESHA

Atatva means false, non-elementary having no existence.

Abhinivesha means interpretation.

Atatwabhinivesha means attachment to unreality.

Lakshana:

The patient thinks or believes in the things which are not in existence.
He cannot differentiate good things from bad things. He believes the beneficial things as harmful and harmful things as beneficial.

Samprapti:

Vitiated dosha affects hridaya, channels connected to mind and intellect of a person → produces confusion → attachment to unreality.

Chikitsa:

- Samshodhana chikitsa
- Snehana, Swedana, vamana etc.
- After shodhana, sansarjana karma should be done.
- The medhya annapana should be given to the patients.

Shamana chikitsa:

Drug which is having teekshna, Srotoshodhana, tridosahara. Medhya is the ideal for combating the pathogenesis of atatwabhinivesha.

Medhya rasayana like brahmi, shankhapushpi

Panchagavya ghrita

Aashvasana chikitsa:

Includes reading of religious books, speaking wise thoughts by the aid of patience, memory

Yoga therapy:

- Pranayama
- Meditation
- Deep relaxation techniques

CHITTODVEGA

Chittodvega is an anxious status of mind or anxiety of mind.

Lakshana:

- Illusion
- Easy fatiguability
- Inability to concentrate
- Mind going blank.

In modern science, chittodvega is correlated with anxiety disorders.

ANXIETY DISORDERS

Anxiety disorders are a group of mental disorders characterised by significant feelings of anxiety and fear.

Anxiety is a worry about future events, and fear is a reaction to current events.
These feelings may cause physical symptoms, such as a fast heart rate and shakiness.

Causes:

- Combination of genetic and environmental factors.
- History of child abuse
- Family history of mental disorders
- Poverty
- Alcohol abuse
- Occur with other mental disorders, particularly major depressive disorder, personality disorders.

Classification:

- Broadly classified in number of anxiety disorders including –
- Generalized anxiety disorder
- Specific phobia
- Agoraphobia
- Social anxiety disorder
- Post traumatic stress disorder
- Panic disorder
- Obsessive compulsive disorder
- Selective mutism

Generalized anxiety disorder:

Characterised by long-lasting anxiety that is not focused on any one object or situation.

Persistent fear & worry

Restlessness, fatigue

Concentration problems

Sleep disturbances

Specific phobia:

Unreasonable or irrational fear related to exposure to specific objects or situations

i.e., fear of dogs, spiders, snakes

fear of water (aquaphobia)

fear of heights (acrophobia)

fear of darkness (nyctophobia)

fear of blood (hemophobia)

Agoraphobia:

Specific anxiety about being in a place or situation where escape is difficult or embarrassing or where help may be unavailable.

Social anxiety disorder:

Intense fear and avoidance of negative public scrutiny, public embarrassment, social interaction

Symptoms like blushing, sweating and difficulty speaking.

Post traumatic stress disorder:

Results from a traumatic experience

Results from extreme situation, such as combat, natural disaster, rape, hostage, situations, bullying, or even a serious accident.

Panic disorder:

Characterised by reoccurring unexpected panic attacks

Symptoms:

Sudden periods of intense fear, sweating, shaking, shortness of breath

Obsessive compulsive disorder:

OCD is a condition where the person has obsessions (distressing, persistent, intrusive thoughts or images) and compulsions (urges to repeatedly perform specific acts or rituals)

In this people feel the need to check things repeatedly, perform certain routines repeatedly or have certain thoughts repeatedly.

In ayurveda this condition correlated with atatwabhinivesha.

Selective mutism:

In which a person who is normally capable of speech does not speak in specific situations or to specific people.

Ayurvedic management:

- Nidana parivarjana
- Panchakarma therapies followed by shamana chikitsa should be advocated
- Abhyanga
- Snehapana – mahakalyanaka ghrita
- Shiroabhyanga – with medicated liquids
- Shirobasti – with chandanadi taila
- Shirodhara with medicated liquid like chandanadi taila
- Pichu with ksheerabala taila
- Takra dhara daily 45 min for 14 days
- Nasya karma with brahmi swarasa

Drug therapy:

- | | |
|---|--|
| <ul style="list-style-type: none">• Ashwagandha churna• Brahmi churna• Kalyanaka ghrita | <ul style="list-style-type: none">• Sarpagandhadi vati• Ksheerabala taila |
|---|--|

DEPRESSION / MOOD DISORDER

Depression is a state of low mood and aversion to activity that can affect a person's thoughts, behaviour, tenderness, feelings, and sense of well being

Etiology:

- Genetic cause
- Environmental factors
- Dopaminergic activity: reduced in case of depression. Over activity in mania.
- Studies have shown that those who identify as LGBT are more prone to depression.
- Drug induced depression
- Endocrine factors: hypothyroidism, Cushing's syndrome

Types:

1. Major depressive disorder:

Recurrence of long episodes of low moods, or one extended episode that seems to be 'never ending.'

2. Atypical depression:

Increased appetite

Sensation of heaviness in limbs

3. Post partum depression:

Refers to the intense, sustained and sometimes disabling depression experienced by women after giving birth.

4. Catatonic depression:

Disturbance of motor behaviour

Also occur in schizophrenia or in manic episodes.

5. Seasonal affective disorder:

Depressive episodes come on in the autumn or winter, and resolve in spring.

6. Melancholic depression:

Loss of pleasure in most or all activities, a failure of reactivity to pleasurable stimuli

7. Manic depression (bipolar disorder)

Alternating periods of mania and depression.

Four episodes of bipolar disorder

Depressive episode

Manic episode

Hypomanic episode

Mixed mood states

8. Dysthymic depression:

Lasts a long time but involves less severe symptoms.

Lead a normal life, but may not be functioning well or feeling good.

9. Psychotic depression:

Major depressive episode

Symptoms such as delusions or less commonly hallucinations

Symptoms:

- Reduced concentration and attention
- Reduced self-esteem and self confidence
- Ideas of guilt and unworthiness
- Ideas or acts of self-harm or suicide
- Disturbed sleep
- Diminished appetite

Treatment:

- Cognitive behavioural therapy
- Music therapy
- Psychotherapy
- Animal assisted therapy
- Physical exercise
- Medicines such as antidepressants can consist of antipsychotics, mood stabilizers and lithium.

SOMATOFORM DISORDERS

A somatoform disorder is the manifestation of psychological conflict in physical form, which can include paralysis, blindness, and physical pain.

PSYCHOSEXUAL DISORDER

Psychosexual disorder is a term which may simply refer to a sexual problem that is psychological rather than physiological in origin.

Sexual stages like excitement, orgasm and resolution are psychologically determined, are responsible for various sexual disorders.

Classification:

There are three major group of sexual disorders

1. Dysfunction:

Dyspareunia or experience of more pain during the sexual act.

Decreased desire or sexual aversion is associated with fear, anxiety, and dislike

Impotence, premature ejaculation, inhibited male orgasms and vaginismus (involuntary contraction of vagina in female) are the visible symptoms of sexual problems.

2. Paraphilias:

It is the unusual or abnormal sexual behaviour that does not follow the normal standards.

This category of sexual disorder exhibits abnormal preference of sexual objects that include –

Fetishism (preference of sexual inanimate objects)

Fetishistic transvestism (wearing clothes of the opposite sex),

Paedophilia (pre-pubertal children),

Zoophilia (animals),

Necrophilia (dead bodies)

Exhibitionism → usually males expose their genitals usually to unsuspecting strangers and become sexually excited when doing that.

