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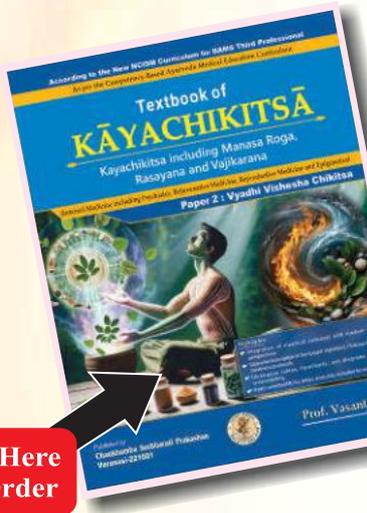
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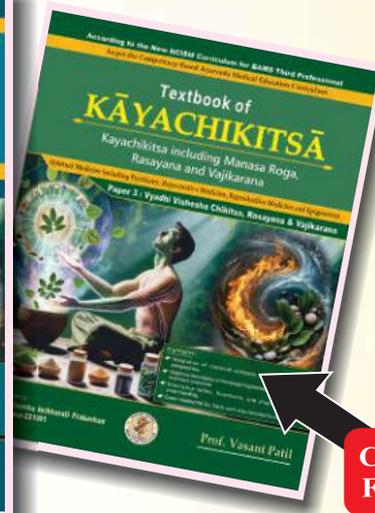
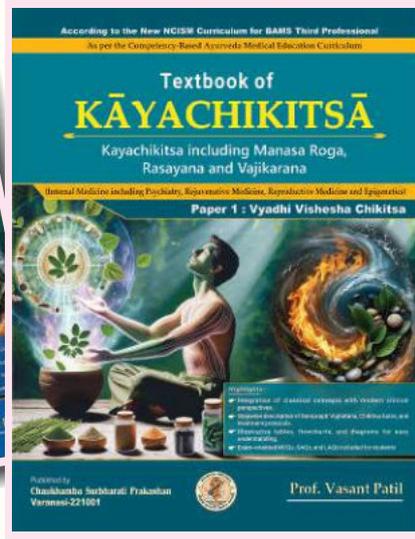
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Paper 1 : Vyadhi Vishesh Chikitsa
Paper 2 : Vyadhi Vishesh Chikitsa
Paper 3 : Vyadhi Vishesh Chikitsa, Rasayana & Vajikarana

(Internal Medicine including Psychiatry, Rejuvenative Medicine, Reproductive Medicine and Epigenetics)



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About the Book

This textbook of Kayachikitsa presents a comprehensive and systematic exposition of Ayurvedic principles of internal medicine, blending classical wisdom with modern clinical understanding. It covers the fundamentals of Samprapti Vighatana, Chikitsa Sutra, along with practical treatment protocols, Panchakarma applications, Shamana Ayshadhi, Rasayana, and Pathyapathya. The text is enriched with flowcharts, tables, and diagrams for clarity, and includes exam-oriented MCQs, SAQs, and LAQs to support students.

Highlights:

- Integration of classical concepts with modern clinical perspectives.
- Stepwise description of Samprapti Vighatana, Chikitsa Sutra, and treatment protocols.
- Illustrative tables, flowcharts, and diagrams for easy understanding.
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Textbook of
KĀYACHIKITSĀ (Paper 1-3)

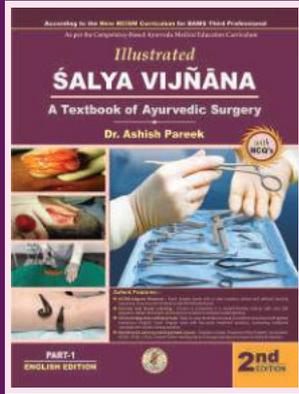


Prof. (Vaidya) Vasant Patil, MD (Ayu), Ph.D. is a renowned Ayurvedic physician, academician, researcher, and author with over two decades of dedicated experience in Ayurvedic clinical practice and Panchakarma. A postgraduate alumnus of the prestigious IPGT & RA, Gujarat Ayurved University, Jamnagar, he has been actively engaged in teaching, research, and clinical excellence since 2001.

Widely respected for his evidence-based and standardized approach to Panchakarma and Ayurvedic treatment protocols, Prof. Patil has played a significant role in advancing the scientific validation and global acceptance of Ayurveda. He serves as the Executive Editor of the Journal of Ayurveda and Holistic Medicine (JAHM) and is the Founder-Director of the Atreya Ayurveda Foundation and Atreya Ayurveda Academy, known for its flagship academic initiative Vaidya Bodhakam.

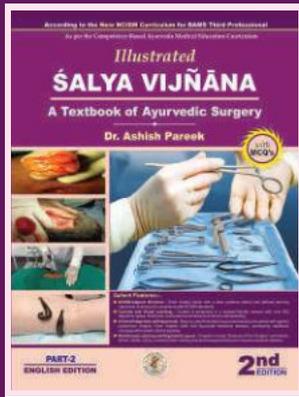
With over 100 research publications, 200+ citations, and more than 20 authoritative textbooks to his credit, Prof. Patil is a frequent expert contributor to CCRAS, NIA, and AYUSH initiatives. His mission is to revive, refine, and globalize Ayurveda through integrative, ethical, and compassionate practice.

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Illustrated Textbook of Shalya Tantra, uniquely designed to present Ayurvedic surgical concepts in a lucid, simple, and concise manner. Each chapter follows a strict New NCISM-aligned structure, beginning with learning objectives and a syllabus-based outline to guide UG students, while remaining equally useful for PG learners. The content is enhanced with over 200 diagrams, flowcharts, tables, and boxed summaries, making even complex topics accessible. A special focus on applied anatomical aspects at the start of each chapter and Ayurveda treatment protocols at the end, intelligently correlated with modern clinical terms ensures a comprehensive and integrative understanding.

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As per the Competency-Based Ayurveda Medical Education Curriculum

Textbook of **KĀYACHIKITSĀ**

**Kayachikitsa including Manasa Roga,
Rasayana and Vajikarana**

(Internal Medicine including Psychiatry, Rejuvenative Medicine,
Reproductive Medicine and Epigenetics)

Paper 1 : Vyadhi Vishesha Chikitsa Part-1

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Chaukhamba Surbharti Prakashan
Varanasi

Syllabus

Paper 1 (Vyadhi Vishesha Chikitsa - 1)						
Sr. No	A2 List of Topics	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours Theory	E2 Non-Lecture hours Practica l
1	Kaya, Chikitsa and Kayachikitsa - Nirukti, Paribhasha, Paryaya and Bheda Explanation of Kaya, Chikitsa and Kayachikitsa according to different Classical texts	1	3	1	1	0
2	Clinical ethics in the practice of Kayachikitsa • Doctor patient relationship • Good communication skills • Ethical and legal issues in the practice of Kayachikitsa(Ayurveda Medicine).	1	7	1	0	4
3	Samprapti vighatana, Chikitsa sutra, Chikitsa, Aushadha yoga and Pathyaapathya of Jvara (SP51/ TM2) • Nava jvara chikitsa • Jeerna jvara chikitsa • Nija jvara and Sannipataja jvara chikitsa • Agantuja jvara chikitsa • Dhatugata jvara chikitsa • Vishama jvara chikitsa • Punaravartaka jvara chikitsa	1	22	11	7	4
4	Anuktaroga treatment principles based on Doshadushyadi vivechana • Chikitsa yojana of Anukta roga • Anukta roga upadrava chikitsa	1		1	1	2
5	Chikitsa of Sankramika jvara • Vishama jvara (Malaria) • Antrika jvara (Typhoid) • Dandaka jvara (Dengue) • Sandhiga sannipata jvara (Chikungunya) • Mastishkavarana shotha jvara (Meningitis) • Mastishka shotha (Encephalitis) • Shwasanaka jvara (Pneumonia)	1		2	4	8

6	<p>Chikitsa of Rasa pradoshaja vikara</p> <ul style="list-style-type: none"> • Pandu roga (SL80) • Hematopoietic diseases - Raktalpata (Anaemia), Kuposhanjanya raktalpata (Nutritional Anaemia) • Anuvanshika raktavikara- (Thalassemia, hemoglobinopathies, Sickle cell Anaemia), Raktakarka (Leukaemia), Haemolytic anaemia, Thrombocytopenia • Hridroga, Hridshoola (SL61, SL6Z) • Uchcha raktachaapa (Hypertension), Hrudgata dhamanisanga vikara (Coronary artery disease- Ischemic heart disease and Myocardial Infarction), Hrudgata rakta • -Sankulanjanya karya- akshamata(congestive cardiac failure). Hrudgati vaishamya(Conduction defects of heart) • Aamavata (SP11) (Rheumatoid Arthritis) • Madatyaya (SQ20) 	2	18	12	6	16
7	<p>Chikitsa of Rakta pradoshaja vikara</p> <ul style="list-style-type: none"> • Kaamala (SM41, SM42, SM43) • Jaundice Yakrut shotha(Hepatitis), , Yakrutdalyodara(Liver cirrhosis), Madyaatirek janya yakrut vikara(Alcoholic liver disease) and Madya-etar karana janya yakrut vikara(Non- Alcoholic Fatty Liver Disease -NAFLD), madya-etar vasamaya- janya yakrut shotha(Non-Alcoholic Steato- hepatitis -NASH), yakrut koshakiya arbuda (Hepatocellular Carcinoma) • Raktapitta (SL81) • Raktaskandana sambandhi vikara (Coagulation disorders) Vanshanugata adhiraktasrava pravrutti (Hereditary - Haemophilia), Acquired- Immune thrombocytopenia -ITP • Vatarakta (SP14) Gout • Parisariya sira dhamaniya vikara (Peripheral vascular diseases) • Mada, Murchha, Sanyasa (SQ22, SP98) • Visarpa (SN4T) Erysipelas, Shingles, • Kushtha and Kilasa/Shwitra (SN40, SN43, SN46, SN48, SN49, SN4A, SN4B SN4D, SN4P, SN4U) • Anurjajanya tvak vikara(Allergic skin disorders - Atopic dermatitis/Eczyma, Urticaria), shalkayukta tvak vikara (Squamous lesions) - Psoriasis, Shewalikabha tvak vikara (Lichen planus), Visphota (Bullous lesion), Udasphotanvika tvak vikara (Pemphigus and Pemphigoid lesions) • Sheetapitta, Udarda, Kota and Utkota (SN4K, SN4L) • Daha 	2	24	22	11	18

8	Chikitsa of Kshudra roga <ul style="list-style-type: none"> • Identification and chikitsa of - Yavaprakhya (SN5Y), Andhalaji (SN5Y), Vivritta (SN5Y), Kacchapika, (SN9Y) Indravridha, Gardabhi, Jalagardabha (SM0Y), Irivellika (SN5Y), Gandhanama (SN5Y), Kaksha (SN4T), Visphotaka (SN4P), Agnirohini, Vidarika (SP9Y), Sharkararbuda (SP71), Pama (SN46), Vicharchika (SN43), Rakasa (SN40), Padadari, Alasa (SN48), Masurika, Tilkalaka (SN4E), Masaka (SN4H), Nyaccha (SN5Y), Vyanga (SN4G), Nilika (SN41) • Identification and chikitsa of - Ajagallika (SN5Y), Valmika (SN5Y), Panasika, Pashanagardabha (SM1D), Chippa, Kunakha (SN6Y), Anushayi (SP9Y), Kadara (SN9Y), Indralupta (SN90), Darunaka (SN91), Arumshika (SN70), Palitya, Yuvanpidika (SN4V), Padminikantaka (SN5Y), Jatumani (SN4F), Charmakeela, Parivaritika (SN0A), Avapatika, Niruddhaprakasha (SN0A), Sannirudhaguda (SM5Y), Ahiputana (SN5Y), Vrishanakacchu (SN40), Gudabhramsha (SM55) 	3	5	2	1	2
9	Chikitsa of Mamsapradoshaja and Medopradoshaja vikara <ul style="list-style-type: none"> • Galaganda (SL0Y) • Gandamala (SL08) • Arbuda (SP72) • Shosha (SP2Y) • Karshya (SP61) • Sthaulya (SP64) • Prameha (SM8D) • Madhumeha (Diabetes mellitus) (SP60) • Medapachaya (Dyslipidaemia)(SP62) • Sthoulya (obesity) • Arbuda (Neoplasm) 	3	16	8	2	8
10	Shuddha-Ashuddha chikitsa, Chikitsajanita vikara <ul style="list-style-type: none"> • Concept of Shuddha chikitsa & Ashuddha chikitsa • Preventive protocol in the General principles of Drug administration, • Concept of Iatrogenic diseases • Chikitsa yojana of drug induced Iatrogenic diseases 	3	5	1	2	2
Total Marks			100	61	35	64

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1

Kaya, Chikitsa and Kayachikitsa

Nirukti, Paribhasha, Paryaya and Bheda of the term 'Kaya', 'Chikitsa' and 'Kayachikitsa'.

Kaya (काय)

Nirukti (Etymology)

The term *Kaya* is derived from the root “कङ् गतौ” (kiñ gatau) with the affix *ghan*, indicating an accumulation:

“कङ् गतौ + घञ् = कायः” ।

Meaning: That which moves or that which accumulates—i.e., the body.

Definition

चीयतेऽन्नादिभिरिति कायः ।

That which grows or increases (*chiyate*) by food and other nourishing substances is called “*kaya*” (the body):

कायति शब्दायते इति कायः ।

That which moves or acts and expresses (through sound or speech) is called “*kaya*”.

Synonyms

कलेवरम्, गात्रम्, वपुः, संहननम्, शरीरम्, विग्रहः, कायः, देहः, मूर्ति, तनु, तनू । (Amarkosh 22670-71) रामाश्रयी

Kalevara –

Gatram – That which moves.

Tanu – That which is extended.

Vapu – form or appearance.

Samhanana – which has compactness.

Sharira – that which degenerates.

Vigraha – That which receives both *Sukha* and *Duhkha*.

Kaya – that which grow or develop.

Deha – that which is nourished.

Murthi – that which has shape.

Tanu – that which grows.

Types of Kaya

Sattvika Kaya (7 types):

Brahma, Mahendra, Rishi, Varuna, Kubera, Yama, Ghandarva.

Rajasika Kaya (6 types):

Asura, Rakshasa, Paishacha, Sarpa, Praita, Shakuna.

Tamasika Kaya (3 types):

Pashu, Mastya, Vanaspatya.

Chikitsa

✦ या क्रिया व्याधिहरणी सा चिकित्सा । (Bhavaprakasha)

That procedure which does alleviate or mitigate the diseases is called as *Chikitsa*:

✦ “केतितुम् इच्छति इति चिकित्सति, चिकित्सति इति चिकित्सा”

One who desires to know (*ketitum icchati*) investigates (*chikitsati*); thus, the act of investigation and treatment is called “*chikitsa*”.

✦ “या क्रिया व्याधिहरणी सा चिकित्सा निगद्यते ॥” (भाव प्रकाश)

That action (*kriya*) which removes disease (*vyadhi*) is known as *Chikitsa*.

✦ “चिकित्सा रुक् प्रतिक्रियाः रुजः प्रतिक्रिया निरसनम् ॥”

Chikitsa is the counteraction (*pratikriya*) to pain (*ruj*); it is the removal of affliction.

✦ “चिकित्सा रोगनिदानप्रतिकारे” । (वैद्यक शब्द सिन्धु)

Clinical Ethics in the Practice of Kayachikitsa

Ethical Principles in Clinical Practice

“यस्य बुद्धिः सदा धर्मे तस्य कर्म सदा शुभम्।”

“One whose intellect abides in dharma, their actions will always be righteous.”

1. Autonomy (स्वतन्त्रता)

- ✦ Respecting the patient’s right to make informed decisions about their own care.
- ✦ Involves **informed consent**, clear communication, and honoring patient values.

“The patient has the right to decide what shall be done with their own body.”

2. Beneficence (हितकारिता)

- ✦ Acting in the **best interest** of the patient.
- ✦ Promoting well-being, relieving suffering, and enhancing health outcomes.

“Do good” – always act to benefit the patient.

3. Non-maleficence (अहितनिवारणम्)

- ✦ “**Primum non nocere**” – First, do no harm.
- ✦ Avoiding any action or intervention that may cause unnecessary harm, injury, or suffering.

“Protect from harm” – even well-intended actions must not cause harm.

4. Justice (न्याय)

- ✦ Fair and equitable distribution of healthcare resources.
- ✦ Treating all patients equally, without discrimination or bias.

“Be fair” – similar cases should be treated similarly.

5. Confidentiality (गोपनीयता)

- ✦ Safeguarding patient’s private information unless consent is given or required by law.

- ✦ Builds trust in the clinician–patient relationship.
- “Keep the patient’s trust” – maintain privacy at all times.

6. Veracity (सत्यता)

- ✦ Being honest with patients regarding diagnosis, prognosis, treatment options, and risks.
- ✦ Encourages transparency and trust in clinical interactions.

“Tell the truth” – never mislead patients, even with good intentions.

7. Fidelity (निष्ठा)

- ✦ Being faithful to the patient’s interests and the professional duties of a healer.
- ✦ Includes follow-up care, honoring commitments, and avoiding conflicts of interest.
- ✦ “A physician should neither overtreat nor undertake treatment for mere gain, but act in the true benefit of the patient.”

“Be loyal” – uphold your duties with integrity and sincerity.

Ethical Decision-Making Skills in Clinical Practice

1. Ethical Awareness

- ✦ Ability to recognize situations involving ethical issues.
- ✦ **Example:** Noticing a conflict between a patient’s wish and a family’s insistence.

2. Moral Reasoning

- ✦ Analyzing the situation using ethical principles (e.g., autonomy, beneficence).
- ✦ Balancing clinical facts with moral values.

Samprapti Vighatana, Chikitsa Sutra, Chikitsa, Aushadha Yoga and Pathyaapathya of Jvara

Samanya Lakshana

स्वेदावरोधः सन्तापः सर्वाङ्गग्रहणं तथा ।

युगपद्यत्र रोगे च स ज्वरो व्यपदिश्यते ॥ (M.N. 2/3)

The following symptoms occur simultaneously:

- ◆ Svedavarodha - Obstruction of perspiration
- ◆ Santapa - Increased temperature
- ◆ Saravanga Graha - Body ache

Treatment Algorithm for Jvara According to Stages of Shadkriyakala

The Shadkriyakala (six stages of disease progression) provides a systematic approach for timely prevention, management, and cure. In Jvara Roga, the treatment should align with each stage:

1. Sanchaya (संचयः – Accumulation Stage)

Clinical features:

- ◆ Alpa Guruta (Mild body heaviness)
- ◆ Manda Utsaha (Dullness), Jrimbha (yawning), Alpa Aruchi (slight aversion to food)

Management:

- ◆ Langhana
- ◆ Pachana
- ◆ Avoid heavy, oily, and cold foods

Useful Formulations:

- ◆ Dhanya, Nagara and Jeeraka Siddha Jala
- ◆ Shadangapaneeya
- ◆ Laghu Ahara (Gruel, Yusha)

2. Prakopa (प्रकोपः – Aggravation Stage)

Clinical features:

- ◆ Increase in symptoms
- ◆ Arati, Sada, Angamarda

Management:

- ◆ Langhana + Pachana

- ◆ Start Shamana Chikitsa if symptoms are mild

Useful Formulations:

- ◆ Amritarishta
- ◆ Sudarshana Churna

3. Prasara (प्रसरः – Spread Stage)

Clinical features:

- ◆ Spread of Dosha to Rasadi Dhatus
- ◆ Aruchi, Arati, Sada, Klama, Tiktasyata (bitter taste), Angamarda, Glani, Vaichitya.