Voyeurism → a person who gains sexual pleasure from watching others when they are naked or engaged in sexual activity.

Sexual sadism → it is the condition of experiencing sexual arousal in response to the extreme pain, suffering or humiliation of others.

3. Gender identity disorders:

It is the feeling of discomfort or distress that might occur in people whose gender identity differs from their sex assigned at birth or sex related physical characteristics

Transgender and gender diverse people might experience at some point in their lives.

Also known as gender dysphoria.

Treatment:

Psychosexual counselling

Behavioural and cognitive therapy

Group therapy

More serious sexual perversions may be treated with androgen blockers, GnRH modulators, selective serotonin reuptake inhibitors (SSRIs)

To help restore hormonal and neurochemical balances.

SMRITI BHRAMA

Means loss of memory

Causes:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Jara sambhava • Unmada, apashmar, atatwabhinivesha | <ul style="list-style-type: none"> • Madatyaya, meda • Alpa satva |
|---|---|

Lakshana:

- Forgetfulness
- Difficulty to undertake even simple and routine tasks
- Thinking errors
- Often mood elevations / fluctuations
- Lack of motivation
- Communication problems

Chikitsa:

Single herbs

- | | | |
|---------------|------------|----------|
| • Haridra | • Brahmi | • Lasuna |
| • Ashwagandha | • Dhanyaka | |
| • Vacha | • Maricha | |

Ayurvedic formulations:

- | | |
|------------------------|-------------------|
| • Brahmi ghrita | • Brahmi vati |
| • Panchagavya ghrita | • Vachadi churna |
| • Shankhapushpi ghrita | • Saraswatarishta |
| • Medhya ghrita | • Swarna vacha |
| • Manasamitra vati | |

IMPORTANCE OF DAIVAVYAPASHRAYA, SATTWAVAJAYA, ADRAVYA BHUTA CHIKITSA

1. Daivavyapashraya chikitsa:

This is to cure diseases caused by agantuja bhutadi, papa, adharma janya purva janmakarma.

- Mantra
- Aushadhi dharana / sevana
- Mani dharana
- Mangala karma
- Bali
- Upahara
- Homa
- Niyama
- Prayashchita
- Upavasa / vrata
- Swastika vachana
- Bow to devata, guru & pujya
- Visit to tirtha sthana

Purvajanma kurta karma is named as daiva; and the treatment which cures it is known as daiva-vyapashraya. Effective in almost all diseases.

2. Sattwavajaya chikitsa:

पुनराहितेभ्योऽर्थेभ्यो मनोनिग्रहः

Sattwavajaya is the treatment where mana is being stopped going towards ahita artha. This is the main treatment of manasika roga.

3. Adravya bhuta chikitsa:

Adravabhuta chikitsa includes all those treatments wherein no drug or pharmacological approach is involved.

Some examples are –

- Nidana parivarjana
- Achara rasayana
- Langhana
- Vyayama
- Nidra
- Brahmacharya
- Bhayadarshana
- Vismapana
- Harshana
- Bandhana
- Samvahana
- Ekantavasa

MEDHYA RASAYANA IN MANASA ROGA

Medhya rasayana play an essential role in the treatment of psychiatric and psychosomatic disease.

The mode of this therapy involves the individual to attain sedation, calmness, tranquillity or a stimulation of activities of brain.

Neurological and psychiatric disorders are generally associated with loss of memory, cognitive deficiency impaired mental functions etc.

Medhya rasayanas are known to have specific effect on mental performance by promoting the functions of buddhi and ‘manas’ by correcting the disturbance of rajas and tamas.

These drugs promote the intellect (dhee), retention power (dhruti), and memory (smruti)

Maximum medhya rasayana is concerned having ‘shita virya’ and ‘madhura vipaka’ whereas some of them are ‘ushna virya’ and ‘tikta rasa’

Ushna virya medhya drugs are helpful mainly in grahana and smaranam functions.

Whereas shita virya medhya drugs are helpful in dharana functions.

i.e., mandukaparni swarasa

yastimadhu churna

guduchi swarasa

shankhapushpi churna

brahmi swarasa

vacha

Jyotishmati

Jatamansi etc.

BHUTA VIDHYA DIAGNOSIS AND MANAGEMENT OF GRAHA DISORDERS

Bhuta vidhya is a branch of the eight principle branches of astanga ayurveda. It is also called graha chikitsa and deals with psychology and psychiatry (manasika vikara). In ayurveda, it is used for the diagnosis and treatment of diseases resulting from unknown reasons.

Different experts have explained the word 'bhuta' differently →

- Some experts say that 'bhuta' means ghosts and similar evils spirits who cause abnormal psychological conditions.
- Others say 'bhuta' represents microscopic organisms such as virus, bacteria that are not visible to naked eyes.
- In modern terminology, it can be considered as idiopathic diseases in which the exact cause of disease is unknown.

Ayurveda also believes in the past karma or deeds as a causative factor of certain diseases. Bhuta vidhya deals with the cause, which are directly not visible and have no direct explanation in terms of tridosha.

In most cases illness is caused by the disturbance of mind, where rajas and tamas are supposed to be the contributing factors. These psychiatric diseases are a result of the affliction from the deva, asura, gandharva, yaksha, rakshasa, pishacha, naga and other demons or evil spirit.

The problems and ailments dealt under the Graha chikitsa or Bhut vidhya can be related to modern psychiatry.

The treatment includes →

Ashwasana or manaso upachara → counselling of patient

Graha vidhya dravya prayoga → use of certain herbal disinfectants as fumigation (dhupana) or simply keeping the sticks or leaves in the room to disinfect the atmosphere of the patient. Examples of dhupana dravya: guggulu, agaru, vacha, nimba, mahanimba, sarshapa, pippali, chitraka, hingu, chandana, karpura etc.

Mantrocchara & anushtana → chanting mantras and performing tantric rituals to pacify the affliction of evil spirits and demons.

Yoga → use of yogic therapies like dhyana and pranayama to pacify the psychological disturbance of a patient.

9. Derivation, definition and synonyms of Rasayana, importance of Rasayana and its benefits. Indications of Rasayana therapy. Classification of Rasayana. Kutipravesika and Vatatapika Rasayana. Indications of Vatatapika Rasayana. Knowledge of Kayakalpa, Achara Rasayana. Procedures of Kutipravesika, Poorvakarma and specific schedules to be followed after Kutipravesha, benefits of Kutipravesika Rasayana, duration of process, Rasayana yoga and directions for their use. Determination of dose of Rasayana according to age. Rules and regulation after Rasayana therapy, Importance of Immunomodulators and antioxidants in Rasayana therapy.

DEFINITION OF RASAYANA

लाभोपायो हि शस्तानां रसादीनां रसायनं ।

That which help in attaining the prashasta rasaraktadi dhatu by nourishing and strengthening the body, is called as rasayana.