Management:

- ◆ Continue Pachana + Shamana
- ◆ Shadangapaneeya

Useful Formulations:

- ◆ Sudharshana Vati
- ◆ Amritarishta

4. Sthanasamshraya (स्थानसंश्रय – Localisation Stage)

Clinical features:

- ◆ Doshas lodge in weak tissues (e.g., Rasa/Rakta Dhatu)
- ◆ Specific patterns may emerge: Vataja, Pittaja, Kaphaja Jvara

Management:

- ◆ Langhana
- ◆ Vataja Jvara - Ghritapana
- ◆ Dosha-Specific Shamana Chikitsa
- ◆ If Ama present → Deepana-Pachana

Useful Formulations:

- ◆ **Pittaja Jvara:** Guduchi Satva, Kamadugha Rasa, Guluchyadi Kashaya
- ◆ **Vataja Jvara:** Mrityunjaya Rasa, Dashamoola Kvatha, Amritarishta

- ◆ **Kaphaja Jvara:** Mrityunjaya Rasa, Dashamoola Katutrayam Kashaya

5. Vyakti (व्यक्ति – Manifestation Stage)

Clinical features:

- ◆ Clear expression of Jvara Rupa (Dosha-specific symptoms)
- ◆ Samprapti is complete

Management:

- ◆ Saama Avastha – Langhana, Pachana (Pachaaneeya Kashaya), Svedana, Yavagu
- ◆ Nirama Avastha- Ghritapana, Ksheera Prayoga
- ◆ Saama Jvara, Amashaya Samuttha, Kaphapradhana, Utklishta Dosha- Vamana
- ◆ Jvara Anta – Virechana to remove remnant Doshas

Formulations

- ◆ **Pittaja Jvara:** Pravala Panchamrita, Kamadugha Rasa, Guluchyadi Kashaya, Drakshadi Kvatha

- ◆ **Vataja Jvara:** Mrityunjaya Rasa, Tribbhuvana Keerti Rasa, Dashamoola Kvatha, Amritarishta
- ◆ **Kaphaja Jvara:** Maha Mrityunjaya Rasa, Sanjeevani Vati, Dashamoola Katutrayam Kashaya

6. Bheda (भेद – Complication Stage)

Clinical features:

- ◆ Complications like Vishama Jvara, Sannipata Jvara, Moorcha, Sanyasa
- ◆ Weakness, Dhatukshaya, collapse signs

Management:

- ◆ Doshanusara Chikitsa and Serious Upadrava should be treated first.
- ◆ Dosha-specific + Dhatu-poshaka therapy
- ◆ Manage complications (e.g., Delirium, Hyperpyrexia)

Useful Formulations:

- ◆ Sannipata and Sannipata Jvarajanya Sannyasa: Jayamangala Rasa, Brihat Kasturi Bhairava Rasa, Hemagarbha Pottli

Treatment Plan for Saama Stages in Jvara and Explain Taruna Jvara Chikitsa (Nava Jvara Chikitsa/Pachana-Upaya Chikitsa in Jvara)

Difference between Ama Jvara, Pachyamana Jvara and Nirama Jvara

Stages	Ama Jvara (First stage)	Pachyamana Jvara (Second stage)	Nirama Jvara (Third stage)
Symptoms	<ul style="list-style-type: none"> - Anorexia and indigestion - Heaviness in the stomach and cardiac region - Drowsiness and laziness - Continuous fever with acute onset - Non-elimination of doshas and mala (waste products) - Excess salivation, nausea, and tastelessness - Rigidity, numbness, and heaviness in the body - Excessive urination - Improper stool formation - Absence of muscle fatigue 	<ul style="list-style-type: none"> - High-grade fever - Excessive thirst - Delirium - Dyspnea (difficulty in breathing) - Giddiness (dizziness) - Excessive evacuation of wastes 	<ul style="list-style-type: none"> - Restoration of appetite - Reduced debility - Lightness in the body - Decreased fever - Elimination of doshas with waste products - These features typically appear around the 8th day of the fever
Stage Characteristics	- Initial stage of fever with accumulation of Ama, leading to incomplete digestion and systemic symptoms.	- Transition phase where the body attempts to digest Ama, leading to more pronounced symptoms.	- Final stage where the body has digested Ama, leading to relief from severe symptoms and recovery.
Key Points	- Ama Jvara is marked by heaviness, aversion to food, and systemic lethargy.	- Pachyamana Jvara is characterised by intense fever, delirium, and increased waste elimination.	- Nirama Jvara is associated with improved digestion, lightness, and the expulsion of doshas.

18. **Svarna Malini Vasant Rasa** is best indicated in:
 A) Navajvara
B) Punaravartaka Jvara with Ojakshaya
 C) Ama Jvara
 D) Vamana Yoga
19. Which is *not* a formulation for Sannipataja Jvara?
 A) Jayamangala Rasa
 B) Brihat Kasturi Bhairava Rasa
C) Kamadugha Rasa
 D) Svarna Malini Vasant
20. Langhana should be avoided in:
 A) Sama Jvara
B) Vataja Jvara with Dhatukshaya
 C) Kaphaja Jvara
 D) Pittaja Jvara with Mridu Lakshana
21. Milk is contraindicated in which condition?
 A) Pitta Nirama Jvara B) Vata Nirama Jvara
C) Sama Jvara D) Jeerna Jvara
22. Guduchi is useful in:
 A) Raktapitta **B) All types of Jvara**
 C) Vamana preparation D) Hridaya Roga
23. Which formulation acts as both Rasayana and Jvaraghna?
 A) Hingvastaka Churna
 B) Sutashekhara Rasa
C) Pippali Rasayana
 D) Kutaja Ghanavati
24. Indukanta Ghrita is best used in:
 A) Kaphaja Jvara
B) Vata-dominant Jeerna Jvara
 C) Pitta Nirama Jvara
 D) Dhatugata Shukra Jvara
25. Sanjeevani Vati is primarily indicated in:
 A) Nirama Vata Jvara
 B) Pittaja Jvara
C) Amaja and Vishama Jvara
 D) Punaravartaka Jvara
26. Which of the following is a feature of Pachyamana Jvara?
 A) Loss of appetite
B) Delirium and high-grade fever
 C) Hunger and mild fever
 D) Lightness in body
27. According to Cha. Chi. 3/140-141, the goal of Langhana is:
 A) Doshotklesha
B) Agni deepiti and lightness
 C) Dosha sanchaya
 D) Rasayana yoga
28. Which stage is contraindicated for Shodhana therapy?
A) Saama stage B) Niraama stage
 C) Jeerna stage D) Vyakti stage
29. Which is a *correct Pathya* during Sama Jvara?
 A) Dugdha Siddha Manda
B) Shunthi Siddha Jala
 C) Abhishyandi food
 D) Tikta Ghrita
30. Shirovirechana is especially useful in:
 A) Kaphaja Jvara
B) Jeerna Jvara with Shiroruka and Indriya vibandha
 C) Pitta Nirama Jvara
 D) Vishama Jvara
31. Which among the following is not an Amapachana drug?
 A) Trikatu B) Chitraka
C) Yashtimadhu D) Shunthi
32. In Dhatugata Jvara involving Asthi-Majja, which Panchakarma is indicated?
 A) Vamana
 B) Virechana
C) Niruha and Anuvasana Basti
 D) Shirodhara
33. Sudarshana Churna is best given with:
 A) Dugdha **B) Ushna Jala**
 C) Takra D) Madhu

34. For Agantuka Jvara, which is initially preferred?
 A) Shamana
B) Daivavyapashraya + Vishaghna therapy
 C) Rasayana
 D) Deepana
35. Jeerna Jvara is defined when fever lasts for more than:
 A) 5 days
 B) 14 days
C) 21 days
 D) 28 days
36. In **Punaravartaka Jvara with Ojakshaya**, the best Rasayana is:
 A) Sudarshana Vati
 B) Sanjeevani Vati
C) Chyavanaprasha
 D) Kutaja Avaleha
37. Which is a correct Vihara *to be avoided* in Sama Jvara?
 A) Rest
 B) Shunthi Jala
C) Divaswapna (day sleep)
 D) Sitting in sun
38. In Pitta-dominant Nirama Jvara, which drug is ideal?
 A) Dashamoola Kwatha
B) Kamadugha Rasa
 C) Sanjeevani Vati
 D) Hingvastaka
39. In Vishama Jvara of Kapha predominance, which therapy is preferred?
 A) Virechana
B) Vamana + Pachana
 C) Svedana
 D) Ghritapana
40. Which of the following is not a sign of Oja kshaya?
 A) Mental fatigue
 B) Weakness
 C) Susceptibility to recurrent fever
D) Tandra in Sama Jvara
41. One of the indications of **Pippalyadi Ghrita** is:
 A) Pandu
B) Vishama Jvara and Kshaya
 C) Mandagni
 D) Aruchi
42. Amritottaram Kashaya is ideally given with:
 A) Takra
 B) Dugdha
C) Sharkara or Ushnodaka
 D) Honey
43. Which is a *key Rasa* in the early treatment of Taruna Jvara?
 A) Madhura
B) Tikta
 C) Kashaya
 D) Lavana
44. During Pachyamana Jvara, which symptom is common?
 A) Lightness
B) Dyspnea
 C) Strong appetite
 D) Clean tongue
45. For Jvara arising from Shoka or Bhaya, which therapy is best?
 A) Vamana
 B) Virechana
 C) Brimhana
D) Daivavyapashraya and Medhya Rasayana
46. Which Rasayana is suitable in relapsing Jvara with impaired Agni?
 A) Vidangarishta
B) Pippali Rasayana
 C) Kutaja Ghanavati
 D) Vasa Avaleha
47. According to Charaka, which is the order to manage Sannipata Jvara?
 A) Vata–Pitta–Kapha
B) Kapha–Pitta–Vata
 C) Pitta–Kapha–Vata
 D) Vata–Kapha–Pitta

SHORT ANSWER QUESTIONS (10)

1. Define Ama Jvara and explain its classical symptoms.
2. Explain the rationale of using Langhana in Sama Jvara?
3. Explain the Chikitsa Sutra for Sannipata Jvara.
4. Describe the pathya-apathya in Taruna Jvara.
5. Describe in brief 5 important Jvaraghna Formulations and 2 Rasayana drugs used in Jeerna Jvara.
6. Explain the utility of Ghrita in Nirama Jvara.
7. What is the role of Daivavyapashraya Chikitsa in Agantuja Jvara?
8. Mention any two formulations for Vata-dominant Nirama Jvara.
9. Write a note on Bahirparimarjana Chikitsa in Pittaja Jvara.
10. Describe differences between Pachyamana and Nirama Jvara.

LONG ANSWER QUESTIONS (5)

1. Discuss the Samprapti Vighatana and stage-wise treatment of Jvara according to Shadkriyakala.
2. Elaborate on the management of Saama Jvara and Taruna Jvara with principles and formulations.
3. Explain the complete treatment strategy for Purana (Jeerna) Jvara including Panchakarma and Rasayana.
4. Describe the types of Jvara according to Dosha predominance and their respective Chikitsa.
5. Compare Shodhana and Shamana Chikitsa in Jvara with examples and indications.

4

Anuktaroga Treatment Principles Based on Doshadushyadi Vivechana

Chikitsa Yojana of Anukta Roga Considering Its Nidana Panchaka

An Anukta Roga is a condition not explicitly named in Ayurvedic texts, but its pathogenesis and presentation can still be analysed and managed using fundamental Ayurvedic principles.

Chikitsa Yojana Based on Nidana Panchaka

Nidana Panchaka Component	Clinical Approach
1. Nidana (Causative factors)	Identify dietary, lifestyle, psychological, environmental factors leading to the condition. • Nidana Parivarjana (avoidance) is the first line of treatment.
2. Purvarupa (Premonitory symptoms)	Helps detect early stage and prevent progression • Begin Langhana, Pachana, or lifestyle correction at this stage.
3. Rupa (Signs and symptoms)	Analyse symptoms to understand Dosha, Dhatu, Srotas, Agni involvement • Use Doshanusara Chikitsa (Dosha-specific management).
4. Upashaya–Anupashaya (Palliative test)	Observe the patient’s response to certain foods, drugs, activities. • This helps confirm Dosha/Agni status and guides trial therapy.
5. Samprapti (Pathogenesis)	Analyse Dosha-Dushya-Samyoga, Guna Based diagnosis, Ama status, Srotorodha, and Dhatu avastha. • Chikitsa should aim to break the Samprapti.

Chikitsa Yojana

1. Roga Pareeksha (Disease assessment)

- ✦ Identify Dosha, Dushya, Srotas, Srotodushti, Agni, Ama, Bala, Ojas

- ✦ Classify whether Saama/Niraama, Acute/Chronic, Anukta but similar to known conditions

2. Rogi Pareeksha (Patient assessment)

- ✦ Dashavidha Pareeksha
- ✦ Ashtavidha Pareeksha
- ✦ Trividha Pareeksha

3. Formulation of Chikitsa Yojana:

Step	Plan
Nidana Parivarjana	Eliminate causative factors
Agnideepana & Ama Pachana	If Ama present: Trikatu, Chitrakadi, Sanjivani vati, Panchakola
Dosha-specific Shamana	Pittahara / Vatahara / Kaphahara chikitsa based on Guna Samprapti
Shodhana (if Niraama & Bala-sampanna)	Vamana, Virechana, Basti based on Dosha involvement
Srotoshodhana	Use Guggulu, Triphala, Dashamoola if blockage present
Rasayana & Brimhana (in chronic cases or recovery)	Chyavanaprasha, Pippali Rasayana, Ashwagandha Avaleha
Manasika Chikitsa (if needed)	Medhya Rasayana, Satvavajaya therapy

Practical Example-Migraine:

A modern condition like “Migraine” (not directly named in classics) can be approached as:

- ✦ **Nidana:** Suppression of natural urges, irregular diet, mental stress
- ✦ **Rupa:** Unilateral headache, photophobia, nausea = Suggests Pitta-Vata dominance
- ✦ **Upashaya:** Relief with cool environment and rest = Pitta involvement confirmed
- ✦ **Samprapti:** Pitta + Vata Dushti in Shira Pradesh involving Rakta Dhatu

Sankramika Jvara and Kasheruka-Jeeva-Janya Vyadhi (Zoonotic Diseases)

Sankramika Jvara (Contagious Fevers)

Introduction:

प्रसङ्गाद्गात्रसंस्पर्शान्निश्वासात् सहभोजनात् ।

सहशय्यासनाच्चापि वस्त्रमाल्यानुलेपनात् ॥

कुष्ठं ज्वरश्च शोषश्च नेत्राभिष्यन्द एव च ।

औपसर्गिकरोगाश्च सङ्क्रामन्ति नरान् ॥ Su.Ni. 5/33-34

Diseases such as kushta (leprosy and skin diseases), jvara (fever), shosha (consumption/wasting disorders), netra-abhishyanda (conjunctivitis), and other aupasargika rogas (contagious diseases) spread from person to person through:

- ✦ Close contact,
- ✦ Physical touch,
- ✦ Breathing in close proximity,
- ✦ Eating together,
- ✦ Sharing bed or seat,
- ✦ Using the same clothes, garlands, and unguents

Definition:

Sankramika Jvara refers to fevers that are contagious in nature, spreading from one individual to another through direct or indirect contact, air, water, or vectors. It is an important category in Ayurvedic epidemiology.

Classical Reference:

While the term “Sankramika” may not appear directly in ancient texts, the concept is evident in the descriptions of Janapadodhwamsa (epidemics), Sansargaja rogas (communicable diseases), and Oupasargika rogas (infectious diseases) in texts like Charaka Samhita and Sushruta Samhita.

It describes the cause of diseases.

Modern Definition (Zoonosis):

Zoonoses are infectious diseases caused by bacteria, viruses, parasites, or fungi that spread from animals to humans.

Transmission Routes:

- ✦ Direct contact (e.g., bites, scratches)
- ✦ Indirect contact (e.g., contaminated surfaces)
- ✦ Vector-borne (e.g., ticks, mosquitoes)
- ✦ Foodborne (e.g., undercooked meat, unpasteurized milk)
- ✦ Airborne (e.g., inhalation of infected aerosols)

Examples:

- ✦ Rabies
- ✦ Brucellosis
- ✦ Leptospirosis
- ✦ Nipah virus
- ✦ Avian Influenza (Bird Flu)
- ✦ COVID-19 (suspected animal origin)

Ayurvedic Perspective:

Though classical Ayurveda doesn't explicitly describe “zoonoses,” the concept can be inferred under the broader umbrella of *Agantuja* (external origin) and *Sansargaja* rogas.

Preventive Measures:

- ✦ Personal hygiene and protective measures
- ✦ Avoiding close contact with infected animals
- ✦ Strengthening immunity through Rasayana Chikitsa

Ayurvedic Management of Vishama Jvara (Malaria) and Antrika Jvara (Typhoid) by Comprehending the Contemporary Therapeutic Modalities

1. Vishama Jvara (Malaria)

Ayurvedic Perspective:

Definition:

Vishama Jvara is a type of fever characterised by irregular onset, periodicity, and intensity. It is classified under *Sannipataja Jvara*, often with predominance of *Vata* and *Kapha dosha*, and is linked with *Agantuja nidana* (external causes), resembling Malaria.

Nidana (Etiology):

- ✦ Agantuja (exogenous) factors like *Krimi*, *Jantu visha* (vector-borne toxins)
- ✦ Dushta Desha-jala-vayu
- ✦ Low immunity, *Mandagni*

Types of Vishama Jvara and their Features

Features	Santata	Satata	Anyedhushka	Tritayaka	Chaturthaka
Dushya (Charaka)	Rasa	Rakta	Meda	Asthi	Majja
Sushruta	Rasa	Rakta	Mamsa	Meda	Asthi.Majja
Frequency	Constant fever for 7,10,12 days	Twice in a day	Once in a day	On 3 rd day	On 4 th Day
Nature	Nishapratyanika	Sapratyanika	Sapratyanika	Sapratyanika	Sapratyanika
Sadhyata Asadhyata	Sadhya	Sadhya	Sadhya	Krichhasadhya	Krichhasadhya

Chikitsa (Management):

1. Shamana Chikitsa:

- Sudarhsana Churna
- Amritarishta, Tribhuvana Kirti Rasa, Saptaparna Kashaya
- Guduchi, Kirata Tikta, Parpatata, Chirayata – anti-pyretic and anti-parasitic

2. Shodhana Chikitsa:

- **If fever is recurrent or chronic:** Mild Virechana using Trivrit lehya or Avipattikara churna
- Raktamokshana if Pitta-rakta vitiation is evident

अधिशेते यथा भूमिं बीजं काले च रोहति।

अधिशेते तथा धातुं दोषः काले च कुप्यति॥ Cha.Chi.3/68

Just as a seed remains dormant in the soil and germinates at a favorable time, doshas remain in a latent state within the dhatus and become aggravated when conditions are favourable.

A diminished fever with a mild dosha as its underlying cause, akin to a fire with exhausted fuel, may not be readily observed due to its subtlety and localization within successive Dhatus (tissues). During recovery, if the patient consumes unwholesome substances, a small amount of dosha can become aggravated, leading to intermittent fever as it becomes lodged in one of the Dhatus.

Lakshana (Symptoms):

- ✦ Periodic fever (tritiyaka – tertian, chaturthaka – quartan)
- ✦ Chills (*Sheetapravritti*), shivering, sweating
- ✦ Body pain, fatigue, thirst, splenomegaly (*Plihodara*)
- ✦ Anorexia, nausea, and headache

3. Rasayana Therapy:

- Chyawanprasha, Ashwagandha, Guduchi Rasayana to boost immunity

Pathya-Apathya:

- ✦ Easily digestible food, lukewarm water, avoiding cold and heavy food

Modern Management of Malaria:

- ✦ Antimalarial drugs
- ✦ **Supportive therapy:** Antipyretics, hydration, blood transfusion (in severe cases)
- ✦ **Prevention:** Mosquito control, bed nets, prophylactic antimalarials

6

Chikitsa of Rasa Pradoshaja Vikara

Chikitsa Sutra of Rasavaha Sroto Dushti and Explain the Samprapti Vighatana, Chikitsa Sutra and Chikitsa of Panduroga (SI80)

Chikitsa Sutra (Line of Treatment):

Rasavaha Srotodushti leads to improper formation or transportation of Rasa Dhatu, which may manifest as conditions like Aruchi, Trishna, Pandu, Karshya, Daurbalya, etc.

The Chikitsa Sutra includes:

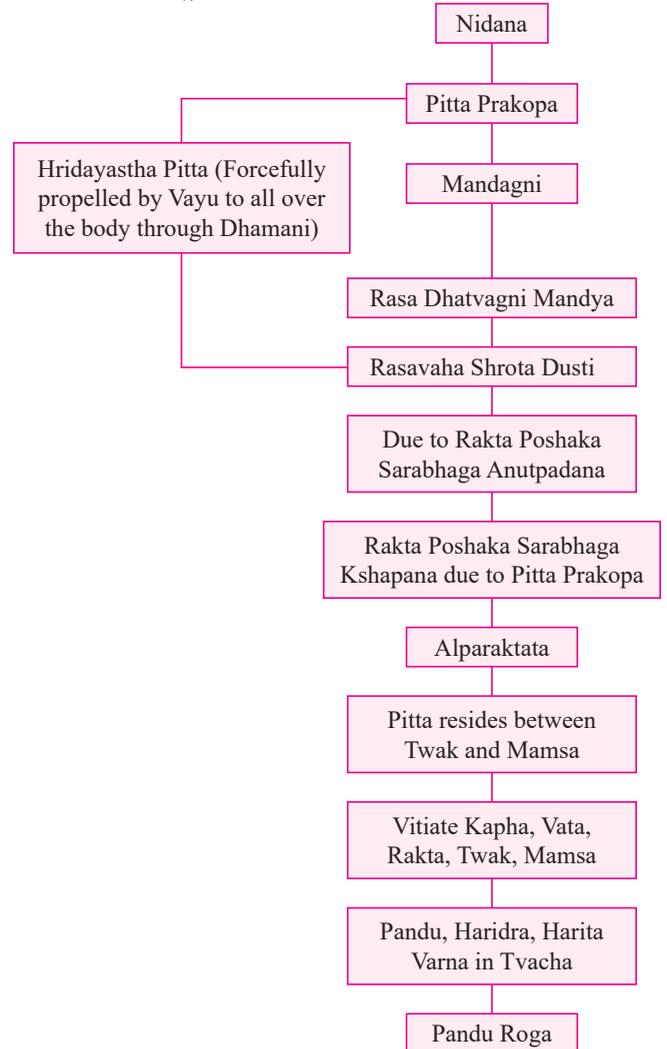
- Langhana-** रसजानां विकाराणां सर्वं लङ्घनमौषधम्।
Cha.Su.28/25
- Aama Pachana (Digestion of toxins):**
 - If Ama is present, administer Amapachana dravyas (e.g., Shunthi, Pippali, Musta).
- Agnideepana (Stimulation of digestive fire):**
 - Use of Deepana (e.g., Chitrakadi vati) and Pachana (e.g., Trikatu churna).
 - Corrects Ama and initiates proper Rasa formation.
- Srotoshodhana (Channel cleansing):**
 - Use of Panchakarma (e.g., Vamana, Virechana) to remove obstruction in the Rasavaha srotas.
- Rasayana therapy (Rejuvenation):**
 - Use of Rasa-Rakta janana Rasayanas like Amalaki, Draksha, Kharjura, Guduchi, Kutaki, Kalinga, Abhraka Bhasma, Yashada Bhasma etc. to nourish and strengthen Rasadhatu.
- Ahara & Vihara correction:**
 - Light, digestible, and Rasa promoting diet.

- Adequate rest and reduction of mental stress.

Panduroga (Anaemia) – SI80

Samprapti (Pathogenesis):

दोषाः पित्तप्रधानास्तु यस्य कुप्यन्ति धातुषु।
शैथिल्यं तस्य धातूनां गौरवं चोपजायते॥



ततो वर्णबलस्नेहा ये चान्येऽप्योजसो गुणाः।

व्रजन्ति क्षयमत्यर्थं दोषदूष्यप्रदूषणात्॥

सोऽल्परक्तोऽल्पमेदस्को निःसारः शिथिलेन्द्रियः।

वैवर्ण्यं भजते,॥ Cha.Chi.16/4-6

Aggravated Pitta, predominantly vitiating the Dhatu, leads to Shithilata (looseness or sluggishness) and Gaurava within the tissues. This results in a reduction of Varna (complexion), Bala (strength), Sneha (unctuousness), and the qualities of Ojas. Consequently, the individual experiences diminished Rakta and Meda Dhatu, along with a depletion of Sara (vitality) in all the tissues. This leads to a Shithilendriyah (decreased functional status of the sense organs) and discoloration of the body.

1. Nidana (Causes):

- **Ahara:** Lavana, Amla, Kshara Ahara.
- **Vihara:** Diwaswapna, Ativyayama.
- **Psychological factors like Chinta, Bhaya.**

2. Dosha-Dushya Sammurchana:

- Pitta Pradhana Tridosha.
- Rakta and Rasa Dhatu Dushana.

3. Pathogenesis:

- Nidana → Pitta vriddhi → Rakta paka → Rasa-Rakta kshaya → Panduta of Tvak, Bhrama, Daurbalya → Pandu.

Samprapti Vighatana:

Breaking the pathogenesis involves:

- ◆ Pitta Shamana
- ◆ **Rasa-Rakta poshana:** Rasayana and Dhatuvaradhaka dravyas.
- ◆ **Agnideepana and Aama pachana:** Corrects digestion and assimilation.
- ◆ **Dosha-Shodhana:** Especially Teekshna Virechana for Pitta dosha.
- ◆ Balya and Rasayana therapy for restoration of strength and blood.

Chikitsa Sutra of Panduroga:

तत्र पाण्डुवामयी स्निग्धस्तीक्ष्णैरूर्ध्वानुलोमिकैः।

संशोध्यो ॥

ताभ्यां संशुद्धकोष्ठाभ्यां पथ्यान्यन्नानि दापयेत्।

शालीन् सयवगोधूमान् पुराणान् यूषसंहितान्॥

मुद्गाढकीमसूरैश्च जाङ्गलैश्च रसैर्हितैः।

यथादोषं विशिष्टं च तयोर्भैषज्यमाचरेत्॥

पञ्चगव्यं महातिक्तं कल्याणकमथापि वा।

स्नेहनार्थं घृतं दद्यात् कामलापाण्डुरोगिणे॥ Cha.Chi.16/40-43

The patient suffering from Pandu should first undergo Tikshna Vamana and Virechana (following Snehana) to achieve proper Shodhana.

After the Koshta Shuddhi through the above procedures, patients with Pandu should be nourished with wholesome food consisting of:

- Old Shali rice, barley, and wheat,
- Yusha (vegetable soups) prepared from Mudga (green gram), Adhaki (pigeon pea), and Masura (lentil),
- Rasa (meat soups) from animals inhabiting arid regions (*Jangala Mamsa Rasa*).

Subsequently, based on the predominance of the aggravated Dosha, specific medications should be administered to these patients (detailed later in the chapter).

For the purpose of Snehana (internal oleation) in patients of Pandu and Kamala, the following medicated ghee preparations are recommended:

- ◆ Panchagavya Ghrita,
- ◆ Mahatikta Ghrita,
- ◆ Kalyanaka Ghrita.

स्निग्धस्तु वातोत्थे तिक्तशीतस्तु पैत्तिके ।

कटुरूक्षोष्णः श्लेष्मिके विधिः कार्यो मिश्रस्तु मिश्रके॥ Chakradatta

Plan of Treatment

1. Amapachana:

- Sudharshana Vati, Arogyavardhini Vati, Shad-dharana Churna, Musta Churna, Shunthi Churna.

2. Pitta Shamana & Raktaprasadana:

- Drakshadi Kashaya, Bhunimbadi Kashaya, Tapyadi Loha, Drakshamalaka Leha, Dhatri Loha, Shatavari Mandoora, Amalaka Rasayana, Shatavari Guda

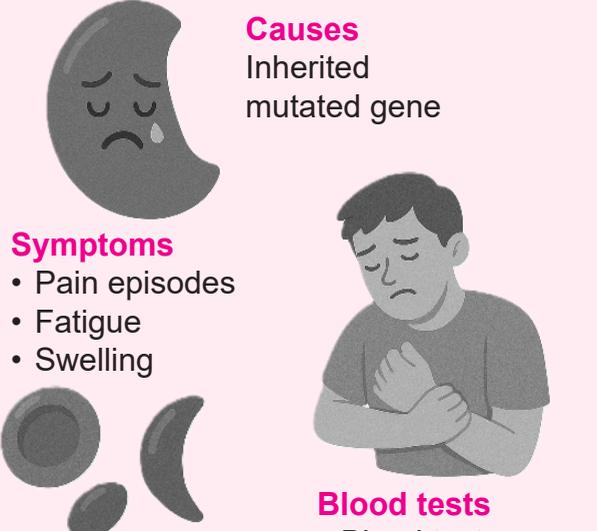
3. Virechana:

- Anaemia, jaundice
- Splenomegaly, delayed growth
- Dactylitis, infections

✦ Investigations:

- Sickling test, Hb electrophoresis
- Reticulocyte count, LDH, bilirubin levels

SICKLE CELL ANEMIA



Causes
Inherited mutated gene

Symptoms

- Pain episodes
- Fatigue
- Swelling

Blood tests

- Blood tests

Ayurvedic Perspective

- ✦ Considered under Sahaja Pandu, Raktavikaara, or Beejadoshaja Vyadhi
- ✦ Associated with Rakta dushti, Pitta and Vata involvement, Oja kshaya

Treatment Plan

Category	Approach
Pain management	Vedana-shamana yoga (e.g., Dashamoola, Maha Yogaraja Guggulu)
Rakta pushti & Rasayana	Abhraka Bhasma, Mandura Rasayana, Ashwagandha, Guduchi, Amalaki
Shamana	Navayas Lauha, Punarnava Mandura
Rejuvenation	Chyawanprash, Dhatri Avaleha, Drakshadi Kashaya
Pathya	Easily digestible, Rakta-poshaka, Oja-vardhaka ahara

C. Haemolytic Anaemia

Clinical Diagnosis

- ✦ Accelerated destruction of RBCs due to autoimmune, congenital, or acquired causes

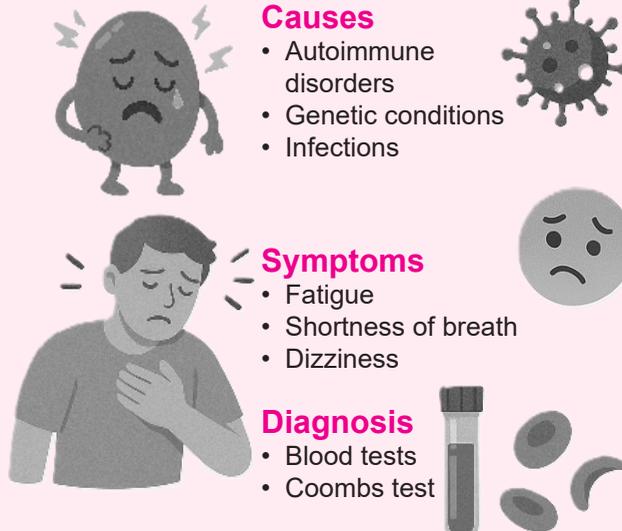
✦ Symptoms:

- Fatigue, pallor, jaundice, dark urine
- Splenomegaly

✦ Investigations:

- Peripheral smear, reticulocyte count ↑
- LDH ↑, unconjugated bilirubin ↑
- Coombs test (autoimmune type)

HEMOLYTIC ANEMIA



Causes

- Autoimmune disorders
- Genetic conditions
- Infections

Symptoms

- Fatigue
- Shortness of breath
- Dizziness

Diagnosis

- Blood tests
- Coombs test

Ayurvedic Perspective

- ✦ Rakta-pitta, Ama-rakta, or Pittaja Pandu
- ✦ Involves Rakta dhatu kshaya, Pitta vitiation, Agni dushti

Treatment Plan

Category	Approach
Pitta shamana	Guduchi, Amalaki, Musta, Chandana
Rakta-prasadana	Drakshadi Kashaya, Shatavari, Yashtimadhu
Raktavardhaka	Punarnava Mandura, Dhatri Lauha, Lauh Bhasma
Rasayana	Abhraka Bhasma, Chyawanprash, Amalaki Rasayana
Pathya	Cooling diet, iron-rich foods, avoid Pitta-provoking ahara-vihara

Common Pathya-Apathya Guidelines

Pathya:

- ✦ Milk, ghee, green leafy vegetables, pomegranate, dates, sesame, raisins
- ✦ Easy to digest, freshly prepared, iron-rich food.

- ◆ **Hridshoola:** A primary symptom or disease condition marked by pain in the heart or cardiac region, can be an independent condition or a symptom in Hridroga or Udararoga.

Samprapti

Hridroga

1. Nidana (Causative factors):

- ◆ **Ahara:** Guru, Snigdha, Abhishyandi ahara, Viruddhahara
- ◆ **Vihara:** Divaswapna, Avyayama, Vega-dharana, excessive stress
- ◆ **Mansika Hetus:** Chinta, Bhaya, Shoka

2. Dosha involvement:

- ◆ Vata, Pitta, Kapha, Sannipata, and Krimija Hridroga
- ◆ Each dosha manifests specific symptoms:
 - **Vataja:** Shoola, Toda, Bhrama
 - **Pittaja:** Daha, Moha, Hridaya paka
 - **Kaphaja:** Guruta, Stambha, Manda shoola
 - **Sannipataja:** Mixed symptoms, grave prognosis
 - **Krimija:** Due to intestinal or cardiac parasites

3. Pathogenesis:

- ◆ Agni Mandya → Ama utpatti → Srotorodha in Rasavaha, Raktavaha, Hridvaha srotas → Accumulation of vitiated doshas in Hridaya → Hridshoola / Hridroga

Modern Correlation of Hridroga:

Modern Disease	Probable Ayurvedic Correlate
Hypertension	Raktagata Vata
Coronary artery disease (CAD)	Hridroga (Kapha-Vata dominant), Medo-dushti, Srotorodha
Heart failure	Vataja Hridroga
Arrhythmia	Vataja Hridroga due to Vyana Vata Dushti
Atherosclerosis	Dhamani Praticchaya
RHD (Rheumatic Heart Disease)	Krimija Hridroga

HEART DISEASE



Etiology

- High blood pressure
- High cholesterol
- Smoking
- Diabetes



Symptoms

- Chest pain
- Shortness of breath
- Fatigue
- Irregular heartbeat



Symptoms

- Diagnosis
- Electrocardiogram (ECG)
- Blood tests
- Echocardiogram

ANGINA



Causes

- Coronary artery disease
- High blood pressure
- Smoking



Symptoms

- Chest pain or discomfort
- Shortness of breath
- Nausea



Diagnosis

- Medical history
- Electrocardiogram (ECG)
- Stress test



Hridshoola

- ◆ Primarily Vata pradhana vyadhi
- ◆ Can occur due to Ruksha, Shita, Langhana, or Ativyayama

Samprapti Vighatana

The goal is to break the disease process by:

1. Agnideepana and Amapachana – Eliminate Ama and restore digestion
2. Srotoshodhana – Open blocked channels (especially Hridvaha srotas)

MULTIPLE CHOICE QUESTIONS (MCQS)

Correct answers marked in bold

1. What is the first step in the Chikitsa Sutra of Rasavaha Srotodushti?
A) Rasayana **B) Langhana**
C) Vamana D) Snehana
2. Which of the following drugs is used for Amapachana in Pandu with Ama?
A) Guduchi **B) Sudharshana Vati**
C) Avipattikara D) Triphala
3. Which Panchakarma procedure is considered the best Shodhana for Pandu?
A) Basti B) Nasya
C) Virechana D) Raktamokshana
4. What is the main Dosha involved in Panduroga?
A) Vata B) Kapha
C) Pitta D) Sannipata
5. The Samprapti Vighatana in Pandu involves all EXCEPT:
A) Agnideepana B) Rasayana
C) Shodhana **D) Brimhana**
6. Which Ghrita is used for internal oleation in Pandu?
A) Triphaladi Ghrita B) Shatpala Ghrita
C) Panchagavya Ghrita D) Saraswata Ghrita
7. Which among the following is a hematinic and Rasayana drug?
A) Musta B) Eranda
C) Dhatri Lauha D) Triphala
8. Dhatri Avaleha is best administered:
A) At night B) After meals
C) Before meals D) On an empty stomach
9. Which Srotas is primarily affected in Rasapradoshaja Vikara?
A) Annavaha Srotas **B) Rasavaha Srotas**
C) Raktavaha Srotas D) Shukravaha Srotas
10. Which of the following herbs is **not** a Rasayana used in Pandu?
A) Amalaki B) Guduchi
C) Draksha **D) Vacha**
11. Which food should be avoided in Pandu Roga?
A) Cow's milk
B) Green leafy vegetables
C) Excess sour, salty food
D) Ghee
12. Punarnava Mandura is best taken with:
A) Milk **B) Warm water**
C) Honey D) Takra
13. In Sanchaya stage of Shadkriyakala, the treatment goal is:
A) Shodhana
B) Prevent dosha vitiation and promote Agni
C) Rasayana
D) Pathya-Apathya regulation
14. Trivrit Lehya is best used for:
A) Nasya **B) Virechana**
C) Snehana D) Basti
15. In Sickle Cell Anaemia, the most appropriate Rasayana is:
A) Tapyadi Lauha **B) Abhraka Bhasma**
C) Triphala D) Sudharshana Vati
16. Beeja-bhagavayava dushti is involved in:
A) Raktapitta **B) Thalassemia**
C) Aplastic anaemia D) Arsha
17. Sahaja Pandu is a term used in Ayurveda to describe:
A) Agantuja Pandu
B) Hereditary anaemia like Thalassemia
C) Raktapitta
D) Pleeharoga
18. Lohasava is especially beneficial in:
A) Vataja Pandu
B) Sannipataja Jvara
C) Yakrit and Pleeha Roga
D) Grahani
19. **In Kuposhanjanya Raktalpata, the first line of management is:**
A) Rasayana therapy
B) Nutritional correction
C) Shodhana
D) Vedana Shamaka

7

Chikitsa of Rakta Pradoshaja Vikara

Chikitsa Sutra of Rakta Pradoshaja Vikara (SM41)

कुर्याच्छोणितरोगेषु रक्तपित्तहरीं क्रियाम्।
विरेकमुपवासं च स्रावणं शोणितस्य च॥ Cha.Su.24/18

Rakta Pradoshaja Vikara are diseases arising from the vitiation of Rakta Dhatu, often due to Pitta predominance. The Chikitsa Sutra (treatment principle) focuses on the following:

1. **Raktamokshana** – Especially indicated in conditions like raktapitta, kushta, or netraroga, if there is rakta dushti.
2. **Deepana-Pachana** – To digest Aama if present before planning for Shodhana.
3. **Virechana** – For eliminating vitiated Pitta and Rakta from the system.
4. **Raktaprasadana** – Purification and pacification of Rakta using cooling, bitter drugs.
5. **Shamana Aushadha** – Use of Tikta, Madhura, Sheeta dravyas like Guduchi, Patola, Chandana, Usheera, etc.