यजरा व्याधिविध्वांसि वयः स्तम्भकरं तथा ।

चक्षुष्यं बृहणं वृष्यं भेषजं तद् रसायनम् ॥

According to bhavamishra, rasayana dravya is having following features →

Jara vidhvamsi (jarahara)

Vyadhi vidhvamsi (vyadhi hara)

Vaya stambhakara (vaya sthapana)

Chakshushya (promoting vision)

Brimhana (nourishment of dhatus)

Vrishya (promoting virility)

Bheshaja (acts as quality drug)

BENEFITS (IMPORTANCE OF RASAYANA)

दीर्घमायुः स्मृतिं मेधामारोग्यं तरुणं वयः ।

प्रभा वर्णं स्वरौदार्यं देहेन्द्रियं बलं परम् ॥

वाक्सिद्धिं प्रणतिं कान्तिं लभते ना रसायनात् ।

लाभोपायो हि शस्तानां रसादीनां रसायनम् ॥

By using of Rasayana, person achieves long life, sharp memory, intelligence, optimum health, youth, luster and better colour complexion of skin, better voice, optimum strength of the body and sense organs, vaaksiddhi (what he says becomes true), popularity, brilliance etc.

TYPES / CLASSIFICATION

in rasayana therapy, the bhesaja (medicine) is divided into two types viz.

1. Swasthasya urjaskar
2. Aaturasya roganut

Swasthasya urjaskar bhesaja is again divided into two types viz.

1. Rasayana
2. Vajikarana

Rasayana can be classified variously, on the basis of following factors.

1. According to mode of administration → 2 types:

Kutipravesika

Vatatapika

2. According to dravya etc. → 2 types:

Dravyabhuta → amalaki, pippali, bala etc.

Adravyabhuta → achara rasayana, sada vakya, yoga etc.

3. According to modalities → 3 types:

Acharya rasayana

Ahara rasayana

Dravya rasayana

4. According to achievable outcomes → 3 types:

Naimitika rasayana

Ajashruka rasayana

Kamyas rasayana

Naimitika rasayana:

Nimita means cause. Naimitika rasayana is also known as rogapaharana or curative type of rasayana. It is used to combat or balance a specific cause responsible for the disease in the body.

For example

Triphala rasayana for netra roga

Arjuna for hrida roga

Loha bhasma for pandu

Agastya rasayana for shwasa

Shilajatu for prameha

Medhya rasayana for unmada – apasmara

Ajashruka rasayana:

This rasayana is used to maintain good health and improve the quality of life through a healthy lifestyle, diet or exercise. It is also called as vayasthapana rasayana. Few examples include – ksheera, ghrita, anna, phala sevana, yoga, pranayama, sadavrutta palana etc.

Kamyas rasayana:

It is described as to fulfil a wish or to serve a special purpose (kama means desire).

It is of three types viz.

1. Prana kamyā → to achieve best quality of prana (life energy) in the body. E.g., amalaki, haritaki, bibhitaki, nagabala, ashwagandha rasayana etc.
2. Medha kamyā → enhancing the memory and intellect e.g., manduka parni, yashtimadhu, guduchi, shankhapushpi, brahmi, vacha, Jyotishmati rasayana etc.
3. Shree kamyā → to promote the complexion and luster of a person. These rasayana drugs are divine herbs (divya aushadhi)

KUTI PRAVESHKA RASAYANA VIDHI PRAYOGA

Among the two methods of using rasayana, the kutipraveshika method is considered the best because this method gives the benefit of rasayana soon.

The meaning of kuti here is from the trigarbha kuti made in a special design. This kuti is made in such a way that it protects from sun & wind or to assume that the patient does not have any special effect on the body due to change in the environment.

Construction site of kuti:

The place where the king, doctor, brahmin, kshatriya, vaishya and sage resides and all the necessary materials are available, get the kuti constructed in the east-north part of the city.

Purva karma:

Patient, free from raja & tama dosha with concentration, faith and patience enters the kuti on auspicious day in the presence of surya, suklapaksha, shubh nakshatra & muhurta after offering the pooja & pradakshina to the devata & bramhana.

Sanshodhana i.e., vama, virechana, niruha basti and nasya should be administered.

Pradhana karma:

During pradhana karma, it is advised to consume rasayana while living in the kuti. Person taking rasayana should consume rasayana along with bathing, routine as well as meditation, perception, chanting, self-contemplation and reading of spiritual books. Food should be taken in short and small quantities during the entire rasayana intake period. Generally, rasayana should be done by staying in the kuti for 60 – 90 days.

Paschat karma:

One should not come out of the kuti immediately after the rasayana intake period is over, because many diseases can be caused by immediate contact with the external environment. Therefore, after staying in the middle of the kuti from inside and then in the outside kuti, then it should be taken out.

Benefit of kutipraveshika rasayana:

In this way, old hair, nails and teeth fall off due to consumption of rasayana and new teeth, nails and hair start coming. The person becomes beautiful and veeryavana. There is increase in medha, bala, buddhi, & satwa. This person lives for a thousand years in a niramaya state, that is he lives a long life.

VATATAPIKA RASAYANA

When a person consumes rasayana while being in wind & sun, then it is called Vatatapika rasayana vidhi. This is the external rasayana consumption method, the person who does not have much time does not have complete control over the mind. Who cannot stay away from his family for a long time, he can consume rasayana by this method.

Importance of shodhana before administration of rasayana chikitsa:

Acharyas has mentioned that “as dirty clothes cannot be coloured properly, patients without shodhana cannot get proper result of rasayana & vajeekarana.

KAYAKALPA

Kayakalpa is an ancient system for total body rejuvenation. Originating in India circa 3000 B.C.E., Kayakalpa purifies and nurtures the body, mind, and soul with a series of customized therapy sessions, herbal and mineral preparations, vital breathing practices, dietary guidelines, and daily living recommendations.

The name Kayakalpa comes from the Sanskrit kaya (bodies) and kalpa (transmutation).

Kayakalpa brings the physical and energetic, or subtle bodies back into balance through a process of purification and nourishment. This enables one to transcend any degenerative conditions and attain an optimal metabolic state for health and recovery.

Kayakalpa's history reaches back to the Siddha yogis of India, ancient sages renowned for their youthful longevity and supernatural powers. It is considered to be the precursor to the Ayurvedic system, and is believed to have been first transferred from the god Shiva to his wife Parvati, and from her to the Siddhas, who practiced Kayakalpa as a sacred science to attain Siddhi (mystical powers).

Purification:

A key element of the Kayakalpa medical philosophy is Purification.

The Siddhas chose to purify their physical and subtle bodies, in order to facilitate the flow of health, consciousness, knowledge, and action.

Mind is the organ of consciousness, where people store their memories and desires. When these desires are unfulfilled it creates a melancholic state which produces a bio-toxicity known as Ama, destroying the immunity of the entire system and depleting the quality of its tissues. Kayakalpa is designed to rid the body of Ama, purifying it to allow the energy and vitality flow through you as a clear channel.

Nourishment:

The second key element of Kayakalpa philosophy is Nourishment. Your treatments, diet and herbs are designed to nourish the purified body.

In Kayakalpa, taste is the key to nourishment. There are six tastes: sweet sour, salt, astringent, pungent, and bitter. Depending on your constitution, the appropriate taste profile is carefully chosen to nourish your body. With this guiding principle, Kayakalpa classifies all food types according to their taste, which determines their impact on the biological principles of Air, Fire and Water.

An important feature of Kayakalpa is molecular nutrition or applied alchemy— which consists of herbal-mineral compounds called Kalpas, preparations that bring about balance in physiology, enhance immunity and slow down the aging process.

Nourishing the subtle body is as important as nurturing our physical body. Subtle nutrition is the specific use of sound, color, aromas, gems, metals and breath customized for a particular constitution. It nourishes the mind and senses and awakens, invigorates, and expands the flow of energy.

INDICATIONS: (RASAYANA YOGYA)

Jitendriya → who can control his sense organs
 Hitayu & sukhayu vyakti → who wants to live healthy life
 Sadhana sampanna → who can afford the treatment
 Savadhana vyakti → cautious
 Dharmika
 Non addicted
 Free from mental stress
 Between 16 – 70 years age
 Male & female both are eligible
 Shodita & snigdha

Contraindications: (rasayana ayogya)

Anatmavana → unstudied person
 Aalasi → lazy person
 Daridra → poor
 Pramadi & vyasani → careless and addicted persons
 Papakruta → evil person who indulges in sinful acts
 Bhesaja apamani → who do not respect medicine
 Patita → characterless
 Sushrusha rahita → who do not have care taker

Ideal age for rasayana therapy:

Pariharini avastha i.e., 40 + age is the ideal age for initiation of rasayana chikitsa, as during this stage all the dhatus reach peak stage (fully matured) and decline is likely to set in, if rasayana are administered at this critical age, the dhatus may remain intact and sustain the perfect health further.

AACHARA RASAYANA

Aachara rasayana deals with practice of ethics (achara) and regimen (vihara), collectively known as ‘behavioural science’ to gain the excellence of satva-buddhi and Chetan (aatma).
 Satyavadinam → to be honest / trustworthy
 Akrodham → to be free from anger
 Nivrutam madhamauthunat → to walk away from wine and women (sex)
 Ahinsakam → to be non-violent
 Anayasam → never be tired, but be cheerful

Prashanta → to keep cool and calm

Priyavadinam → to speak good / talk sweetly

Japa shaucha karam → to practice mantra – chanting and is cleanliness

Dheeram dananityam → to be courageous and charitable (donates & serves to poor)

Tapasvinam → to practice yoga, meditation etc.

Daiva go brahmana acharya guru vriddha archaneratam → devoted to gods, cows, brahmins, sages, teachers, elders, and serving them

Nitya karuna vedinam → ever compassionate, merciful

Sama jadarana swapnam → balanced sleep and awakening

Nitya ksheera ghrutashin → using ghee and milk regularly

Desha kala prmanagnam → to be aware of place & time, and act accordingly

Shastacharam asankirnam → to be well behaved and simple (transparent)

Upasitaram vrudhanam → accompanying (experienced) elders.

Aasitkanam → to have faith in God

Jitatmana → to be self-controlled, non-submissive to sensory

Medhya rasayana:

Medhya rasayana promote the intellect (dhee), retention power (dhruti), and memory (smruti). They provide medha, aarogya, aayu, agnibala, dehabala, varna, and svara. Acharya charaka has mentioned 4 medhya rasayana viz.

1. Mandukaparni swarasa
2. Yashtimadhu churna with dugdha
3. Guduchi swarasa
4. Shankhapushpi kalka

1. Mandukaparni → act on behaviour besides being neuroprotective brain growth promoter, inhibits the memory impairment induced by scopolamine through the inhibition of AChE.
2. Yashtimadhu → it increases the circulation into the CNS system, improves learning and memory on scopolamine induced dementia.
3. Guduchi → possess learning and memory enhancing, antioxidant, and antistress action, enhances the cognition in normal and cognition deficits animals in behavioural test. It is useful for treatment of bhrama (Vertigo), in improving behaviour disorders, mental deficit and IQ levels.
4. Shankhapushpi → effective in chittodvega (anxiety disorders), reverses the social isolation stress induced prolongation of onset and decrease in pentobarbitone induced sleep, increased total motor activity and stress induced antinociception in experimental model.

The formulations of medhya rasayana drugs are of two types viz.

1. Sheeta virya madhura vipaka → it promotes kapha and enhances 'dharana karma' i.e., retention and cognition e.g., yashtimadhu, brahmi, shankhapushpi etc.
2. Ushna virya and tikta rasa → it promotes pitta and enhances grahana and smaranam i.e., grasping power and memory e.g., guduchi, vacha, Jyotishmati etc.

Examples of medhya rasayana:

Manduka parni, yashtimadhu, guduchi, shankhapushpi, Jyotishmati, brahmi, vacha, jatamansi, ashwagandha rasayana, satata adhyayan, satsanga etc.

Rasayana according to srotas:

For giving strength and increasing immunity of the srotas or channel systems following herbal, mineral, or metallic preparations can be given.

1. Pranavaha → pippali, maricha etc.
2. Annavaha → sunthi, lasuna, maricha, hingu, shankha bhasma
3. Udakavaha → phala swarasa, narikelodaka
4. Rasavaha → Shatavari, guduchi, kharjura etc.
5. Raktavaha → Manjistha, sariva etc.
6. Mamsavaha → ashwagandha, mamsarasa, swarna bhasma etc.
7. Medovaha → guggulu, shilajatu, vyayama etc.
8. Asthivaha → babbula niryasha, pravala, mukta etc.
9. Majjavaha → yashtimadhu, brahmi, jatamansi, rajat bhasma etc.
10. Sukravaha → kapikacchu, ashwagandha, Shatavari, ghrita, ksheera etc.
11. Mutravaha → gokshura, Punarnava, varuna etc.
12. Purishvaha → bilwa, haritaki, triphala
13. Swedavaha → dhatura, chandana etc.
14. Manovaha → mandukaparni, yashtimadhu, guduchi, brahmi, vacha etc.
15. Aartavavaha → ashoka, lodhra, Shatavari
16. Stanyavaha → Shatavari, methika

Jeevaniya gana dravya → jeevaka, rishbhaka, meda, mahameda, Kakoli, ksheera Kakoli, mandukaparni, mashaparni, jeevanti, yashtimadhu

Rasayana according to disease:

Eye diseases → triphala, Jyotishmati, yashtimadhu, Dhatri lauha

Tuberculosis → pippali, lasuna, nagabala, shilajatu

Heart diseases → arjuna, shalaparni, pushkarmula, guggulu

Skin diseases → bakuchi, khadira, gandhaka, bhallataka, tuvaraka

Joint diseases → Shallaki, amruta bhallataka, Rasona

Diabetes → shilajatu, haridra, Aamalaki

Anaemia → Aamalaki, Punarnava, lauha bhasma

Grahani & gulma → pippali, bhallataka

Hypertension → kupilu, kasturi

Asthma → haridra, rasna, shireesha, Agastya rasayana

Allergies → haridra

Lipid disorders → guggulu, Rasona, haritaki

Brain & mental disorders → brahmi, shankhapushpi, Jyotishmati

Rasayana & organs:

Brain → medhya rasayana like brahmi, shankhapushpi etc.

Kidneys → gokshura and Punarnava

Small intestine → trikatu & chitraka

Eyes → triphala

Heart → arjuna

Pancreas → mesha shringi, daru haridra

Large intestine → parpati preparations

Rasayana herbs according to prakriti →

Vata prakriti → ghrita, dugdha, ashwagandha, bala, guduchi, shankha pushpi, swarna bhasma etc.

Pitta prakriti → ghrita, dugdha, Aamalaki, chyavanprasha, Shatavari, Bhringaraja, brahmi, rajata etc.