Formulations used:

- ◆ Patolakaturohinyadi Kashaya
- ◆ Guduchyadi Kashaya
- ◆ Mahatikta Ghrita
- ◆ Chandanadi compounds

Kaamala

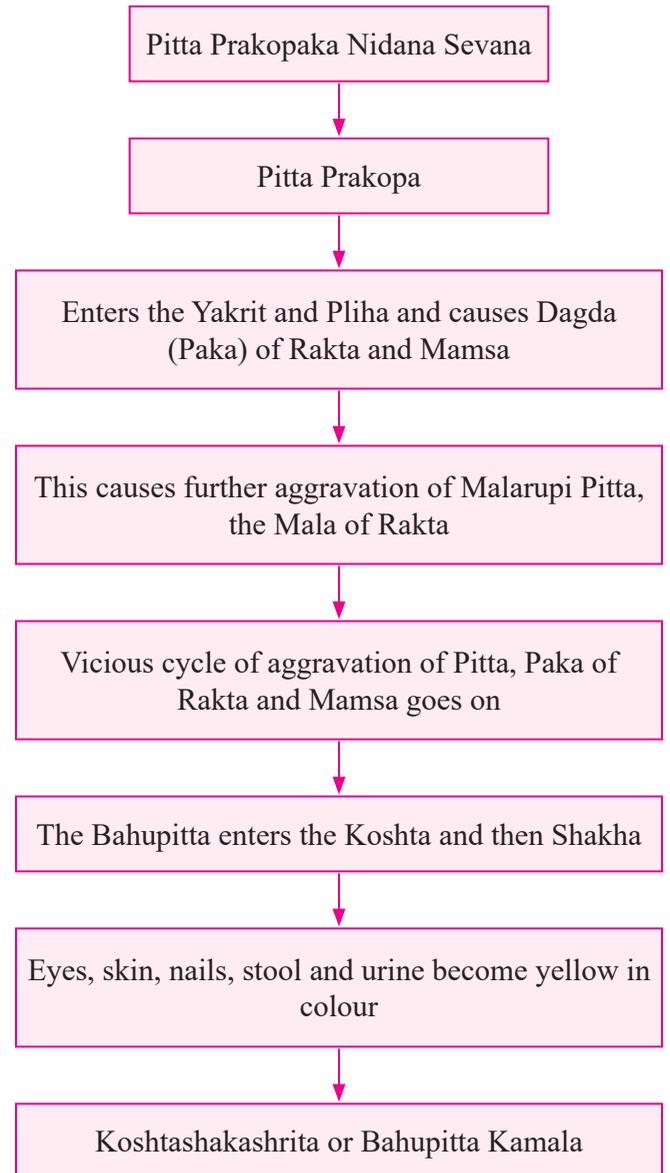
अत्र कामलेति कामशब्दोऽयं साधारणशब्दविशेषात्स्वल्पे
भक्ताद्यभिलाषे प्रवर्तते, तं लातीति कामला। Su.Utt. 44/6

The condition in which desire to eat, drink or intercourse is completely destroyed is called Kamala.

कामान् लयति इति कामला ।

Samprapti

Koshta-Shakhashrita Kamala



- ✦ **Dushya:** Rasa, Rakta, Yakrut (liver as Raktavaha srotomula)
- ✦ **Srotas Involved:** Raktavaha, Annavaha, Purishavaha srotas
- ✦ **Pathological Concepts:**
 - Pittaja Yakritodara (Caraka)
 - Kaamala → Kumbha Kaamala → Yakrit Shotha (progression)
 - Ama + Pitta blocks micro-channels, causes Shotha and dysfunction of Yakrit

Modern Perspective:

- ✦ **Infective Hepatitis:**
 - **Viral:** Hepatitis A, B, C, D, E (esp. A & E for acute; B & C for chronic)
 - **Bacterial:** Leptospirosis, Typhoid
 - **Parasitic:** Amoebiasis, Malaria
- ✦ **Non-Infective Hepatitis:**
 - Alcoholic hepatitis, Autoimmune hepatitis, NAFLD/NASH
 - Drug-induced (e.g., paracetamol, anti-TB drugs)
 - Metabolic liver disorders (Wilson's, hemochromatosis)

2. Diagnosis

Ayurvedic Nidanam:

- ✦ **Lakshana (Symptoms):**
 - Yakrut vriddhi (hepatomegaly), Daha, Haridra netra-twak-mutra
 - Arochaka, Shoola, Jwara, Tandra, Pipasa, Mala-vibandha or Atisara
- ✦ **Rogi-Roga Pariksha:** Dasha Vidha and Trividha Pariksha

Modern Diagnosis:

- ✦ **Clinical Presentation:**
 - Right hypochondriac pain, fatigue, nausea, low-grade fever, jaundice
- ✦ **Investigations:**
 - **LFT:** Raised SGOT, SGPT, Bilirubin
 - **Serology:** HBsAg, Anti-HAV/HEV IgM, Anti-HCV
 - **Ultrasound Abdomen:** Hepatomegaly, fatty liver, or liver texture changes
 - **Liver Biopsy:** In chronic hepatitis, autoimmune suspicion

3. Principles of Management

Ayurvedic Chikitsa Sutra:

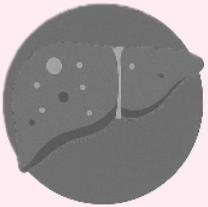
Stage	Principle	Approach
Acute Stage (Ama, Jwara, Kamala)	Langhana, Deepana, Pachana, Mridu Virechana	Use Tikta-Kashaya Rasa herbs; avoid Rasayana until Ama clears
Chronic Stage / Shotha	Pittahara, Raktaprasadana, Yakrit-Uttejaka	Rasayana, Hepato-regenerative herbs, Brimhana if dhatu kshaya
Autoimmune/ Degenerative	Vatanulomana, Rasayana, Ojaskara	Focus on long-term support with rejuvenation and immune modulation

Important Formulations:

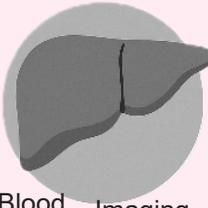
- ✦ **Deepana-Pachana:** Chitrakadi Vati, Trikatu, Agnitundi Vati
- ✦ **Virechana Yoga:** Trivrit Leha, Avipattikara, Katuki Churna
- ✦ **Pittahara & Raktashodhaka:**
 - Guduchi, Bhumyamalaki, Patola, Sharapunkha, Kalmegha

INFECTIVE AND NON-INFECTIVE HEPATITIS

TYPES



Infective



Blood Tests



SYMPTOMS



Fatigue



Abdominal Pain



Yellowing of Skin An Eyes



Dark-Colour Urine

DIAGNOSIS



Imaging Studies



Viral Tests

3. Principles of Management

Ayurvedic Chikitsa Sutra

Treatment Stages

Stage	Therapy	Drugs / Formulations
Initial (Ama, Mandagni)	Langhana, Pachana, Deepana	Trikatu, Chitrakadi Vati, Agnitundi Vati
Inflammatory / Edematous	Tikta-Kashaya Pradhana + Virechana	Patolakaturohinyadi Kvatha, Guduchyadi Kashaya, Avipattikara, Trivrit Leha
Fibrosis Stage	Raktaprasadana + Rasayana	Arogyavardhini Vati, Draksha Avaleha, Kumaryasava
Ascitic / Decompensated	Lekhana + Anulomana + Basti	Dashamoola Haritaki, Guggulu Tiktaka Ghrita, Niruha Basti with Triphala

Formulations

Category-Drugs

Pachana/Deepana- Trikatu, Chitrakadi Vati, Sudharshana Vati

Virechana Yoga- Trivrit Leha, Avipattikara, Katuki

Yakrit Prasadana- Guduchi, Bhumyamalaki, Patola, Kalmegha

Rasayana- Draksha Avaleha, Pippali Rasayana, Shilajatu

Yakrit Rechaka- Patoladi Kashaya, Bhringaraja Swarasa

Pathya-Apathya

Pathya (Wholesome)	Apathya (Unwholesome)
Mudga Yusha, Yavagu, boiled vegetables, Pomegranate, Draksha, Takra	Alcohol, curd, fried/oily/spicy food, day sleep, anger, stress
Light warm water, coconut water, sugarcane juice (in Anupana)	Fermented foods, heavy grains, excess protein, raw food

Etio-Pathogenesis, Diagnosis and Principles of Management of Madyaatirek-Janya Yakrut-Vikara (Alcoholic Fatty Liver Disease), Madyetar Karana-Janya Yakrut-Vikara (Non-Alcoholic Fatty Liver Disease -Nafld) and Madyetar Vasamayajanya Yakrut-Shotha (Non-Alcoholic Steato-Hepatitis -Nash)

1. Etiopathogenesis (Nidana + Samprapti)

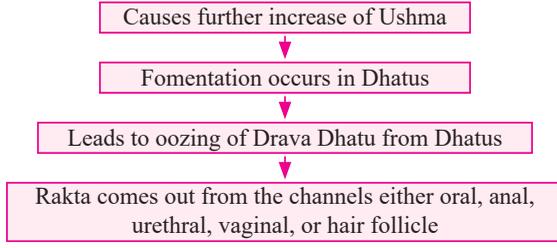
Condition	Modern Etiology	Ayurvedic Nidana & Samprapti
Madyaatireka-janya Yakrit Vikara (AFLD)	Chronic alcohol intake leading to fat accumulation, inflammation, fibrosis	Madya-sevana → Pitta-Rakta-Prakopa → Yakrit dushti → Srotorodha by Meda → Yakrit Shotha and Vriddhi
Madyetar Karana-janya Yakrit Vikara (NAFLD)	Obesity, insulin resistance, metabolic syndrome, sedentary life	Ahara (Snigdha-Madhura-Ati Bhojana), Avyayama, Divaswapa → Medo dhatu vriddhi → Srotorodha in Yakrit
Madyetar Vasa-maya-janya Yakrit Shotha (NASH)	NAFLD progressing to hepatocyte ballooning, inflammation, fibrosis	Chronic Ama-Sanchaya + Meda dushti → Yakrit kleda → Granthi-srotorodha → Shotha + Shosha (inflammatory fibrosis)

2. Diagnosis

Ayurvedic Diagnosis (Lakshana + Pariksha)

- ♦ **Common Lakshanas:** Yakrit vriddhi (enlargement), Arochaka, Daha, Tandra, Shoola, Pipasa, Jwara, Haridra netra-twak-mutra
- ♦ **Specific to AFLD:** Daha, Jwara, Bahumootrata, Daha in yakrit pradesha
- ♦ **Specific to NAFLD/NASH:** Alasyata, Kshudh-amandya, Shaithilya, Udaragaurava, Yakrit vriddhi with Kleda

Rogi-Roga Pariksha: Dashavidha Pariksha (Prakriti, Agni, Bala) + Srotas assessment (Meda, Rasa, Rakta, Raktavaha, Annavaha)

**Vighatana Strategy:**

Process to Reverse	Therapeutic Strategy
Pitta-Prakopa	Pittashamana (Tikta, Sheeta, Madhura drugs)
Rakta Dushti	Raktashodhana (Triphala, Patola, Guduchi)
Dhatu Agnimandya	Deepana, Pachana
Srotorodha / Margavarodha	Srotoshodhana, Mridu Virechana
Pitta-Rakta Vilayana	Sheeta, Snigdha, Rasayana

Chikitsa Sutra of Raktapitta

अक्षीणबलमांसस्य रक्तपित्तं यदश्रतः।

तद्दोषदुष्टमुत्किलष्टं नादौ स्तम्भनमर्हति॥ Cha.Chi. 4/25

In a person whose strength and muscle tissue are not depleted, the condition of Raktapitta (bleeding disorder) caused by the intake of unwholesome food and aggravated doshas should not be treated initially by Stambhana (hemostatic therapy).

तस्मादुपेक्ष्यं बलिनो बलदोषविचारिणा ।

रक्तपित्तं प्रथमतः प्रवृद्धं सिद्धिमिच्छता॥ Cha.Chi. 4/28

Therefore, Raktapitta in a strong individual must be initially neglected, and carefully assessed in terms of strength and doshic involvement by the physician who desires successful treatment.

प्रायेण हि समुत्किलष्टमामदोषाच्छरीरिणाम्।

वृद्धिं प्रयातिपित्तासृक्तस्मात्तल्लङ्घ्यमादितः॥

मार्गौ दोषानुबन्धं च निदानं प्रसमीक्ष्य च।

लङ्घनं रक्तपित्तादौ तर्पणं वा प्रयोजयेत्॥ Cha.Chi. 4/29-30

In most cases, Raktapitta arises from improperly digested ama and excited doshas in the body. Therefore, it tends to increase further. Hence, in the beginning, one should adopt langhana (fasting/light therapies).

After examining the path of flow, the association of doshas, and the causative factors, either langhana or tarpana (nourishment) should be administered at the outset of Raktapitta.

अक्षीणबलमांसस्य यस्य सन्तर्पणोत्थितम्।

बहुदोषं बलवतो रक्तपित्तं शरीरिणः॥

काले संशोधनार्हस्य तद्धरेन्निरुपद्रवम्।

विरेचनेनोर्ध्वभागमधोगं वमनेन च॥

Cha.Chi. 4/55-56

In a person who is strong and has not lost strength or muscle mass, and in whom Raktapitta has manifested due to santarpana (over-nourishment) and aggravated doshas, when the time for shodhana (purification) is appropriate, it should be eliminated without complications—either urdhva through vama (emesis) or adhoga through virechana (purgation).

ऊर्ध्वगे शुद्धकोष्ठस्य तर्पणादिः क्रमो हितः।

अधोगते यवाग्वादिर्न चेत्स्यान्मारुतोबली॥

Cha.Chi. 4/61

In Urdhvaga Raktapitta, if the bowel is already cleansed, the course of treatment should begin with tarpana (nourishing therapies), etc. In Adhoga Raktapitta, gruels (like yavagoo) and similar preparations are useful—unless there is dominance of aggravated Vata.

बलमांसपरिक्षीणं शोकभाराध्वकर्षितम्।

ज्वलनादित्यसन्तप्तमन्यैर्वा क्षीणमामयैः॥

गर्भिणीं स्थविरं बालं रूक्षाल्पप्रमिताशिनम्।

अवम्यमविरेच्यं वा यं पश्येद्रक्तपित्तिनम्॥

शोषेण सानुबन्धं वा तस्य संशमनी या।

शस्यते रक्तपित्तस्य परं साऽथ प्रवक्ष्यते॥

Cha.Chi. 4/62-64

A patient of Raktapitta who is debilitated in strength and muscle tissue, emaciated due to grief, burden, or travel, or who is afflicted by heat from digestive fire or sun, or who is exhausted due to other diseases, or who is pregnant, old, a child, one who is ruksha, consuming scant or restricted food, or who is unfit for vama (emesis) or virechana (purgation)—such a case of Raktapitta associated with emaciation or complications should be treated with shamana (pacifying) therapies, which are now being described as appropriate.

कफानुबन्धे रुधिरं सपित्ते कण्ठागते स्याद्ग्रथिते प्रयोगः।

युक्तस्य युक्त्या मधुसर्पिषोश्च क्षारस्य चैवोत्पलनालजस्या॥

मृणालपद्मोत्पलकेशराणां तथा पलाशस्य तथा प्रियङ्गोः।

तथा मधूकस्य तथाऽसनस्य क्षाराः प्रयोज्या विधिनेव तेना॥

Cha.Chi. 4/93-94

In cases of Raktapitta associated with Kapha, where the blood reaching the throat is thick and adherent, the alkali prepared from the stalk of water lily mixed with

honey and ghee should be administered. Similarly, alkalis prepared from lotus stalk, lotus flower, water lily, Nagakeshara, Palasha, Priyangu, Madhuka, and Asana are also recommended.

Chikitsa (Therapeutics)

Type	Drugs / Formulations
Pachana + Deepana	Musta, Indrayava, Bhunimba, Guduchi (if Ama present)
Pittashamana	Guduchi, Patola, Nimba, Usheera, Chandana
Vamana Dravya	
Virechana Dravya	Trivrit Leha, Avipattikara Churna, Katuki
Raktaprasadana	Padmakadi Kashaya, Chandanasava, Usheerasava
Raktastambhana	Kamadugha Ras, Praval Pishti, Mukta Pishti, Bolabaddha Rasa, Bola Parpati, Pushyanuga Churna
Rasayana	Draksha Avaleha, Vasavaleha, Vasa Ghrita, Shatavaryadi Ghrita, Shatavari Leha, Amalaki Rasayana, Yashtimadhu

Route Selection Based on Type:

- ✦ Urdhwa Raktapitta: Vamana preferred (rarely used), Nasya
- ✦ Adho Raktapitta: Virechana
- ✦ Tiryak Raktapitta: Both or combined Samshamana

Pathya-Apathya in Raktapitta

Pathya (Wholesome)

Ahara	Vihara
Thin rice gruel (Manda), Mudga yusha	Cool, calm environment
Pomegranate, Draksha, Amla, Coconut water	Avoid anger, heat exposure
Sugarcane juice (Ama-free stage), Lotus stalk soup	Regular light meals
Takra with Sheeta dravyas	Timely sleep and rest

Apathya (Unwholesome)

Ahara	Vihara
Alcohol, spicy/oily/fried food	Sun exposure, excessive exercise
Meat, fish, sour curd, pickles	Night awakening, daytime sleep

Ahara	Vihara
Fermented or stale food	Suppression of urges (vegavidharana)

Treatment Algorithm Based on Shadkriyakala (SL81)

Shadkriyakala	State	Chikitsa
1. Sanchaya	Mild Pitta accumulation	Langhana, Vatanulomana; use of Sheeta Dravyas
2. Prakopa	Pitta aggravation in GI tract	Deepana, Pachana; Start Sheeta-Tikta herbs
3. Prasara	Pitta entering circulation	Mridu Virechana (Avipattikara, Trivrit), Tikta Rasa Kashayas
4. Sthanasamshraya	Pitta-Rakta dushti localised in dhatus	Use of Raktaprasadana + Pittashamana like Guduchyadi Kashaya
5. Vyakti	Active bleeding from upper/lower orifices	Raktastambhaka + Pitta-shamana + Raktaprasadana + Rasayana
6. Bheda	Complications (Pandutva, Kshaya, Yakrit vikara)	Brimhana, Rasayana chikitsa; Pippali Rasayana, Amalaki, Draksha Avaleha

Chikitsa Yojana Including the Pathya-apathya in Vividha Margagata Raktapitta

General Objectives:

- ✦ **Pittashamana** – Pacify vitiated Pitta
- ✦ **Raktaprasadana & Rakta-stambhana** – Purify and arrest excessive bleeding
- ✦ **Agnideepana & Ama-pachana** – If Ama is involved
- ✦ **Dhatu Poshanam & Rasayana** – Rejuvenate after blood loss

Gout, hyperuricemia, or inflammatory joint disorders.

Samprapti Vighatana (Reversal of Pathogenesis)

Samprapti (Pathogenesis) Overview:

वायुर्विवृद्धो वृद्धेन रक्तेनावारितः पथि ॥
कृत्स्नं सन्दूषयेद्रक्तं तज्जेयं वातशोणितम् ।

Cha.Chi. 10-11

These etiological factors, combined with obstruction in the passage by vitiated Rakta, further aggravate Vata and, in turn, lead to further vitiation of Rakta casuing Vatarakta.

रक्तमार्गं निहन्त्याशु शाखासन्धिषु मारुतः।
निविश्यान्त्योन्यमावार्य वेदनाभिर्हीरदसूना॥

Cha.Chi. 29/35

When vitiated Vata reaches the joints of the extremities, it obstructs the flow of Rakta (blood). Conversely, vitiated Rakta obstructs the movement of Vata. This obstruction leads to unbearable pain and can ultimately result in death.