Kapha prakriti → madhu, trikatu, triphala, haritaki, brahma rasayana, bakuchi etc.

Rasayana and stages of life:

Age-group in years	Loss of impact / desired effect	Rasayana recommended
1 – 10	Balya (childhood)	Vacha, swarna bhasma
11 – 20	Vridhhi (growth)	Kashmari, bala, Shatavari
21 – 30	Chhavi (complexion)	Aamalaki, loha bhasma
31 – 40	Medha (intellect)	Medhya rasayana like shankhapushpi, brahmi
40 – 50	Twaka (skin)	Jyotishmati, tuvaraka, somaraji, bringaraja
51 – 60	Drishti (vision)	Triphala, Jyotishmati, dhatri-loha
61 – 70	Shukra (semen)	Kapikacchu, ashwagandha, shilajatu
71 – 80	Vikrama (power / courage)	Aamalaki, bala, mahabala, ashwagandha
81 – 90	Buddhi (wisdom)	Brahmi
90 – 100	Karmendriya (motor func.)	Rasayana not effective.

PURPOSE OF RASAYANA

Rasayana should be used for three-fold purpose →

1. Maintaining health,
2. Prevention of diseases and old age and
3. To aid in treatment, and to avoid the recurrence of diseases.

Sharangadhara has advised that in each group of age, every person should take specific rasayana for keeping healthy and fit.

PATHYA & APATHYA (DURING RASAYANA THERAPY)

Pathya ahara:

Goghrita, go dugdha, aja dugdha, madhu, sheetala jala, shashtika shali, mudga yusha, yava yavagu, laja, jangala mamsarasa

Pathya vihara:

Satata adhyayana, satsanga, laghu vyayama, abhyanga, utsadana, snana, swachha vastra dharana, brimhana karma, vishrama, achinta etc.

Apathya ahara:

Ati amla, ati lavana, katu, kshara, shushka shaka, shushka mamsa, tila, tila pishta, masha, virudha anna (sprouted grains), nava anna, viruddha ahara, asatmya ahara

Apathya vihara:

Vishama vyayama, ati vyayama, ati vyavaya, diva swapna, ratri jagarana, vega dharana, ratri jagarana, atapa sevana, maruta sevana, krodha, shoka, bhaya etc.

Chyavanaprasha:**Ingredients:**

Pradhana dravya → Aamalaki

36 kwatha dravya → bilwa, agnimantha, shyonaka, gambhari, patala, bala, mashaparni, mudgaparni, prushnaparni, shalaparni, pippali, gokshura, brihati, kantakari, karkata shringi, bhumyamalaki, draksha, jeevanti, pushkara mula, agaru, haritaki etc.

Prakshepaka dravya → madhu, pippali, twaka, ela, patra, & nagakeshara

Preparation:

All these herbs are taken 1-1 pala each in coarse powdered form and cooked in 1 drona of water. A pottali of 500 fruits of amalaki is immersed in this mixture to be cooked. Boil the water till it is reduced to ¼ then pottali is removed and decoction is filtered.

- Seeds of Amalaki fruits are removed and paste is made. Fibres are removed by straining it through cloth.
- Fry this paste of Amalaki in the mixture of ghrta & tila taila till the moisture is evaporated.
- Add sugar (mishree) to decoction and boil to prepare syrup, to this add fried paste of Amalaki and cook till it becomes avaleha. After cooling add madhu (honey) and prakshepaka dravya – chaturjata (twaka, ela, tejapatra, nagakesara)

Dose: the quantity that should not alter the food intake.

Indications:

- | | | |
|------------------|--------------|----------------|
| • Rajayakshma | • Vriddha | • Vatarakta |
| • Kasa | • Bala | • Pipasa |
| • Shwasa | • Svara roga | • Mutra vikara |
| • Kshata-ksheena | • Hridaroga | |

Benefits: best rejuvenative and anti-aging medicine.

Prathama brahma rasayana:

Preparations:

This consists of five types of roots (pancha panchamoola)

Laghu panchamoola → gokshura, brihati, kantakari, shalparni, prishni parni

Bruhati panchamoola → bilwa, agnimantha, shyonaka, gambhari, patala

Madhyama panchamoola → bala, Punarnava, Eranda, mudgaparni, mashaparni

Jeevaniya panchamoola → jeevanti, jeevaka, rishbhaka, meda, mahameda

Trina panchamoola → kush, kasha, nala, darbha, kandeekshu

Take all 25 drugs, 10 pala (50 gms) each with 1000 fruits of haritaki and 3000 fruits of aamalaki, add 10 times water. Boil it to prepare decoction. Take the fruits of haritaki & Aamalaki out and remove seeds then prepare paste of these cooked fruits. Mix decoction and paste again and add mandukaparni, pippali, shankhapushpi, musta, vidanga, chandana, agaru, yashtimadhu, haridra, vacha, twaka, ela churna to it (4 pala each). Then add 1100 pala of mishree (sugar), 2 adhaka of tila taila and 3 adhaka of ghrita. Cook the mixture on low fire till avaleha (jam) is prepared. After cooling add madhu (honey) to it.

Dose: It should be taken in such quantity that doesn't alter appetite of the person that means it should get digested before the time of food.

Benefits: By the administration of this rasayana, the sages (tapashwi) regained their youth (taruna vaya) and achieved medha, smriti & bala. One, who seeks nirapada deerghayu & taarunya, should use this rasayana.

Dwitiya brahma rasayana:

Preparation:

Take 1000 fruits of Aamalaki, remove the seeds and cook them well in milk. Then dry the mixture in sun and triturate it with the Aamalaki swarasa.

Add Punarnava, jeevanti, bala, nagabala, Shatavari, kapikacchu, guduchi, chandana, agaru, brahmi, mandukaparni, shankhapushpi, pippali, vacha & Vidanga. Triturate the mixture again with nagabala swarasa. Add double the quantity of mixture of madhu & ghrita to it. Keep the mixture in jar for 15 days. Then add swarna bhasma, rajata bhasma, tamra bhasma and praval bhasma.

Dosage: According to agni bala of the person and the quantity that should not alter the food intake.

After digestion of medicine, the person should take Shastika Shali with milk and ghee.

Indications: it is indicated for Kutipravesika rasayana.

Medhya rasayana:

Mandukaparni swarasa → 10 – 15 ml with madhu (honey) twice a day

Yashtimadhu churna → 2 – 3 gms with ksheera (milk) twice a day

1. Guduchi swarasa → 10 – 15 ml with equal quantity of madhu twice a day.
2. Shankhapushpi churna → 3 gms with ksheera twice a day

Benefits:

Medhya rasayana promote the intellect (dhee), retention power (dhruti), and memory (smruti). They provide medha, aarogya, aayu, agnibala, dehabala, varna & svara.

Haritakyadi rasayana:

Preparation:

A decoction is prepared of haritaki, Aamalaki, bibhitaki, pancha panchamula Add to it paste prepared from the mixture of pippali, yashtimadhu, Kakoli, ksheera Kakoli, kapikacchu, jeevaka and rushbhaka. Add vidari swarasa, ksheera and ghrita and cook properly.

Benefits: This is excellent tonic for old age and increases functions of all sense organs and all systems of the body.

Aamalaka rasayana:

Preparation:

Aamalaki, haritaki & bibhitaki or combination of these, is tied to the bark of palasha. This is covered with a layer of wet mud. This big ball is fried using cow dung cake fire.

Then the mud and Palasha layers are scrapped, pulp is taken and crushed properly in khalva yantra.

This paste is administered by adding equal quantities of dadhi, ghrita, madhu, tila, kalka & mishree.

Use: During administration of this rasayana, person should be restrained from food, if he feels hunger, should take milk or fruits.

Benefits: By the administration of this rasayana, the sages regained their youth and lived for many hundreds of years.

Aamalakavaleha:

1000 Amalaki and 1000 Pippali are soaked in Ksharodaka of Palasha. Then these are dried, powdered, mixed with Ghrita, Madhu & Sharkara and kept in a ghee smeared jar. This jar is stored underground for 6 months.

Vidangavaleha:

All the ingredients Vidanga churna (1 aadhaka), pippali churna (1 aadhaka), sitopala churna (1½ aadhaka) and ghrita, taila, madhu (1 aadhaka each) are mixed and then kept in a ghee smeared jar. This jar should be stored inside a heap of ashes for complete rainy season.

Nagabala rasayana:

Roots of Nagabala should be collected from Jangala desha, the earth of the field should be snigdha, krishna, madhura or suvarna varna. The field should be free from poison, wild animals and pavana-salila-agni-dosha., should not be cultivated land, no ant-hill, no crematorium, no sacred temple, no residential house etc. Roots of Nagabala should be collected in the month of magha & falguna.

The roots are made to a thin paste or powder and taken with milk or honey in the morning.

Indrokta rasayana: first rasayana told by lord Indra.

Regular use of drugs like endri, brahmi, payasya, ksheerapushpi, Shravani, mahashravani, Shatavari, vidari, jeevanti, Punarnava, nagabala, vacha, meda, mahameda, with ksheera (milk) for 6 months improves svara, varna, bala, medha, smruti.

Droni-praveshika rasayana:

The juice (swarasa) of brahma sauvarchala, suryakanta, nari, kasthagodha, sarpa, soma, padma, aja, neelika should be taken internally and then the person enter the droni made of palasha, after smearing his body with ghruta.

He stays unconscious for 6 months in the boat and then awakens completely rejuvenated (achieves ayu-varna-svara-aakruti-bala-kanti).

Aja ksheera should be given to drink.

Kevala aamalak rasayana:

After spending one year on milk-diet and surrounded by cows, one should do fasting for three days and then enter the forest of amalaki, in the months of pusha, magha, falguna. By chanting aum, he should consume the fresh fruits of aamalaki.

Lohadi rasayana:

Red hot iron is dipped in triphala kwatha, gomutra & ksharodaka in sequence. Churna is made and kept in ghruta-smeared earthen pot inside paddy of barley (yava) for one year. After one year, it should be used with madhu according to agnibala.

Pippali vardhamana rasayana:

Intake of pippali daily with godugdha, start with 10 pippali, then increase it by 10 pippali / day, every day for 10 days, then from 11th day decrease it by 10 pippali/day till the consumption of total 1000 pippalis.

Increasing	Decreasing
1 st day → 10	11 th day → 90
2 nd day → 20	12 th day → 80
3 rd day → 30	13 th day → 70
4 th day → 40	14 th day → 60
5 th day → 50	15 th day → 50
6 th day → 60	16 th day → 40
7 th day → 70	17 th day → 30
8 th day → 80	18 th day → 20
9 th day → 90	19 th day → 10
10 th day → 100	
550	450
Total → 1000 pippali	

Methods of Pippali Rasayana Prayoga:

- 1.shreshtha prayoga: Starting with 10 pippali, increasing & decreasing by 10-10 pippali → 1000 pippali prayoga.
- 2.madhyama prayoga: Starting with 6 pippali, increasing & decreasing by 6-6 pippali → 600 pippali prayoga.
- 3.laghu prayoga: Starting with 3 pippali, increasing & decreasing by 3-3 pippali → 300 pippali prayoga.

Benefits of pippali rasayana:

Brimhana, svarya, aayushyam, pleehodaranashanam, vayasthapana, medhyam etc.

Shilajatu rasayana:

Rasa → amla rasa yukta kashayarasa pradhana

Virya → na ati ushna sheeta (neither hot nor cold)

Vipaka → katu

Karma → sarvaroganashaka

4 types of shilajatu →

Prakara	Varna	Rasa	Virya	Vipaka
Swarna shilajatu	Raktabha	Madhura tikta	Sheeta	Katu
Rajata shilajatu	Swetabha	Katu	Sheeta	Swadu
Tamra shilajatu	Mayurkanthabha	Tikta	Ushna	Katu
Loha shilajatu	Krishna	Tikta lavana	Sheeta	katu

Loha shilajatu is the best.

All shilajatus smell like cow's urine i.e., gomutra Gandhi

Shilajatu rasayana prayoga vidhi:

Shilajatu shodhana → Shilajatu is mixed with dugdha and immersed into triphala kwatha or hot decoction of the drugs that are prescribed for alleviating the aggravated doshas. After the decoction is absorbed, decoction should be added again.

- This procedure should be repeated for 7 days.
- Use this processed Shilajatu (suddha shilajatu) mixed with loha bhasma with milk.
- Can be used for 7 or 3 or 1 weeks as para, madhyama and avara prayoga respectively.
- Can be used in dose of 1 pala, ½ pala, and 1 karsha.

Apathya in shilajatu prayoga:

Avoid teekshana guru ahara, and especially kulattha while taking shilajatu, because kulattha has the quality of ashmano bhedana (cutting & breaking of stone).

Triphala rasayana:

Acharya Charaka has explained following four rasayana prayoga of Triphala:

Triphala rasayana 1:

Along with honey and ghee, a person should take: 1 haritaki after digestion of previous meal; 2 bibhitaki before food; and 4 aamalaki after food.

Triphala rasayana 2:

A new iron vessel should be pasted with the Triphala paste (kalka) for 24 hours.

This paste is administered with honey and water. After its digestion, one should take food with ghrita and sneha.

If it is administered for one year, the person can live one hundred years free from aging and diseases.

Triphala rasayana 3:

Using Triphala churna with Yashtimadhu, Vamshalochana, Pippali, Madhu, Ghrita and Mishri is effective anti-aging rasayana.

Triphala rasayana 4:

Triphala along with Sarva Loha bhasma, Suvarna bhasma, Vacha, Vidanga, Pippali, Lavana, Madhu, and Ghrita is administered continuously for one year. It provides health, intellect, strength and longevity.

Other important rasayanas:

- | | |
|------------------------|----------------------|
| • Dhatri rasayana | • Arjuna ksheerapaka |
| • Ashwagandha rasayana | • Rasana ksheera |
| • Amrutaprasha ghrita | • Shankhapushpi |
| • Agastya haritaki | • Gandhaka rasayana |

ANTIOXIDANT ACTION OF RASAYANA

Rasayana drugs act as anti-oxidants. Antioxidants are the substances that reduce oxidative damage that caused by free radicals. Well known antioxidants include a number of enzymes and other substances such as vitamin C, vitamin e and beta-carotene that are capable of counteracting the damaging effect to oxidation.

A recent study shows that people whose diets had highest level of vitamin-E were 30% less likely to develop type-2 DM. In addition, researchers found that people who ate a lot of carotenoids, a type of antioxidant found in colourful fruits and vegetables, also had a lower risk of developing type-2 DM.