- ✦ Ahita Ahara–Vihara (e.g., Lavana, Amla, Katu, Madya, Abhojana, Vega-dharana) →
- ✦ Vata prakopa in margavaruddha avastha due to Rakta dushti
- ✦ Rakta being Ushna, Tikshna, and Vata being Sheeta, Ruksha – they become mutually antagonistic yet get associated pathologically
- ✦ Leads to srotorodha, sandhi shoola, shotha, ruk, and twak vaivarnya

Chikitsa Sutra

Raktamokshana

तत्र मुञ्चेदसृक् शृङ्गजलौकःसूच्यलाबुभिः ।
प्रच्छनेर्वा सिराभिर्वा यथादोषं यथाबलम् ॥
रुग्दाहशूलतोदार्तादसृक् स्राव्यं जलौकसा ।
शृङ्गैस्तुम्बैर्हीरत् सुप्तिकण्डूचिमिचिमायनात् ॥
देशादेशं व्रजत् स्राव्यं सिराभिः प्रच्छनेन वा ।
अङ्गुलानौ न तु स्राव्यं रूक्षे वातोत्तरे च यत् ॥

Cha.Chi. 29/36-38

In this condition (vatarakta), bloodletting should be performed using shringa (horn), jalauka (leech), suchi (needle), alabu (bitter gourd), pracchana (scarification), or siravyadha (venesection), based on the predominance of doshas and the patient's strength.

When symptoms like pain, burning sensation, and pricking discomfort are present, bloodletting should be done using leeches. If symptoms like numbness, itching, or tingling are observed, bloodletting should be performed with horn (shringa) or gourd (alabu).

When the signs of vatarakta shift from one region to another, raktamokshana (bloodletting) should be done with venesection or scarification. However, if there is muscle wasting, dryness, or pronounced vata predominance, bloodletting is contraindicated.

General line of Treatment

सेकाभ्यङ्गप्रदेहान्नस्नेहाः प्रायोऽविदाहिनः ।

वातरक्ते प्रशस्यन्त ... ॥

Cha.Chi. 29/42

Fomentation, massage, external application (pradeha), and the use of unctuous substances that do not cause burning are generally beneficial in vatarakta.

विरेच्यः स्नेहयित्वाऽऽदौ स्नेहयुक्तैर्विचनैः ।

रूक्षैर्वा मृदुभिः शस्तमसकृद्द्वस्तिकर्म च ॥

Cha.Chi. 29/41

After internal oleation, the patient should be given mild purgation using unctuous or, if needed, dry purgatives. Frequent basti (enema) therapy should be administered thereafter.

बाह्यमालेपनाभ्यङ्गपरिषेकोपनाहनैः ।

विरेकास्थापनस्नेहपानैर्गम्भीरमाचरेत् ॥

Cha.Chi. 29/43

In superficial (uttana) vatarakta, external applications like lepa (pastes), massage, warm bathing (parisheka), and poultices (upanaha) are recommended. In deeper tissue involvement (gambhira), purgation, decoction-based enema (asthapana), and internal intake of medicated fats (snehapana) should be done.

Vishesha Chikitsa

सर्पिस्तैलवसामज्जापानाभ्यञ्जनबस्तिभिः ।

सुखोष्णैरुपनाहैश्च वातोत्तरमुपाचरेत् ॥

Cha.Chi. 29/44

When vata predominates, treatment should include intake, massage, and enema with ghee (sarpi), oil (taila), fat (vasa), and marrow (majja), along with warm poultices.

विरेचनेर्घृतक्षीरपानैः सेकैः सबस्तिभिः ।

शीतैर्निर्वापणैश्चापि रक्तपित्तोत्तरं जयेत् ॥

Cha.Chi.29/45

When rakta and pitta predominate, treatment should involve purgation, intake of medicated ghee and milk, fomentation, decoction enemas, and application of cold refrigerant herbal pastes.

Dose: 250 – 500mg per day.

Anupana: Ghrita, milk, Dadima Juice for peptic ulcer.

Aushadha Sevana Kala: Pragbhakta.

Guduchyadi Kashaya

Ref: Sahasrayoga

Phala Shruti: All Kapha Pittaja Rogas, Jwara, Daha.

Dose: 10-20ml twice

Anupana: Shritasheeta Jala

Aushadha Sevana Kala: Pragbhakta

Kamadudha rasa

Ref: Bhaishajya Ratnavali

Phala Shruti: Amlapitta, Kaamala, Pitta Jvara, Daha, Chardi, Raktapitta, Bhrama, Moorcha, Raktaja Roga, Pittaja Vikara

Dose: 250-500mg twice or thrice

Anupana: Milk, sheeta jala, gulakanda

Aushadha Sevana Kala: Pragbhakta

MULTIPLE CHOICE QUESTIONS (MCQS)

Correct answers marked in bold

1. The first line of treatment in Rakta Pradoshaja Vikara according to Charaka is:
 - A. Shirodhara
 - B. Raktamokshana**
 - C. Nasya
 - D. Basti
2. Which formulation is indicated in Kamala for Mridu Virechana?
 - A. Kumaryasava
 - B. Tiktaka Ghrita
 - C. Yakritplihari Lauha
 - D. Trivrit Leha**
3. “Kaamala” literally means:
 - A. Disease of bile
 - B. That which destroys desires**
 - C. Yellow discolouration
 - D. Digestive disorder
4. Haridra Netra and Peeta Twak are classical features of:
 - A. Pandu
 - B. Koshthashrita Kamala**
 - C. Arsha
 - D. Hrudroga
5. In Shakhashrita Kaamala, Mala is:
 - A. Red and sticky
 - B. Normal
 - C. Shweta (white)**
 - D. Mixed with mucus
6. The Chikitsa Sutra of Shakhashrita Kamala includes:
 - A. Snehapana in early stage
 - B. Langhana and Rukshana till Malaranjana**
 - C. Samshodhana as first step
 - D. Heavy diet
7. Which drug is contraindicated in Ama stage of Kamala?
 - A. Trikatu
 - B. Musta
 - C. Sugarcane juice**
 - D. Bhumyamalaki
8. The prognosis of Shakhashrita Kamala is:
 - A. Excellent
 - B. Poorer due to deeper tissue involvement**
 - C. Same as Koshtashrita
 - D. Always curable
9. “Kumbha Kamala” is considered:
 - A. An eye disorder
 - B. A chronic form of Kamala**
 - C. Related to Pandu
 - D. A type of Udara
10. Tikta-Madhura-Sheeta drugs are primarily used in:
 - A. Kaphaja Kasa
 - B. Raktapitta**
 - C. Hrudroga
 - D. Grahani
11. In Raktapitta, Vamana is indicated when:
 - A. Raktapitta is of Urdhwamarga and patient is strong**
 - B. Patient is weak
 - C. There is Dhatu kshaya
 - D. No bleeding is seen

12. Nasya with Dronapushpi Swarasa is indicated in:
 A. Pandu **B. Kamala**
 C. Ardita D. Kustha
13. Which formulation is suitable for Raktastambhana?
 A. Mahasudharshana
B. Kamadugha with Mouktika
 C. Tiktaka Ghrita
 D. Loha Bhasma
14. Anupana for Vasaguduchyadi Kashaya is:
 A. Sheeta Jala **B. Ushna Jala**
 C. Dugdha D. Takra
15. Pathya Dravya for Kamala include:
 A. Dadhi B. Masha
C. Mudga Yusha D. Sarshapa
16. In Halimaka, the colour of body becomes:
 A. Peeta only
B. Harita, Peeta, Neela
 C. Rakta
 D. Krishna
17. Which rasa dominates drugs for Virechana in Kamala?
 A. Kashaya **B. Tikta**
 C. Madhura D. Amla
18. Vasa Ghrita is indicated in:
 A. Agnimandya B. Pandu
C. Raktapitta D. Twak Vikara
19. Yakrit Pippali yoga is beneficial in:
 A. Pandu **B. Kumbha Kamala**
 C. Arsha D. Mandagni
20. In Adhoga Raktapitta, the preferred treatment route is:
 A. Nasya **B. Virechana**
 C. Snehapana D. Basti
21. In Ayurvedic pathology, impaired Raktaskandana is mainly due to:
 A. Kapha prakopa **B. Pitta prakopa**
 C. Meda dushti D. Agni samshamana
22. Hemophilia A is caused due to deficiency of:
 A. Factor IX **B. Factor VIII**
 C. Von Willebrand factor D. Platelets
23. In ITP, the autoimmune target on platelets is:
 A. GpIb **B. GpIIb/IIIa**
 C. Factor X D. Fibrinogen
24. The Ayurvedic term for hereditary bleeding disorder is:
 A. Swabhavika Raktapitta
B. Vamshanugata Raktapitta
 C. Aupasargika Raktapitta
 D. Udbhavaja Raktapitta
25. The chief investigation for confirming Hemophilia includes:
 A. CBC
 B. BT and CT
C. Factor assays
 D. Prothrombin time only
26. The primary dosha involved in DIC according to Ayurveda is:
 A. Kapha **B. Pitta + Rakta**
 C. Vata D. Sadhaka Pitta
27. Which formulation is Rasayana and useful in Raktapitta?
 A. Praval Pishti **B. Yashtimadhu**
 C. Chandanasava D. Lodhra lepa
28. Which of the following is *contraindicated* in Gambheera Vatarakta initially?
 A. Sneha virechana
B. Brimhana therapy
 C. Tiktaka ghrita
 D. Tiktaka ksheera basti
29. In Ayurvedic chikitsa of Mada, Chetana-prabodhaka drugs include:
 A. Shankhapushpi **B. Vacha**
 C. Ajamoda D. Mandukaparni
30. The diagnostic hallmark of ITP is:
 A. Increased PT
 B. Increased BT and CT
C. Decreased platelet count
 D. Increased RBC count

74. The main dosha involved in Udarda is:
 A. Vata
B. Kapha
 C. Pitta
 D. Rakta
75. Which herb is best for restoring pigmentation in Shvitra?
 A. Haridra
B. Bakuchi
 C. Amalaki
 D. Pippali
76. Which of the following is not indicated in Sheetapitta?
 A. Virechana
B. Raktamokshana
 C. Deepana-Pachana
 D. Haridra Khanda
77. Anupana for Kamadugha Rasa is:
 A. Takra
 B. Ushna Jala
C. Milk or Sheeta Jala
 D. Gomutra
78. Which Kshudra Roga involves hair loss and blockage of follicles?
 A. Vyanga
B. Indralupta
 C. Darunaka
 D. Palita
79. External therapy in Shvitra includes:
 A. Sneha Pana
B. Suryakala Anuvartana with Bakuchi Taila
 C. Kshara Karma
 D. Patolamooladi Kashaya

SHORT ANSWER QUESTIONS (SAQs)

1. What are the clinical differences between Koshashrita and Shakhashrita Kaamala?
2. Describe the Chikitsa Sutra of Rakta Pradoshaja Vikara according to Charaka.
3. What is the significance of Malaranjana in Shakhashrita Kamala treatment?
4. Write a short note on the management of Halimaka.
5. Mention the Phalashruti and Anupana of Vasaguduchyadi Kashaya.
6. Describe the Ayurvedic principles of management in hereditary bleeding disorders.
7. What is the Samprapti vighatana of Mada and Murchha according to Ayurveda?
8. Enumerate the main formulations used in Raktastambhana chikitsa.
9. Explain the clinical stages of Gout and their Ayurvedic correlation.
10. Discuss the role of Tiktaka Ksheera Basti in Vatarakta management.
11. Describe the Samprapti Vighatana of Visarpa involving Pitta-Rakta dushti.
12. List the key features of Vataja Visarpa and its dosha-specific management.
13. Mention any four Ayurvedic formulations useful in Pittaja Visarpa and their rationale.
14. What is the significance of Raktamokshana in Visarpa Chikitsa?
15. Explain the importance of Pathya-Apathya in Visarpa management.
16. Define Naimittika Rasayana. Mention two examples used in Kushtha.
17. List the components of Pathya-Apathya in Shvitra.
18. Mention three internal medicines used in the Shamana stage of Kushta.
19. Differentiate Udarda and Sheetapitta based on Dosha and Lesions.
20. Describe the Samprapti of Daha and Samprapti Vighatana.

Kshudra Roga

These diseases are generally forty four in number, namely- Ajagallika, Yavaprakhya, Andhalaji, Vivrita, Kachchapika, Valmika, Indravridha, Panasika, Panasa Garddabha, Jala Garddabha, Kaksha, Vishphota, Agnirohini, Cippa, Kunakha, Anushayi, Vidarika, Sharkararbuda, Pama, Vicharchika, Rakasa, Padadarika, Kadara, Alasa, Indralupta, Armshika, Palita, Masurika, Yauvanapidaka, Padmini Kantaka, Jatumani, Masaka, Carmakila, Tilakalaka, Nyacchya, Vyanga, Parivartika, Avapatika, Niruddhaprakasa, Niruddha Guda, Ahiputana, Vrishana Kachchu, and Guda Bhramsha.

Tika

As there is no limit in numbers of Kshudra rogas, Brahmadeva makes the total number forty eight by including four more diseases to above list- Gardhabhika, Irivellika, Gandhapidika and Nilika which is not accepted by Jejjata. Previous commentators like Suvira, Nandin, Varaha etc. do not accept it as they are not read in similar treatises. Gayadasa included Pama, Vicharchika, Rakasa and Padadarika under Kushtha and thus made the total number of Kshudra Roga into forty four.

1. Ajagallika

The eruptions which are shaped like the Mudga pulse and are oily, knotty and painless are called Ajagallika. They are having the same colour as the surrounding skin and occur in children due to aggravated Kapha and Vayu.

Treatment of Ajagallika: In non-suppurated stage of Ajagallika, leech should be applied to the affected part; it should be followed by application of the

alkalies of Shukti (oyster-shells), Shrugni (Svarjika), and of Yava; or it should be plastered with the paste of Shyama, Langalaki and Patha. When suppurated it should be treated like wound.

By pricking with the new thorns of Kanthakari the Ajagallika gets pacified by quick suppuration. (Chakradatta)

2. Yavaprakhya

The eruptions which are like the Yava, very hard, solid, occurs at muscular area due to the aggravated Vayu and Kapha are called Yavaprakhya.

3. Andhalaji

The straight, elevated, eruptions occurring in circular patches and exude slight pus are called Andhalaji, occurs due to the aggravated Vayu and Kapha.

Treatment of Yavaprakhya etc.: Svedana should be done first in cases of Andhalaji, Yavaprakhya, Panasi, Kachchapi and Pashanagardabha. They should then be plastered with the pastes of Manahshila, Haritala, Kushtha and Devadaru; an incision should be made after the onset of suppuration; and then treat on the lines of wound.

In Pashanagardabha, Kapha and Vata Shothanashaka application should be done. (Chakrapani)

4. Vivrita

Eruptions, which are like a ripe Udumber fruit and are flat topped and appear in circular patches associated with severe burning sensation, are called Vivrita. They occur due to the aggravated Pitta.

Treatment of Vivrita etc.: The treatment mentioned in the treatment of the Pittaja Visarpa should be employed in cases of Vivrita, Indravridha, Gardabhi, Jatagardabha, Irivelli, Gandhanamni, Kaksha, and

Chikitsa of Mamsapradoshaja and Medopradoshaja Vikara

Samanya chikitsa of Mamsapradoshaja vikara (SR52)

मांसजानां तु संशुद्धिः शस्त्रक्षाराग्निकर्म च। Cha.Su.28/26
Shodhana, Shastra Karma, Kshara Karma and Agni Karma are the line of treatment of Mamsapradoshaja Vikara.

1. Snehana (Oleation)

- Internal and external oleation therapy with medicated oils and ghrita is advised.
- This alleviates dryness, stiffness, and improves nourishment to the muscle tissues.

2. Abhyanga (Oil Massage)

- Regular oil massage with medicated oils enhances circulation, reduces stiffness, and nourishes Mamsa Dhatu.
- It balances aggravated Vata, restores mobility, and reduces muscular fatigue.

3. Mardana (Deep Tissue Massage and Kneading)

- Gentle but firm massage or kneading of affected muscular regions helps disperse congestion, relieve pain, and promote proper Mamsa metabolism.

4. Svedana (Sudation Therapy)

- Localised or generalised Svedana (steam therapy, sudation, fomentation) is indicated to relax muscles, improve flexibility, and relieve stiffness.
- Commonly used types include Nadee Sweda,

Bashpa Sweda, and Pinda Sweda.

5. Upanaha (Poultices and Warm Applications)

- Warm poultices (Upanaha Sveda) prepared from vata-balancing herbs and materials are applied locally.
- This helps relieve muscular stiffness, spasm, and pain.

6. Mamsa Balya Rasayana (Muscle-strengthening and rejuvenation)

- Administration of Mamsa-nourishing Rasayanas (rejuvenative herbs or formulations) such as Ashwagandha, Bala, Vidari, and Shatavari.
- They enhance muscular strength, bulk, and endurance.

7. Snigdha-Ushna Bhojana (Warm and Nourishing Diet)

- Easily digestible, nourishing diet with warm, oily, and Mamsa-Vardhaka qualities.
- Inclusion of ghee, meat soups (Mamsa rasa), milk, and rice preparations is encouraged.

8. Vatashamaka Aushadha (Vata-balancing Medication)

- Use of herbs and formulations specifically balancing Vata Dosha (Ashwagandha, Guggulu, Dashamula, Rasna, Eranda, Bhallataka etc.) to control the pathological aggravation.
- Internally administered decoctions (Kvatha), pills (Gutika), powders (Curna), and medicated oils are recommended.

Stage	Therapy	Purpose	Key Drugs/Procedures
1.	Deepana-Pachana	Correct ama, prepare for Panchakarma	Trikatu, Chitrakadi Vati

Aushadha Sevana Kala: Pragbhakta

Anupana: Ushna Jala

Dose: 10-20ml twice

Samprapti Vighatana, Chikitsa Sutra, Chikitsa of Arbuda (SP72) and Apachi

I. Arbuda (SP72)

Definition:

- ◆ Arbuda refers to tumour-like growth or neoplastic swellings. It is classified under Shotha (swellings) characterised by chronic, slowly progressing, localised mass, firm or semi-firm, typically non-suppurating and difficult to cure.

Samprapti Vighatana

The Arbuda Samprapti involves:

- ◆ Aggravation of Doshas (Tridosha)
- ◆ **Dushya (affected tissues):** Mamsa (muscle), Meda (fat), Rakta (blood), and deeper Dhatus.
- ◆ Srotodushti (obstruction) causing improper nutrition (Dhatuvaha and Raktavaha Srotas blockage).
- ◆ Formation of stable, non-suppurative mass (Granthibhuta Shotha).

To interrupt this Samprapti:

1. Tridoshanashaka
2. Lekhana Karma (scraping and breaking down abnormal mass)
3. Yakrit Shodhana
4. Raktaprasadana (purifying blood and removing impurities)
5. Srotoshodhana (opening blocked channels)

Chikitsa Sutra (Treatment Principles):

- ◆ **Dosha Pratyaneeka Chikitsa:** Address primary involved dosha (Kapha-Meda, Vata, or Pitta).
- ◆ **Lekhana & Shoshana (Drying & scraping):** Reducing the mass by drying and absorbing treatments.
- ◆ **Srotoshodhana & Agnideepana:** Restoring normal metabolic function, improving Agni, and opening channels.
- ◆ **Raktashodhana:** Blood purification through Shodhana therapies (Virecana, Raktamokshana).

- ◆ **Rasayana (Rejuvenative therapy):** To strengthen Dhatus, enhance immunity, prevent recurrence.

Chikitsa (Specific Treatment Protocol)

1. Shodhana Therapy (Panchakarma):

- ◆ Virecana Karma (purification by purgation)
- ◆ Raktamokshana (bloodletting): Especially if mass involves Rakta and Pitta dominance.
- ◆ Basti Karma (Lekhana basti): With Tikta Dravyas if Vata and Kapha involved.

2. Shamana:

- ◆ Kancanara Guggulu (chief formulation)
- ◆ Arogyavardhini Vati, Triphala Guggulu, Varunadi Kvatha
- ◆ Haridra, Bhallataka preparations, Guduchi
- ◆ Paste of Vinca Rosea flower 1-3gm with honey
- ◆ Sarveshara Parpati, Shuddha Shilajatu, Nityananda Rasa

3. External Application:

- ◆ Lekhana Lepa (scraping herbal pastes): Haridra, Daruharidra, Kancanara, Arka.
- ◆ Agnikarma (Thermal cautery) in selected Arbuda cases.
- ◆ Ksharakarma (Chemical cautery) in manageable Arbuda.

4. Rasayana Prayoga (Rejuvenative Treatment):

- ◆ Chyavana Prasha Leha, Brahma Rasayana, Amalaki Rasayana, Shilajatu Rasayana, Bhallataka Rasayana (strengthening immunity and preventing recurrence).

II. Apachi

Definition:

- ◆ Apachi denotes inflammatory, non-suppurative lymphadenitis or glandular swelling typically occurring in cervical, axillary, or inguinal regions. It is usually movable, initially painless, soft-to-firm swelling, often multiple, resembling tuberculous lymphadenopathy.

Samprapti Vighatana:

- ◆ Kapha-Pradhana Tridosha involvement causing blockage in lymphatic channels and nodes.

Etiopathogenesis, Diagnosis and Principles of Management of Medapachaya (Dyslipidaemia) (SP62) and Sthoulya (Obesity)(SP64)

I. Medopashaya (Dyslipidaemia) - SP62

Definition:

Medopashaya (Medopachaya) refers to abnormal accumulation and impaired metabolism of Meda Dhatu (lipids/fats) causing increased lipid levels in the blood, analogous to modern dyslipidaemia (hypercholesterolemia, hypertriglyceridemia).

Etiopathogenesis (Samprapti):

Etiological Factors (Nidana):

- ✦ **Dietary Factors:** Excessive consumption of oily (Snigdha), sweet (Madhura), heavy (Guru), and calorie-rich foods.
- ✦ **Sedentary Lifestyle (Avyayama):** Lack of exercise, physical inactivity.
- ✦ **Mandagni:** Reduced digestive/metabolic fire causing impaired fat metabolism.
- ✦ **Psychological Stress (Manasika Nidana):** Stress-induced hormonal imbalance (Cortisol, insulin resistance).

Pathogenesis (Samprapti Ghaṭaka):

- ✦ **Primary Dosha involved:** Kapha (dominant), Meda (major dushya).
- ✦ **Agni Impairment:** Mandagni leads to the formation of Ama (toxic metabolites) impairing lipid metabolism.
- ✦ **Dhatvagni-Mandya:** Reduced Medodhatvagni (fat metabolism) resulting in accumulation of abnormal lipids.
- ✦ **Sroto-avarodha (Channel blockage):** Obstruction of Medovaha Srotas causing lipid accumulation and impaired circulation.

Diagnosis (Nidana Pareeksha):

Ayurvedic Diagnosis:

- ✦ Symptoms indicating Kapha-Meda dominance:
 - Excessive fatigue, heaviness (Gaurava)
 - Excessive sweating (Ati Sveda)
 - Reduced physical capacity (Alasya, Javoparodha)

Modern Diagnostics:

- ✦ Lipid profile test:
 - Increased LDL cholesterol, total cholesterol, triglycerides
 - Decreased HDL cholesterol

DYSLIPIDEMIA	
<p>Causes</p>  <p>Obesity High-fat diet</p> <p>Lipid panel (LDL, HDL, total cholesterol)</p>	<p>Symptoms</p>  <p>Chest pain Fatigue</p>

OBESITY	
	
<p>CAUSES</p>  <p>High-calorie diet</p>  <p>Physical inactivity</p>	<p>SYMPTOMS</p>  <p>Shortness of breath Joint pain</p> <p>DIAGNOSIS BMI measurement</p> 

Principles of Management (Chikitsa Sutra):

1. Amapacana (Eliminating metabolic toxins)
2. Agnideepana (Enhancing digestion and metabolism)
3. Kapha-Medohara (Reducing Kapha and Meda)
4. Lekhana Karma (Fat Scraping therapy)

Chikitsa Approach (Treatment):**1. Panchakarma Therapy:**

- ◆ **Vamana and Virecana Karma:** Removes accumulated lipids/toxins.
- ◆ **Lekhana Basti:** Specifically reduces excess lipid accumulation.

2. Internal Medication:

- ◆ Triphala Guggulu, Navaka Guggulu, Medohara Guggulu, Arogyavardhini Vati
- ◆ **Herbs:** Guggulu, Haridra (turmeric), Musta, Varuna, Vacha, Chitraka, Guduchi, Shilajatu

3. Lifestyle Correction:

- ◆ Regular exercise (Vyayama)
- ◆ Moderate calorie-restricted balanced diet

Samprapti Vighatana, Chikitsa Sutra and Chikitsa Yojana along with Pathyaapathya of Prameha (Sm8d) and Design a Treatment Algorithm for Prameha According to Its Stages of Shadkriyakala

I. Prameha (SM8D) – Overview**Definition:**

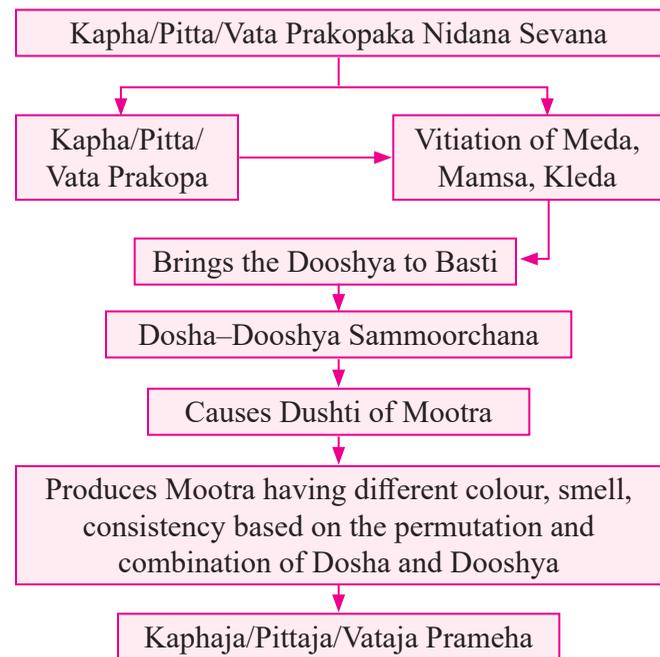
प्रकर्षेण मेहति इति प्रमेहः।

The disease in which frequent and voluminous urination is main symptom is called as Prameha. This is a critical type of disease which cannot be totally cured but can only be managed with constant medication.

Prameha represents a group of metabolic disorders characterised by abnormal urine production, turbidity, frequent urination, and metabolic dysfunction. It closely correlates with diabetes mellitus, insulin resistance, and related metabolic syndromes in modern medicine.

II. Samprapti Vighatana (Breaking Pathogenesis)**Etiological Factors (Nidana):**

- ◆ **Dietary:** Excessive Madhura (sweet), Snigdha (oily), Guru (heavy) foods.
- ◆ **Lifestyle:** Sedentary habits (Avyayama), excessive sleeping (Divasvapna).
- ◆ Psychological stress leading to metabolic derangement.
- ◆ Genetic predisposition (Beeja Dosha).

Samprapti (Pathogenesis):**Breaking the Samprapti:**

- ◆ Kapha-Medohara therapy.
- ◆ Agnideepana and Amapacana.
- ◆ Srotoshodhana (channel cleansing).
- ◆ Ojas-varhdhana and rejuvenation.

III. Chikitsa Sutra

1. Shodhana in stula madhumehi [Ca. Ci 6]
2. Sthula madhumehi treated on the same line of stoulya roga [Ca.Su. 23]
3. Kaphapittahara, medohara, vatanulomana, Vata Aprakopaka, Agnideepana, pachana, srotoshodhana drugs are helpful
4. Kapha-Meda shamana and Lekhana (reducing excess Kapha and fat).
5. Srotoshodhana (channel cleansing).

Part C: Integrated Treatment Algorithm for Diabetes Mellitus (Madhumeha)

Clinical stage	Treatment Goals	Recommended Interventions
Early stage (Pre-diabetes)	Prevention of progression	Agnideepana (Trikatu, Triphala), dietary correction, exercise, lifestyle modification.
Established Diabetes (Vyakti)	Glycemic control, Kapha reduction	Chandraprabha Vati, Nisha-Amalaki, Vijaysara, Virecana Karma, exercise, strict diet.
With mild Ojas depletion	Glycemic control, Ojas support	Gokshuradi Guggulu, Rasayana (Amalaki, Guduchi), moderate Panchakarma (Virecana/Basti), dietary vigilance.
Moderate Ojas depletion	Complication prevention, rejuvenation	Intensive Rasayana (Shilajatu, Ashwagandha), Panchakarma (Matra/Anuvasana Basti), diet & lifestyle rejuvenation.
Severe Ojas depletion (with complications)	Comprehensive support, complication management	Brimhana therapy, Madhumeha Nashini Vati, Rasayana (Shatavari, Vidari), supportive Panchakarma (Basti), specialised wound care, psychological support.

MULTIPLE CHOICE QUESTIONS (MCQS)**Correct answers marked in bold**

- According to Charaka, which procedure is indicated for Mamsapradoshaja Vikara?
 - Vamana
 - B. Shastra, Kshara, and Agni Karma**
 - Nasya
 - Siravyadha
- Which Rasayana is best for enhancing muscular strength in Mamsa Kshaya?
 - Shilajatu
 - B. Ashwagandha**
 - Haridra
 - Amalaki
- Which oil is most suitable for Abhyanga in Mamsa-related disorders?
 - Bhringraj Taila
 - B. Mahanarayana Taila**
 - Brahmi Taila
 - Jatyadi Taila
- Rukshana therapy is mainly indicated in:
 - Mamsa Kshaya
 - B. Medopradoshaja Vikara**
 - Pandu
 - Vatarakta
- Which among the following is a Kapha-Medohara herb?
 - Shatavari
 - B. Guggulu**
 - Yashtimadhu
 - Bala
- Which of the following is used as Upanaha Sveda?
 - Hot stone
 - Sand fomentation
 - C. Warm herbal poultice**
 - Rice bolus
- Gandamala primarily affects which region?
 - Abdomen
 - B. Cervical and axillary nodes**
 - Chest
 - Lower limbs
- Kanchanara Guggulu is the drug of choice for:
 - Pandu
 - B. Galaganda and Gandamala**
 - Grahani
 - Amlapitta
- Vidangadi Taila is primarily used for:
 - Virechana
 - Basti
 - C. Shirovirechana**
 - Abhyanga
- In Galaganda, which diet is contraindicated?
 - Tikta and Kashaya Rasa
 - B. Madhura, Snigdha, Guru Ahara**
 - Laghu Bhojana
 - Ruksha Ahara

Shuddha-Ashuddha Chikitsa, Chikitsajanita Vikara

Shuddha - Ashuddha Chikitsa & Explain Iatrogenic Disease

शुद्धा चिकित्सा रोगं हन्ति, अशुद्धा च व्याधिमपि जनयति।

Properly executed treatment eliminates disease; improperly done treatment can even generate new disorders.

Shuddha Chikitsa (Pure or Proper Treatment)

Refers to treatment that is appropriately planned and correctly administered according to:

- ✦ The nature of the disease
- ✦ The strength of the patient
- ✦ The stage of the illness
- ✦ The proper selection of medicine, dose, and time
- ✦ The correct use of procedures (e.g., Vamana, Virechana, Basti)

It leads to quick relief, prevents complications, and promotes full recovery without harming the patient.

It is a treatment aligned with Yukti (rational planning) and Siddhanta (classical principles).

Ashuddha Chikitsa (Impure or Improper Treatment)

Refers to treatment that is wrongly chosen or poorly executed, such as:

- ✦ Treating without proper understanding of Dosha–Dhatu–Agnibala
- ✦ Administering Shodhana in Sama Avastha
- ✦ Using inappropriate drugs, doses, or timings
- ✦ Ignoring contraindications or patient strength

It may cause worsening of disease, new complications, or even new diseases.

Iatrogenic Disease (Vyadhikartrika Rogah)

Definition:

Iatrogenic disease is a condition that is caused unintentionally by medical treatment, including:

- ✦ Wrong diagnosis
- ✦ Inappropriate medication or dose
- ✦ Improper procedures or surgeries
- ✦ Negligence in care
- ✦ Overuse of medications (e.g., antibiotics, steroids)

Examples:

Cause	Iatrogenic Outcome
Improper Virechana	Dehydration, fainting, colitis
Overuse of steroids	Osteoporosis, diabetes
Excess Vamana in weak patients	Vataja complications, collapse
Modern: Overuse of antibiotics	Antibiotic resistance, gut dysbiosis
Surgery without need	Tissue damage, infection

Ayurvedic Insight:

In Ayurveda, the concept of Apakrama (improper treatment), Ativyayama (excessive procedure), and Yukti-heena karma aligns with modern iatrogenic pathology.

Therefore, precise assessment, patient-specific planning (Yukti), and careful implementation form the essence of Shuddha Chikitsa and prevent iatrogenic outcomes.

According to the New NCISM Curriculum for BAMS Third Professional

As per the Competency-Based Ayurveda Medical Education Curriculum

Textbook of **KĀYACHIKITSĀ**

**Kayachikitsa including Manasa Roga,
Rasayana and Vajikarana**

(Internal Medicine including Psychiatry, Rejuvenative Medicine,
Reproductive Medicine and Epigenetics)

Paper 2: Vyadhi Vishesa Chikitsa Part-2

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Chaukhamba Surbharti Prakashan
Varanasi

Syllabus

Paper 2 (Vyadhi Vishesha Chikitsa - 2)						
Sr. No	A2 List of Topics	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours Theory	E2 Non-Lecture hours Practica l
11	Chikitsa of Vatavyadhi <ul style="list-style-type: none"> • Vatavyadhi samanya chikitsa • Snayugataavata • Akshepaka chikitsa (SK 30) • Pakshaghata chikitsa (SK22) (Cerebrovascular accident) • Ekangavata (SK22), • Sarvangavata (SK22) • Kampavata (SK52) (Parkinson's Disease) • Ardita (SK20) (Bell's palsy) • Manyastambha (SP44) • Jihwastambha (SK22) • Avabahuka (SP15), Vishwachi (SK51) • Gridhrasi (SP20) (Sciatica) • Khanja (SK2Y), Pangu (SK21), • Kalayakhanja Padadaha (SK51), • Padaharsha (SK54) • Parisareeya Nadishotha (Peripheral Neuropathy) • Urustambha (SP46) Udarvarta(SM35) • Tantrikaanughata (Guillan Barre syndrome), Tantrighata (Motor Neuron Disease), Anuprasthiya-sitamajjachadda shotha (Transverse Myelitis), Peshi dourbalya (Myasthenia Gravis) 	1	24	16	6	26
12	Chikitsa of Asthi-Majja pradoshaja vikara (SR54) (SR55) <ul style="list-style-type: none"> • Asthisousharya (Osteoporosis), Asthikshaya (Osteopenia) (SP00) • Sandhigata vata (SP12) (Osteoarthritis), • Vatakantaka (SP4Y)(Calcaneal Spur), • Kateegraha (SP42(Lumbar spondylosis), Greeva graha(SP45) • Kroshtuka sheersha • Raktaheenatajanya dhatunasha(AvascularNecrosis) 	2	14	8	4	11

	<ul style="list-style-type: none"> • Katishoola (Lumbago), Kasheruka vyadhi(Spondylopathies), • Asthisankatarbuda (Osteosarcoma) 					
13	Chikitsa of Pranavaha Srotodushti Vikara (TM2:SL40-SL4Z) <ul style="list-style-type: none"> • Shwasa (SL42), Hikka (SM74) • Kasa (SL41), Urahkshat • Rajayakshma • Tamaka Shwasa (Bronchial Asthma) (SL40) • Jirna Shwasakrichchhanika (Chronic Obstructive Pulmonary Disease) • Antaraalayi Phupphusa Vikara (Interstitial Lung Disease) • Vispharah (Bronchiectasis) • Phupphusasruti(Pleural effusion) • Phupphusa arbuda (Lung Cancer) 	2	24	6	4	24
14	Chikitsa of Udakavaha srotodushti vikara <ul style="list-style-type: none"> • Trishna Shotha(SP91) • Udara-Jalodara (Ascites) (SM32) • Jaliyovidyutansha vaishamya(Fluid & Electrolyte Imbalance) 	3	10	5	2	8
15	Chikitsa of Mootravaha srotodushti vikara <ul style="list-style-type: none"> • Mootrakrichchha (SM82) • Mootraghata (SM81) • Ashmari (SM8C) • Mootranalika shotha (UTI), Vrikka koshika shotha (Nephritis), (SM84) • Vrikka nishkriyata(Renal failure) • Mootraashmari (Urolithiasis) • Pourusha granthi vridhhi (Benign prostatic hyperplasia) • Apavrukkatva (Nephrotic Syndrome) 	3	12	4	4	8
16	Chikitsa of Purishavaha srotodushti vikara (SR5A) <ul style="list-style-type: none"> • Atisara (SM37) • Pravahika (Dysentery) (SM38) • Arsha (SM53) • Raktatisara (Ulcerative colitis) (SM37) • Krimi • Bruhadaantra arbuda (Colorectal cancer) 	3	16	4	4	8
Total Marks			100	43	24	85

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13.	Chikitsa of Pranavaha Srotodushti Vikara (TM2:SL40-SL4Z)	86
14.	Chikitsa of Udakavaha Srotodushti Vikara	115
15.	Chikitsa of Mutravaha Srotodushti Vikara	129
16.	Chikitsa of Purishavaha Srotodushti Vikara (SR5A)	146



Introduction

Vata dosha is one of the three fundamental energies or bio-forces that govern various physiological and psychological functions in the body. Vata is considered the most influential of the three doshas because it directs the movements of Pitta and Kapha and is involved in almost all bodily processes.

Vatavyadhi is a term used in Ayurveda to refer to disorders related to the Vata dosha. In Ayurveda, Vata dosha is associated with movement, including bodily movements, nerve impulses, circulation, breathing, etc.

When the Vata dosha becomes imbalanced, it can lead to a variety of health issues collectively termed as Vatavyadhi. These disorders can affect different systems of the body, including the nervous system, musculoskeletal system, digestive system, respiratory system, and more.

To distinguish Vatavyadhi from Samanya Vyadhi, Chakrapani explains that while diseases like Jvara (fever) can be caused by Vata, they can also arise from the other doshas without involving Vata. Therefore, they are not classified as Vatavyadhi. In contrast, Vatavyadhi specifically refers to conditions that cannot manifest without the involvement of Vata, and these are known as Nanatmaja Vata disorders.