Oxidative damage to cells is also important phenomenon in aging process. So, antioxidants are also helpful in delaying aging.

Antioxidants may possibly reduce the risk of cancer and age-related macular degeneration. Many rasayana drugs like Aamalaki, ashwagandha, guduchi etc. act as antioxidants. Main constituents of amalaki are vitamin C, carotene, and riboflavin. It is having a role in cellular oxidation reduction. They have also, a role in collagen fibrin synthesis, helps in formation of fibrin; Absorption of iron. Withanolide in ashwagandha also acts as antioxidant by increasing levels of three natural antioxidants like – dismutase, catalase, glutathione peroxidase.

IMMUNO-MODULARY ACTION OF RASAYANA

Immunomodulator is a chemical agent (as methotrexate or azathioprine) that modifies the immune response or the functioning of the immune system (as by the stimulation of antibody formation or the inhibition of white blood cell activity).

Rasayana drugs also act as immunomodulator. Certain rasayana drugs such as guduchi, haridra, pippali, shilajatu etc. act as immunomodulator; strengthening of immunity is done in various ways by promoting bodily defence mechanism like increasing the WBC count, improving immune function.

In an in vitro study on immune competent cells, aqueous extract of the stems of guduchi was found enhancing T as well as B cells responses and protected mice against experimental infections. (Sainis et al, 1998).

Administration of brahma rasayana, amrutaprasha rasayana, and Narasimha rasayana were found to enhance the proliferation of lymphocytes in response to Mitogens.

10. Vajikarana- Derivation, definition, synonyms, necessity, benefits, importance of fertility, Symptoms of Shukra (Semen), Vajikaran Dravya and Aushadhi. Properties, doses, methods of administration, ingredients and methods of formation of Rasayana & Vajikarana formulation. Classification and importance of Vajikarana Dravya

DERIVATION →

The word 'Vaji' is a synonym of horse (which is known for high physical strength and sexual power) Vaja means shukra, person who is having shukra (semen) is known as 'vaji', and who is not possessing it is called 'avaji'.

DEFINITION OF VAJIKARANA →

The medicine which makes the man able to have children and continue his generations; the medicine which induces sexual desire and pleasure; and by using which the man copulate with woman like a horse is called Vajeeakarana.

The drugs and foods which make a man capable of performing sex many times, like a horse, are called 'Vajeeakarana'.

VAJIKARANA PARYAYA

1. Vajikara → that which makes the man powerful like a horse.
2. Vrushya → increases the quantity and quality of semen.
3. Kamotejaka → sexual stimulant – enhances libido in man or woman.
4. Punsatva prada → enhances sexual competence
5. Sukra bala prada → increases shukra (semen) and bala (strength)

AIM (PRAYOJANA) OF VAJEEKARANA SEVANA / BENEFITS

According to charaka, one should use vajeeakarana for –

- Achieving dharma, artha, Preeti, & yasha
- Producing a good progeny

According to sushruta - the three benefits attributed to vajikarana –

Preeti – pleasure, affection to women

Apatya – producing offspring (children)

Bala prada – strength in the body.

IMPORTANCE OF FERTILITY

A person with no progeny (without child) is useless like a tree with no fruits, having one branch with no shadow. A man without child is like an idol made of grass wearing the garb of a man, he is like a lamp in sketches (paintings), like gold without any qualities of gold, and like a dried lake.

A person, who has many children (bahu prajah), is having bahu murti, bahu mukha, bahu vyooaha, bahu kriya, bahu chakshu, bahu jnana, & bahu aatma. He is mangali (auspicious), yasha vaan (praise-worthy), dhanya (blessed), viryavaan and bahu shakha yukta.

PRASHASTA PHALAPRADA SUKRAGUNA (qualities of semen that is capable of reproduction)

बहलं मधुरं स्निग्धं विस्रं गुरु पिच्छिलं ।

शुक्लं बहु च यत् शुक्रं फलवत्तद् असंशयम् ॥

1. Bahala → thick
2. Madhura → sweet (by inference)
3. Snigdha → unctuous
4. Avisra → not having foul smell
5. Guru → heavy
6. Picchila → slimy
7. Sukla → white
8. Bahu → profuse (in sufficient quantity)

CLASSIFICATION OF VAJIKARANA DRAVYAS

Broadly vajikarana dravyas or the vajikarana therapy is of four types viz.

1. Shukra janaka (sukrala) → that increases semen e.g., ashwagandha, musali, Shatavari, sarkara, shilajatu, kapikacchu etc.
2. Shukra pravartaka → that enables flow of semen e.g., stree sparsha, Sankalpa, madira, ahiphena
3. Shukra sruti vruddhikara → that increases ejaculation e.g., masha, bhallataka, kapikacchu, ksheera etc.
4. Shukra stambhaka → that causes prolonged erection of penis e.g., jatiphala, ahiphena, kesara etc.

Indications:

- Jitendriya (self-controlled, or who can control his sense organs)
- Apatyarthi (who wants good progeny)
- Kama sukharthi
- Upabhoga sukharthi
- Veerya vardhanarthi
- Putrarthi
- Klaibya
- Alpa veerya
- Vilash purush
- Dhanavana
- Rupavana
- Shodhita
- Between 16 – 70 years of age

Contraindications:

- Below 16 years of age
- Above 70 years of age
- Chintita
- Vyadhita (rogi)
- Upavasita
- Ati vyavaya shranta
- Duratma
- Avivahita
- Brahmachari
- Sadhu-santa-tapasvi
- Ashodhita

VAJEEKARANA SEVANA VIDHI (PROCEDURE) →

Shodhana is essential before Vajikarana therapy is administered.

Poorvakarma – Depending upon the strength of the person, Shodhana therapies should be administered, before the commencement of Vajikarana-chikitsa, like a dirty cloth does not get properly coloured even if it is dyed, similarly in an uncleaned body the aphrodisiac remedies do not produce the desired effects.

Pradhana karma – After Shodhana, with consideration of age, strength, prakriti and needs of the individual person, a suitable vajikarana drug or formulation should be administered with suitable anupana and pathya for a certain duration.

And the person should be observed carefully for the effects and adverse effects.

Paschat karma – The person, after therapy should be exposed to like beautiful parks, ponds, mountains, pleasing women, scents, flavours, garlands, friendly companions, body massage, bathing, wearing clean and perfumed clothes etc., and he should follow pathya-apathya.

Vajikarana aachara vichara:

A person gets vigour, and he becomes fit for sexual intercourse, if he is having following aachara – vichara:

Consumes ghee and milk regularly

Free from fear (i.e., courageous)

Free from any disease (i.e., healthy)

Youthful

Willing to have sex

Pathya & apathya:

Pathya aahara:

Go ghrita, go dugdha, dugdha vikara, shashtika shali, godhuma, yava, saktu, pakwa phala, phala swarasa, sushka phala (dry-fruits), kharjura, madhura rasa pradhana dravya, harita shaka, jangala mamsarasa etc.

Pathya vihara:

Vajeekarana mitra mandali, vajeekara stree sparsha, mano anukula vihara, mano anukula geeta-vadhya-yantra, abhyanga, snana, svachcha & sugandhita vastra dharana etc.

Apathya aahara:

Ati katu, ati amla, ati lavana, ruksha anna sevana, guda vikara, asatmya, viruddha ahara, anashana (upavasa) etc.

Apathya vihara:

Ati vyavaya, ayoni maithuna, diva swapna, chinta, shoka, bhaya etc.

Stree sarva pradhana vajikarana:

A beautiful and youthful woman is the best aphrodisiac.

Vrushyatama stree: woman suitable for sexual intercourse

अतुल्यगोत्रं वृष्यां च प्रहृष्टं निरुपद्रवाम् ।

शुद्धस्नातां व्रजेन्नारीमपत्यार्थी निरामयः ॥

A person who is healthy and who desires to have child should copulate with a woman who is-
Atulyagotra → of a different clan.

Vrushya → sexually attractive

Praharsha → excited

Nirupadrava → free from any disease

Suddha snata → after her menses and / or after taking bath

Lakshana of vrushya (vrushyatama stree):

Surupa → beautiful

Yauvana avastha → youthful

Vashya → attractive or adorable

Shikshita → educated

Nritya sangeeta geetadi kala praveena → expert in dance, music and other arts

Vajikarana dravya (drugs):

Aahara:

Dugdha, ghrita, mamsarasa, shashtika shali, godhuma, saktu, masha, lasuna, palandu, kushmanda, haridra, dadima, mrudvika, kharjura etc.

Vihara:

Vajikarana mitra mandali, vajikarana aachara vichara, stree sparsha, manoanukula vihara, mano anukula geeta-vadhya-yantra, abhyanga, snana, svachcha & sugandhita vastra dharana etc.

Aushadha:

Kapikacchu, ashwagandha, Shatavari, musli, Kokilaksha, gokshura, Punarnava, vidari kanda, bhallataka, keshara, shuddha shilajatu, swarna bhasma, Abhraka bhasma etc.

VAJIKARANA YOGA

Brimhana gutika:

Ingredient:

Kvatha dravya:

3 – 3 pala each sharamula – ikshumula – kandeekshu – ikshuvalika – Shatavari –
ksheerakakoli – Kakoli – vidarikanda – kantakari – jeevanti – jivaka – rushabhaka – meda –
bala etc. & 1 aadhaka masha & 1 drona jala

Kalka dravya:

2 – 2 pala each yashtimadhu, draksha, atmagupta, Shatavari, pippali, kharjura, amalaki

Prakshepaka dravya:

Sharkara, vanshalochana, pippali, maricha, twaka, ela, nagakeshar

Method of preparation:

The kvatha and kalka are cooked in 1 aadhaka dugdha & 1 drona ghrita as per ghritapaka vidhi. Then prakshepaka dravya are added and gutika are prepared.

Vajikarana pinda rasa:

Ingredient: Sharkara, masha, vanshalochana churna-godhuma churna-dugdha-ghrita

Method of preparation:

Utkarika is prepared of above ingredients. These are cut into pieces, eladi chaturjata dravya are sprinkled on these pieces, and then squeezed and mixed with kukkuta madhura mamsarasa. This is known as vajikarana pinda rasa.

In the same way, other pinda rasa can be prepared with mayur, hansha or titira mamsarasa.

Benefits:

It promotes bala & varna. Man becomes exceedingly excited.

Vajikarana ghrita:

2.56 kg each of newly harvested masha and kapikacchu and 160 gm each of jeevaka, rushabhaka, veera, meda, ruddhi, Shatavari, madhuka, ashwagandha are added in water and boiled to prepare decoction.

640 gm ghee – 6.4 litre milk -640 ml juices each of vidari and ikshu are added and the mix is cooked on mild fire. This ghee preparation should be mixed with 160 gm of each of Sharkara, madhu, vanshalochan, pippali.

The dose is 40 gm before meal.

Vrushya pippali yoga:

This product is prepared by frying 30 pippali in 40 gm of each of tila taila and ghrita, pulverizing and then mixing with sugar and honey. The food should consist of shashtika shali and ghee.

Vrushya payash yoga:

This is good aphrodisiac. The rice cooked with milk is called payasa. The masha and shashtika shali are cooked in the decoction of gokshura, and vidari with four times milk and plenty of ghee.

Vrushya madhuka yoga:

One who uses 10 gm madhuka powder mixed with ghrita, madhu and ksheera becomes continuously impelled with sex urge.

Vrushya rasa:

1. Chataka mamsa cooked in titira mamsa.
2. Titira mamsa cooked in kukkuta mamsa.
3. Kukkuta mamsa cooked in Mayura mamsa.
4. Mayur mamsa cooked in hansa mamsa.

These mamsarasa are again fried with ghrita and amla dravya, madhura dravya, ela, or Sharkara are added as per taste.

Apatyakari shashtikadi gutika:

The shashtika shali is soaked in milk, then crushed and grounded with milk. The paste is squeezed in a cloth to collect its juice.

To this juice, godugdha and atmagupta bija churna are added and boiled.

While boiling, the decoction of masha, bala, mudgaparni, mashaparni, jeevanti, jivaka, ruddhi, rushbhaka, Kakoli, gokshura, yashtimadhu, Shatavari, vidarikanda, draksha and kharjura are added.

At the end of boiling, powders of vanshalochana, masha, shashtika shali and godhuma are added to make it semisolid.

Add madhu and Sharkara to make it sweet.

Pills are prepared and fried with ghrita.

Dose: depending upon agnibala.

Benefits: even an old man becomes capable of procreating many children and he does not get exhausted during sexual intercourse.

Vrushya ksheera:

Ingredients:

Kwatha dravya: 1 – 1 pala each kharjura mastaka, kharjura, ksheerakakoli, Shatavari, madhuka, mrudwika, kapikacchu & 1 aadhaka jala.

Method of preparation:

Decoction is prepared by boiling above ingredients till 1/4th part is remaining. 1 prastha ksheera (milk) is added and boiled again till the milk part remains.

Use:

This vrushya ksheera should be taken with shashtika shali mixed with ghrita.

Vrushya ghrita:

The kalka of jeevaka, rushbhaka, meda, jivanti, yashtimadhu, kharjura, draksha, pippali, sunthi, shrungataka, and vidari is cooked with 4 parts of ghrita, 4 parts of dugdha, and 16 parts of jala till only ghrita remains.

This vrushya ghrita is mixed with ¼ part madhu and Sharkara.

Vrushya Shatavari ghrita:

1 kudava Shatavari kalka is cooked with 1 prastha go ghrita and 10 prastha go dugdha till only ghrita remains. This should be taken with madhu, sharkara and pippali.

Masha:

Black gram is one of the best vajikarana dravya (aphrodisiac drugs). It can either be used directly, or indirectly, by drinking the milk of the cow fed on black-gram leaves.

Mashadi pupalika:

The flours of masha, godhuma, shali, shashtika shali, and powders of kapikacchu, vidari, ikshu and Sharkara (mishree) are mixed and kneaded with milk to make dough for making pancake balls. These pancake balls are rolled in to pancakes and fried in ghee to make pupalika. These pupalika are to be taken with milk.

Other important vajikarana yogas:

- Vanari gutika → kapikacchu, Sharkara
- Makaradhwaja rasa → parada, gandhaka, swarna
- Ashwagandhadi churna → ashwagandha, vidari, gokshura
- Amruta bhallataka → bhallataka, triphala, Shatavari
- Kesharpaka → keshar, trikatu, gokshura
- Suddha shilajatu (shilajeeta)



THANK YOU