I. History Taking in Neurological Disorders

1. Chief Complaints

- ✦ Headache, giddiness
- ✦ Loss of consciousness (LOC), seizures
- ✦ Muscle weakness or paralysis (Monoplegia, Hemiplegia, Paraplegia)

- ✦ Numbness, tingling (Paresthesia)
- ✦ Involuntary movements (tremors, chorea)
- ✦ Speech disturbances (Dysarthria, Aphasia)
- ✦ Memory loss, behavioural change
- ✦ Gait disturbances
- ✦ Visual or auditory changes

2. History of Present Illness

- ✦ Onset: Sudden (stroke) or gradual (Parkinsonism)
- ✦ Progression: Static, improving, or worsening
- ✦ Duration and frequency
- ✦ Aggravating or relieving factors
- ✦ Diurnal variation (e.g., Myasthenia gravis worsens in evening)

3. Past History

- ✦ Trauma, infections (meningitis, encephalitis)
- ✦ Hypertension, diabetes, tuberculosis, epilepsy
- ✦ Drug use, vaccinations

4. Family History

- ✦ Genetic or hereditary diseases: Parkinson's, muscular dystrophies, epilepsy

5. Personal & Social History

- ✦ Occupation, substance abuse (alcohol-related neuropathy)
- ✦ Handedness (for lesion localisation)
- ✦ Stress and sleep history

II. Clinical Examination

1. Higher Functions

- ✦ Orientation, memory (short-term/long-term)
- ✦ Attention, concentration, language, mood

- Worrying and grief.
- Debilitating diseases.
- Trauma and injury, especially to vital areas.
- Falling from swift-moving animals (e.g., elephant, camel, or horse).
- Suppression of natural urges.
- Anger.
- Fright.

Purvaroop

अव्यक्तं लक्षणं तेषां पूर्वरूपमिति स्मृतम् ॥ Cha.Chi. 28/19

Indistinct manifestation of the diseases are considered as prodromal symptoms.

Samprapati

देहे स्रोतांसि रिक्तानि पूरयित्वाऽनिलो बली ॥

करोति विविधान् व्याधीन् सर्वाङ्गैकाङ्गसंश्रितान् ।

Cha.Chi. 28/119

When the aggravated Vata fills the empty srotas in the body, it produces various diseases, affecting either the whole body or specific parts of it.

वायोर्धातुक्षयात् कोपो मार्गस्यावरणेन च (वा) ।

वातपित्तकफा देहे सर्वस्रोतोऽनुसारिणः ॥

वायुरेव हि सूक्ष्मत्वाद्द्रव्योस्तत्राप्युदीरणः ।

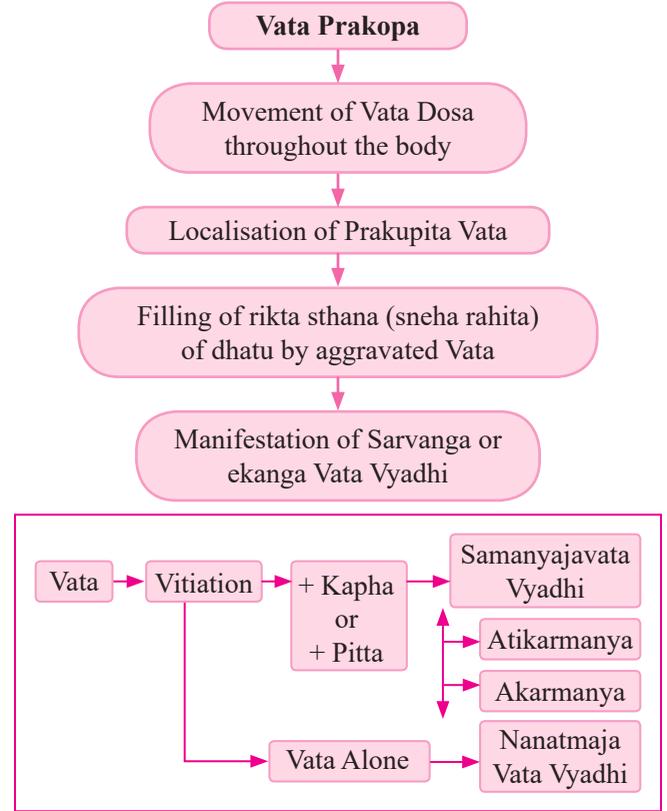
कुपितस्तौ समुद्भूय तत्र तत्र क्षिपन् गदान् ॥

करोत्यावृतमार्गत्वाद्द्रसादींश्चोपशोषयेत् । Cha.Chi. 28/59-61

The provocation of Vata occurs primarily due to two factors: Dhatukshaya (depletion of tissue elements) and Avarana (obstruction in its pathways). Among the three Doshas, Vata is the principal force responsible for movement, owing to its subtle and dynamic nature. It propels Pitta and Kapha throughout the body via the channels (srotas). When Vata becomes vitiated, it disturbs the balance of the other two Doshas, contributing to the manifestation of various disorders. Additionally, when there is Avarana, it impedes the normal flow of Rasadi Dhatus, eventually leading to their depletion.

The two major pathological mechanisms involved in Vata Vyadhi are Avarana and Gatatva.

Samprapti Flow Chart



Rupa

आत्मरूपं तु तद्व्यक्तमपायो लघुता पुनः । Cha.Chi. 28/20

When the cardinal feature is clearly manifested, it is called as symptom, while the lessening of features are indicative of cure.

General Signs and Symptoms of Vata Vitiation

सङ्कोचः पर्वणां स्तम्भो भेदोऽस्थनां पर्वणामपि ॥

लोमहर्षः प्रलापश्च पाणिपृष्ठशिरोग्रहः ।

खाञ्ज्यपाङ्गुल्यकुब्जत्वं शोषोऽङ्गानामनिद्रता ॥

गर्भशुक्ररजोनाशः स्पन्दनं गात्रसुप्तता ।

शिरोनासाक्षिजत्रूणां ग्रीवायाश्चापि हुण्डनम् ॥

भेदस्तोदार्तिराक्षेपो मोहश्चायास एव च ।

एवंविधानि रूपाणि करोति कुपितोऽनिलः ॥

हेतुस्थानविशेषाच्च भवेद्रोगविशेषकृत् ।

Cha.Chi. 28/20-24

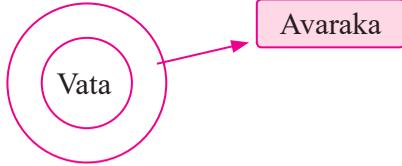
- ♦ Sankochah Parvanam (Contractures of finger)

2. Encapsulation

पञ्चाभिरन्यावातानां वातान् बद्धयेत लक्षणैः ।

एषां स्वकर्मणां हानिर्विबन्धेऽवरोधने मता ॥

Vata being encaged by others thereby producing the symptoms.



3. Inhibition of movements

तेन वायोः वाय्वन्तरेण गतिहनन रूपम् आवरणमुपपद्यते।

Vayu causing Avarana to other Vata inhibits the movements of avrita Vata.

अभिमुखौ अभिमृद्येते बलवात् दुर्बले अभिभूयमुपगते अवृतः इति उच्यते।

When two Vayu comes in conflict, stronger Vayu adversely affects the function of weak Vayu and thus Avarana is produced.

4. **Constriction** – Bronchial asthma, Vasospasm in Vatarakta

5. **Dilatation** – Emphysema

Samprapti and Diagnosis of Avarana

- ◆ In avarana of vata, svakarmavridhi (exaggerated activities) of avarakas is manifested. The avrita (i.e. vata) will show swakarmahani (diminished activity). This is the general feature of avarana.
- ◆ Here the excessively increased strong avaraka suppresses the normal action of avrita (i.e. vata). Therefore when the obstruction is severe it may lead to the prakopa of vata resulting in the presentation of vata vitiated symptoms as well as its disorders. (Cakra on Ca.Ci. 28/215)
- ◆ In the process of avarana 'cala' property of vata is diminished due to obstruction. Other properties are not involved in the process till obstruction.
- ◆ In avarana the 'gati' of vata is obstructed partially or fully.
- ◆ Avarana is caused by poornata (filling) of other doshas or Dhatus in the srotas/marga (passage) of vata.

- ◆ Avarana is possible by other doshas (pitta and kapha), dhatus, anna, malas, and individual components of vata each other.
- ◆ Generally in dhatvavarana the dhatus will be in a state of vriddhi or samata so that they produces poornata in srotas and are capable of obstructing vata.
- ◆ Diagnosis of avarana is made with the help of Nidana, Lakshana, upashaya–anupashya (trial and error) method.

Avarana Presentation

Two stages in Avarana

- ◆ Rupa Hani (Intial stage)

In the intial stage, there will be symptoms of avaraka due to strong cause whereas Vata will be normal or decreased.

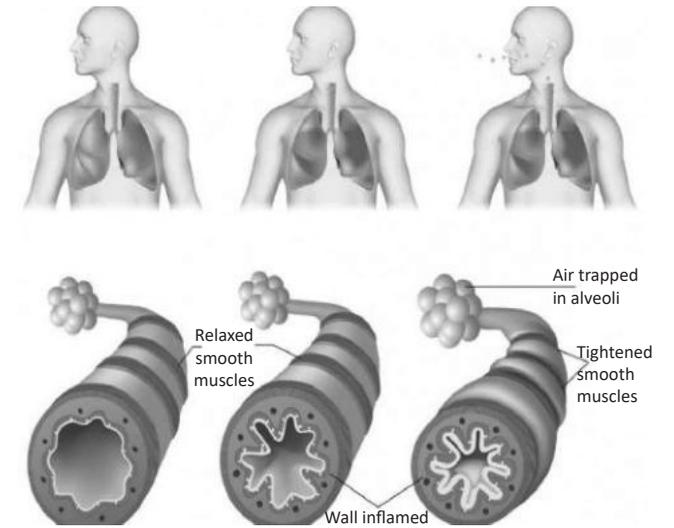
- ◆ Roopa Vriddhi (Later stage)

Due to Avarana of Vata Dosha there will be aggravation Vata leading to symptoms of Vata along with avaraka symptoms.

Specific feature of Avarana

- ◆ Waxing and weaning of symptoms

Illustration



Tamaka Shvasa

Vridha Vata and Sama Kapha

मारुतः प्राणवाहितीं स्रोतांस्यापीड्य कुप्यति।

उरःस्थः कफमूर्च्छयाऽत्कासश्चासान् करोति सः॥४७॥

When vitiated Vata affects the Rakta, it manifests as severe pain with warmth and discolouration, weight loss, anorexia, specific raised rashes on the body, and esophageal spasm.

Mamsa-Medogata Vata

गुर्वङ्गं तुद्यतेऽत्यर्थं दण्डमुष्टिहतं तथा ।

सरुक् श्रमितमत्यर्थं मांसमेदोगतेऽनिले ॥ Cha.Chi. 28/32

When vitiated Vata affects the muscles and fat, it causes heaviness of the body, pricking pain, a sensation as if beaten by a strong rod or fist, and severe fatigue.

Shukra Gata Vata

क्षिप्रं मुञ्चति बध्नाति शुक्रं गर्भमथापि वा ।

विकृतिं जनयेच्चापि शुक्रस्थः कुपितोऽनिलः ॥ Cha.Chi. 28/34

When vitiated Vata is located in Shukra, it causes premature ejaculation or anejaculation, and may also lead to preterm or delayed labour and deformities in the foetus.

Sira Gata Vata

शरीरं मन्दरुक्शोफं शुष्यति स्पन्दते तथा ।

सुप्तास्तन्व्यो महन्व्यो वा सिरा वाते सिरागते ॥ Cha.Chi. 28/36

When vitiated Vata affects the Sira, it causes mildly painful edema, emaciation, twitching, loss of pulsation, and either dilation or coarctation of vessels.

Difference between Avarana (Avrita Vata) and Gata Vata

Avrita Vata	Gata Vata
Aggravation of Vata is passive	Aggravation of Vata is active
Normally Svanidana of Vata are not operating	Aggravation of Vata by Svanidana
Only chala property of Vata is involved and it is diminished in the phenomenon	Other properties of Vata are also involved and the chala property aggravated in the phenomenon
Gati of Vata is obstructed	Gati of Vata is aggravated
Poornata in Srotas/Marga	Riktata in Srotas/sites
Vata shows Svakarma hani	Vata shows Svakarma Vriddhi

Avrita Vata	Gata Vata
Dhatu are in Vriddha or Sama	Dhatudourbalya present
Avarana is possible with other Dosha/Anna/Mala/ individual components of Vata	Lodging of Vata in Dhatu, Upadhatu, Avayava occurs.
Avaraka gets importance in treatment	Vata gets importance in treatment
Diagnosis done with the help of Upashaya Anupashaya	Direct Diagnosis
Complications of Avarana possible	Not explained
Successive Kshaya of Rasadi Dhatu possible	Not explained.

Difference Between Sanga and Avarana

Features	Sanga	Avarana
Mechanism	The Dosha and Dooshya get stagnated / obstructed in Srotas. So the normal movements of Dosha Dooshya gets obstructed	The avarana (covering/masking) of Dosha (Avrita) by the other Dosha or Dooshya (Avaraka). Dosha or Dooshya not able to work properly
Type	Type of Srotodushti	A cause of Vataprakopa
Effect	The Dosha which get obstructed causes Vriddhi Lakshana at that place and Kshaya Lakshana at other places i.e., beyond the obstruction.	Avrita Dosha Lakshana Kshaya occurs and avaraka Dosha Vriddhi occurs.
Outcome	Possibility of Vimargagamana after sanga	Vimargagamana not occurs
Line of treatment	Deepana, Pachana, and Srotoshodhana	Avaraka Dosha and Dooshya Chikitsa is beneficial

Prognosis

सन्धिच्युतिर्हनुस्तम्भः कुञ्चनं कुब्जताऽर्दितः ॥

पक्षाघातोऽङ्गसंशोषः पङ्गुत्वं खुडवातता ।

स्तम्भनं चाद्यवातश्च रोगा मज्जास्थिगाश्च ये ॥

एते स्थानस्य गाम्भीर्याद्यत्नात् सिध्यन्ति वा न वा ।

नवान् बलवतस्त्वेतान् साधयेन्निरुपद्रवान् ॥ Cha.Chi. 28/72-74
Dislocation of joints, stiffness of the jaw, contraction, hunchback, facial paralysis, hemiplegia, emaciation of limbs, lameness, crippled condition, stiffness, and diseases like Adhyavata- all these are disorders related to the marrow and bones. Due to the profundity of their location (i.e., deep-seated nature), these diseases may or may not be curable even with great effort. However, if recent and occurring in strong individuals, these should be treated promptly and without complications.

Chikitsa Siddhanta

केवलं निरुपस्तम्भमादौ स्नेहैरुपाचरेत् ॥ Cha.Chi. 28/75
In Kevala Vata (aggravation of Vata alone), Nirupastambha (Vata not entrapped), Sneha should be employed at the beginning.

वातस्योपक्रमः स्नेहः स्वेदः संशोधनं मृदु ।
स्वाद्वम्ललवणोष्णानि भोज्यान्यभ्यङ्गमर्दनम् ॥ A.H. Su. 13/1
The therapeutic approach for Vata includes Snehana (unction), Svedana (fomentation), Mridu Shodhana (mild purificatory procedures), intake of sweet, sour, salty, and warm foods, along with Abhyanga (oil massage) and Mardana (kneading).

स्वाद्वम्ललवणैः स्निग्धैराहारैर्वातरोगिणः ।
अभ्यङ्गस्नेहबस्त्याद्यैः सर्वा नेवोपपादयेत् ॥

Bhashajya Ratnavali

Patients suffering from Vata disorders should be nourished with sweet, sour, and salty unctuous foods, and managed through therapies such as Abhyanga (oil massage), Snehana (oleation), and Basti (medicated enema) to restore all bodily functions.

यद्यनेन सदोषत्वात् कर्मणा न प्रशाम्यति ॥

मृदुभिः स्नेहसंयुक्तैरौषधैस्तं विशोधयेत् । Cha.Chi. 28/83-84
If the disease does not subside due to the presence of morbid Doshas, even after therapeutic procedures, it should be treated with mild purificatory measures using oleated medicines.

स्निग्धाम्ललवणोष्णाद्यैराहारैर्हि मलश्चितः ॥

स्रोतो बद्ध्वाऽनिलं रुन्ध्यात्तस्मात्तमनुलोमयेत् ।

Cha.Chi. 28/85-86

Due to the intake of unctuous, sour, salty, and hot foods, the faecal matter gets accumulated and blocks the channels, thereby obstructing Vata. Hence, Anulomana (downward movement) of Vata should be done through diet and formulations.

दुर्बलो योऽविरेच्यः स्यात्तं निरूहैरुपाचरेत् ॥

पाचनैर्दीपनीयैर्वा भोजनैस्तद्युतैर्नरम् । Cha.Chi. 28/86-87

A weak patient who is unfit for strong purgation should be treated with Niruha Basti (decoction enema), or with digestive and kindling diets and medications suited to improve the digestive fire.

संशुद्धस्योत्थिते चाग्नौ स्नेहस्वेदौ पुनर्हितौ ॥ Cha.Chi. 28/87

Once the patient is purified and the digestive fire is rekindled, unctuous therapies (Snehana) and fomentation (Svedana) can be reintroduced appropriately.

स्वाद्वम्ललवणस्निग्धैराहारैः सततं पुनः ।

नावनैर्धूमपानैश्च सर्वानेवोपपादयेत् ॥ Cha.Chi. 28/88

He should be nourished consistently with sweet, sour, salty, and unctuous diets, and treated with Nasya (nasal therapies) and Dhoomapana (medicated smoking), as required.

Kshara Prayoga

विशेषतस्तु कोष्ठस्थे वाते क्षारं पिबेन्नरः ॥ Cha.Chi. 28/89

Especially, in Koshtagata Vata, Kshara should be given.

Snehana

बाहुशीर्षगते नस्यं पानं चौत्तरभक्तिकम् ॥

बस्तिकर्म त्वथो नाभेः शस्यते चावपीडकः । Cha.Chi. 28/98-99

For conditions affecting the arms and head, Nasya (nasal therapy) is recommended, along with oral medications taken after meals.

For conditions located below the navel, Basti (medicated enema) therapy is beneficial, and local fomentation (Avapidaka) is also advised.

Brimhana Chikitsa

सर्पिस्तैलवसामज्जसेकाभ्यञ्जनवस्तयः ॥

स्निग्धाः स्वेदा निवातं च स्थानं प्रावरणानि च ।

Vasantkusumakara Rasa 125mg BD
 Svarna Malini Vasant 125mg BD
 Madhu Malini Vasant 125mg BD
 Siddha Makaradvaja 125mg BD
 Makradvaja 125mg BD
 Rasa Sindhoora 65-125mg BD
 Malla Sindhoora 20-30mg
 Hema Garbha Pottli
 Shataputi Abhraka Bhasma
 Svarna Bhasma
 Shataputi Loha Bhasma

Guggulu

Mahayogaraja Guggulu 125mg BD
 Rasnadi Guggulu 500mg TID
 Trayodashanga Guggulu 500mg TID
 Lakshadi Guggulu
 Panchamrita Loha Guggulu
 Yogaraja Guggulu

Kashaya

Vidaryadi Kashaya 10ml TID
 Maharasnadi Kashaya 10 ml BD
 Rasna-erandadi Kashaya 10ml BD
 Dhanadhanyadi Kashaya 10ml BD
 Dhanvantaram Kashaya 10ml BD
 Sahacharadi Kashaya 10ml TID
 Rasnadi Kashaya 10ml TID
 Shefalikapatra Kashaya 10-20ml TID

Arishta

Sarasvatarishta 10ml BD
 Dashamularishta 10-20ml BD
 Balarishta 10-20ml BD
 Sarasvatarishta 10-20ml thrice a day
 Draksharishta
 Ayaskriti
 Dhanvantarishta

Sneha

Ksheerabala 101 10 drops BD with warm milk
 Dhanvantaram Taila 101 10 drops BD with warm milk
 Maharaja Prasarini Taila (21 Avartita) 10 drops 2 times with milk
 Sahacharadi Taila 21times 10 drops BD with warm milk
 Vidaryadi Ghrita 10-20ml BD
 Mahakalayanaka Ghrita 10ml-30ml BD
 Panchatikta Ghrita
 Mahatikta Ghrita
 Guggulu Tiktaka Ghrita
 Sarasvata Ghrita

Rasayana

Chyavana Prasha Leha
 Amritabhallataka Rasayana 1 tsf BD
 Brahma Rasayana 1 tsf BD
 Shiva Gulika 1gm BD
 Shilajatvadi Loha
 Amalaki Rasayana
 Aja-mamsa Rasayana
 Ashwagandha Rasayana
 Sarpi Guda
 Shatavari Guda
 Amrita Prasha Avaleha
 Kooshmanda Avaleha

Oils Use for Abhyanga etc. Bahya Snehana

Name of Oil	Indications
Asanabilvadi Taila	Vata diseases of head
Bala Taila	Sarvanga Vata
Balaguducyadi Taila	Peripheral Vascular diseases, gout
Balashvagandhadi Taila	Diseases of Vata, wasting, Rickets
Dhanvantara Taila	Diseases of Vata, Backache, sciatica
Himasagara Taila	Insomnia, headache

Name of Oil	Indications
Karpasasthyadi Taila	Facial paralysis, stroke
Kshirabala Taila	Kevala Vata Roga, Pittanubandhi Vata roga, OA, backache
Maha Masha Taila	MND, stroke, Ardita, Avabahuka, mamsashosha
Mahanarayana Taila	Motor neurone diseases, stroke, facial paralysis, frozen shoulder, wasting, OA
Mahavishagarbha Taila	Severe painful Vata diseases,
Murivenna Taila	Fracure, dislocation, ligament & tendon injury
Panchaguna Taila	Pain predominant Vata diseases
Pinda Taila	Gout, Peripheral vascular diseases
Sahacharadi Taila	Diseases of Vata esp. Lower part of body, backache, Sciatica
Lakshadi Taila	Diseases of Vata, fracture, rickets, osteoporosis
Prasarini Taila	Sciatica, Backache
Karaskara Taila	Padaharsha

Pathya Apathya

Pathya Ahara : Internal and external use of Sneha, viz. Ghrita, Taila, Vasa and Majja, Mamsarasa, Milk, Mamsa, Snehanvita Bhojana, Fruits having Amla Rasa, like Dadima, recipes having Madhura, Amla and Lavana Rasa.

Annavarga : Yava, Kulattha, Kodrava, Raktasali, Purana Sasti, Sali.

Sakavarga : Vastuka, Sigru, Kara wella, Patola, Surana, Kakamachi.

Phalavarga : Draksha, Kushmanda, Amalaki,

Dugdhavarga : Godugdha, Ajadugdha, Mahisidugdha, Advaka/Lasuna sidhha - Takra.

Mamsavarga : Kukuta, Lava, Vartak, Shuka, Kapota, Chatak, Mamsa.

Paniyavarga : Tapta Niva.

Pathya Vihara – Nirvatasthana, Atapa Sevana, Garbhagrha, Agnisantapa, Gurupravarana, Mrdu Sayya, Bhrahmacarya. etc.

Pathya Ausadha – Sukhosna Pariseka, Abhyanga, Snigdha Sveda, Basti, Sneha Virechana, Siro Basti, Sirah Sneha, Snaihika Dhumapana, Snaihika Nasya,

Sukosna Sneha Gandusa, Samvahana etc., Drugs like Kumkum, Agara, Tejapatra, Kustha, Ela, Tagar etc. (Ca. Ci. 28/108, Su.S. Ci. 4/21 – 26).

Apathya Ahara : Dadhi, Mastu, Guda, Kshira, Masa, Viruddha-Bhojana, Asatmya -Bhojana, Visamasana, Anupa mamsa, Abhisyandhi, Guru, Picchila Drayvas.

Role of Sneha Sweda in Nirupastambhita Vatavyadhi

स्नेहाक्तं स्विन्नमङ्गं तु वक्रं स्तब्धमथापि वा ॥

शनैर्नामयितुं शक्यं यथेष्टं शुष्कदारुवत् ।

हर्षतोदरुगायामशोथस्तम्भग्रहादयः ॥

स्विन्नस्याशु प्रशाम्यन्ति मार्दवं चोपजायते ।

स्नेहश्च धातून्संशुष्कान् पुष्पात्याशु प्रयोजितः ॥

बलमग्निबलं पुष्टिं प्राणांश्चाप्यभिवर्धयेत् ।

असकृत्तं पुनः स्नेहैः स्वेदैश्चाप्युपपादयेत् ॥

तथा स्नेहमृदौ कोष्ठे न तिष्ठन्त्यनिलामयाः ।

Cha.Chi. 28/79-83

A body part that is stiff, when anointed with unctuous substances and subjected to fomentation, can gradually be straightened or moved as desired, just like dry wood becomes flexible upon moistening.

Conditions such as numbness, pain, emaciation, swelling, stiffness, and contractions — all these subside quickly in a body that has been properly fomented. Softness of tissues is also achieved.

When properly administered, unctuous substances nourish the tissues that have become dried up. They also promote strength, digestive power, nourishment, and sustain the prana (vital force).

Hence, repeated administration of unctuous substances and fomentation should be done. When the gastrointestinal tract is softened by these, vata disorders do not persist.

1. Pathological Basis and Need for Snehana-Swedana

In Kevala Vata Vyadhi, Vata becomes pravridha (aggravated) due to dhatukshaya (depletion of

tissues), ruksha, sheeta, laghu, and khara qualities, which dominate in the body and aggravate Vata. These conditions lead to symptoms like:

- ✦ Stambha (Stiffness)
- ✦ Sankocha (Contraction)
- ✦ Vakrata (Deformity)
- ✦ Shosha (Wasting)
- ✦ Ruja (Pain)

Charaka emphasises that these Vata disorders (like Pakshaghata, Ardita, Hanustambha, Kubjata, etc.) are deeply rooted in asthi and majja dhatus, and due to their gambhirata (deep-seated nature), they are difficult to treat unless addressed correctly and promptly (Cha.Chi.28/73-74).

2. Action of Sneha (Unctuous Therapy)

- ✦ Sneha Dravya (like Taila, Ghrita) counters Rukshata, Laghu, Sheeta — the core qualities of aggravated Vata.
- ✦ Nourishes depleted dhatus (dhatu-poshana), especially asthi and majja, where Vata is located.
- ✦ Promotes Bala, Agni, Pushti, and Prana— which are all impaired in chronic Vata vyadhis.
- ✦ Restores the Snigdha, Mridu, and Sthira nature of the body required for normal Vata functioning.

3. Action of Swedana (Sudation Therapy)

- ✦ Relieves stiffness (stambha), pain (ruja), numbness (harsha), contractures (graha) by softening tissues and increasing circulation.
- ✦ Makes rigid body parts flexible — likened to dry wood becoming pliable when exposed to heat and oil.
- ✦ Facilitates the relaxation of contracted muscles and joints seen in Ardita, Pakshaghata, Hanustambha, etc.
- ✦ Restores mardava (softness) in tissues, which is lost due to Vata-induced drying.

4. Synergistic Role of Sneha and Sweda

Charaka recommends repeated administration of both Sneha and Sweda for sustained effects:

- ✦ Sneha prepares and protects the body; Swedana helps in opening srotas and mobilising vitiated Vata.

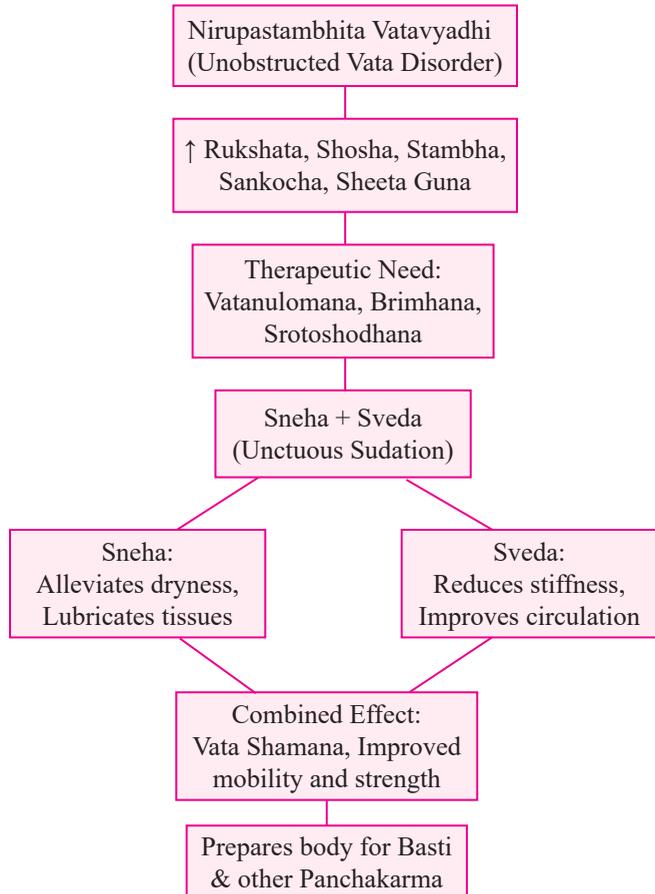
- ✦ Together, they correct Koshtha Gata Rukshata and make the system receptive for further Panchakarma like Basti.
- ✦ Once the Koshtha becomes mardava, Vata gets pacified, and the Sthanasamshraya (localisation) of Vata is reversed.

5. Clinical Indications

These therapies are especially indicated in:

- ✦ Pakshaghata (Hemiplegia)
- ✦ Ardita (Facial Paralysis)
- ✦ Hanustambha (Lock Jaw)
- ✦ Khalli (Contractures)
- ✦ Khubjata (Kyphosis)
- ✦ Angamarda, Shosha, Pangutva

All these manifest primarily due to Kevala Vata, and Sneha-Sweda is the first-line approach in breaking this pathogenesis.



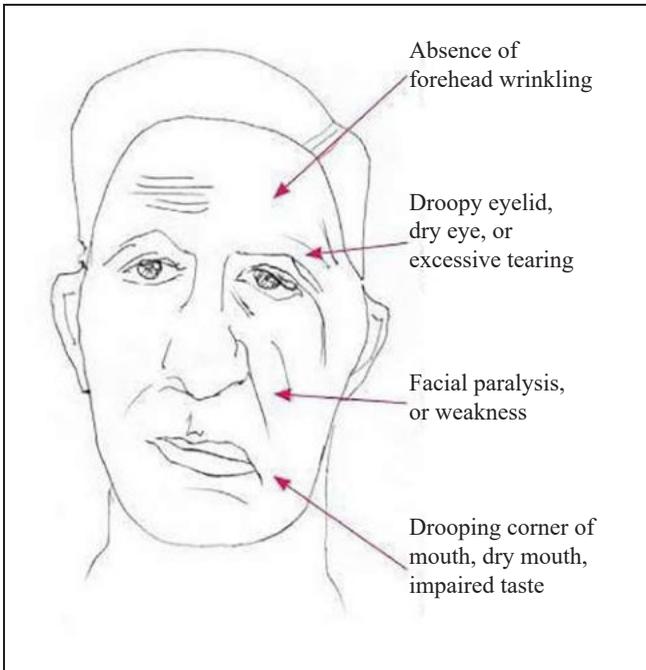
Conclusion

In Nirupastambhita Vatavyadhi, Sneha Sweda is not

Ardita (Facial Paralysis): In pregnant women, Sutika (puerpera), infants, elderly, debilitated, due to excessive haemorrhage, excessive talking, eating hard foods, excessive laughing, excessive yawning, weight lifting, bad sleeping posture, the local Vayu gets extremely aggravated and lodges in the half sides of head, nose, upper lip, chin, forehead and the joints of the eye, causing deviation of half side of face. This is called Ardita.

Symptoms: Deviation of the face, deviation of neck, shaking of the head, aphasia, abnormal movements of eye, pain in the regions of the neck, chin, and teeth of the affected side.

Premonitory Symptoms: The disease generally commences with shivering, horripilation, blurred vision, upcoursing of the bodily Vayu ward anesthesia, pricking pain in the affected locality, numbness of skin, spasmodic contraction of jaw and cervical muscles of the neck (Y.R.).



Bhavaprakash and Yogaratnakara classified it as a 3 types:

1. **Vataja Ardita:** The spittle comes out from the sides of the mouth, Vyatha, Kampa, Hanusthambha, and difficulty in speaking. There is pain and swelling in the lips, Gathrasphurana.
2. **Pittaja Ardita:** Yellowish discolouration of the face, Jvara, Pipasa, Moha, Ushnatha of the face.

3. **Kaphaja Ardita:** There is stiffness and swelling of the head, neck and jaws.

Prognosis:

क्षीणस्यानिमिषाक्षस्य प्रसक्तं सक्तभाषिणः ।

न सिध्यत्यर्दितं बाढं त्रिवर्षं वेपनस्य च ॥

Su.Ni. 1/73

A case of Ardita, occurring in debilitated patient, having symptoms such as ptosis, dysarthria, voice hardly seems to come out of the throat, severe motor loss of the facial muscles, tremors and chronicity of three years should be deemed as incurable.

Differences between Charaka and Sushruta's Explanation on Ardita:

	Charaka	Sushruta
Causes	Excessive Vata affecting one side of the body.	Aggravation of local Vata due to various factors such as pregnancy, old age, excessive talking, etc.
Affected Areas	Half of the body or face, including arm, leg, knee, face.	Head, nose, upper lip, chin, forehead, and eye joints.
Symptoms	<ul style="list-style-type: none"> • Contracture of arm, leg, and knee on the affected side. • Facial distortion: asymmetry of nose, eyebrow, forehead, eye, and jaw. • Food intake difficulties on one side of the mouth. • Nasal curvature while speaking. • Rigid eye without blinking. • Suppressed sneezing. • Feeble, distorted, and indistinct speech. • Pain in feet, hands, eyes, calves, thighs, temples, ears, and cheeks. 	<ul style="list-style-type: none"> • Deviation of the face, neck, and chin. • Shaking of the head. • Aphasia (difficulty in speech). • Abnormal eye movements. • Pain in neck, chin, and teeth on the affected side.

Valuka Sveda

Apathya

Curd, sweet, oily etc. Kaphavardhaka Ahara

Day sleep

Thick pillow

Raising neck too high

Seeing the object downwards for longer period

Using armless chair for sitting

Avoiding bike ride.

Vishwachi

Vishwachi is a Vata Nanatmaja Vyadhi, characterised by pain, stiffness, numbness, or weakness in the upper extremity, especially the shoulder, arm, forearm, or hand.

It is often equated with Brachial Neuralgia, or Cervical Radiculopathy.

तलप्रत्यङ्गुलीनां तु कण्डरा बाहुपृष्ठतः ।

बाह्वोः कर्मक्षयकरी विश्वाचीति हि सा स्मृता ॥

Su.Ni. 1/75

The tendons related to the palm and fingers, along with those at the back of the arm, cause motor weakness of the arm. This condition is known as Vishwachi.

तलशब्दोऽयमुपरि वर्तते, तेन करस्याभ्यन्तरकण्डरा गृहीता, बाहु-पृष्ठत इत्यनेन बाह्यकण्डरा गृहीता। Su.Ni. 1/75-Dalhana

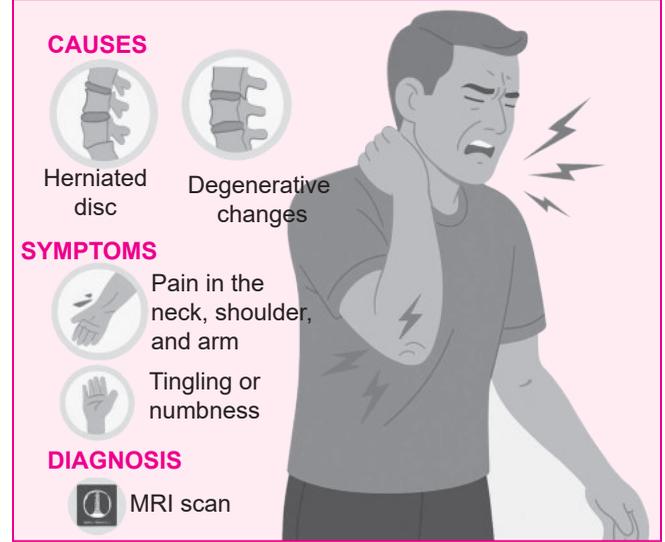
The word ‘tala’ (तल) here refers to the upper part, indicating that the inner tendons of the hand are involved, while ‘bahu-prishthata’ (बाहुपृष्ठत) refers to the involvement of the outer tendons.

चकारोऽत्र गृध्रसीविश्वाच्योर्नामान्तरमनुक्तं खल्ल्यभिधानं समुच्चिनोति । Su.Ni. 1/75-Dalhana

Here, the use of ‘cha’ (च) implies that the terms Gridhrasi and Vishwachi are alternative names, and also indicates the inclusion of the condition known as Khalli.

अन्ये त्वत्रापि ‘तलं प्रत्यङ्गुलीनाम्’ इति पूर्ववद्द्वितीयान्तं पठन्ति, तेन तलं लक्षीकृत्य या कण्डरा बाहुपृष्ठतश्च या कण्डरेति कण्डराद्वयं गृह्यते॥ Dalhana

This explanation suggests that some scholars interpret the word “tala” as referring to the palm, and both the tendons of the palm and the back of the arm are being addressed.



Differential Diagnosis of Gridhrasi and Vishwachi

Aspect	Gridhrasi	Vishwachi
Definition	Sciatica; pain radiating along the sciatic nerve	Pain and discomfort in the shoulder and upper limb
Primary Pain Location	Lower back, buttocks, and down the leg	Shoulder, upper arm, and sometimes the neck
Pain Radiation	Radiates from lower back through the buttocks to the leg	Generally localised to the shoulder and upper arm
Associated Symptoms	Numbness, tingling, or weakness in the leg	Stiffness, limited range of motion, localised swelling; later motor weakness of upper limb. Bahu Karmakshayakari
Aggravating Factors	Movement, prolonged sitting	Cold exposure, certain shoulder movements

Aspect	Gridhrasi	Vishvachi
Dosha Involvement	Primarily Vata dosha, Kaphanubandha in Vata-Kaphaja Type	Vata
Movement Impact	Pain may worsen with movement or prolonged sitting	Pain aggravated by specific shoulder movements
Specific Features	May involve radicular pain along the sciatic nerve	Pain localised to the joints of the shoulder and upper limb

Samprapti Vighatana (Breaking the Pathogenesis)

Pathological Component	Therapeutic Reversal (Vighatana)
Vata Prakopa due to ruksha, sheeta, vishada ahara-vihara	Snehana, Swedana, Vatahara and Brimhana Nasya
Vata invades Snayu, Sira, and Mamsa of the Bahu pradesha	Ekanga Taila Dhara, Snigdha Pinda Sveda

Chikitsa Sutra

गृध्रसीविश्वाचीक्रोष्टुकशिरः खञ्जपङ्गुलवातकण्टकपाददाहपादहर्षावबाहुकबाधिर्यधमनीगतवातरोगेषु यथोक्तं यथोद्देशं च सिराव्यथं कुर्यात्--

Chikitsa

Panchakrama:

1. Sadyovirechana with Gandharvahastadi Taila-20-40 ml with warm milk.
2. Local massage with Mahamasha taila or Balashwagandhadi taila.
3. Patra Pinda sveda (leaf bolus sudation).
4. Nasya with Masha taila or Dhanvantaram taila 101-8 drops for 7 days or Nasapana with Mashabaladi Pachana.
5. Nasapana – Mashabaladi Pachana or Dashamuladi Kashaya
6. In case of cervical radiculopathy, Greeva Basti-Mahavishagarbha Taila till Avarana Nashana, thereafter use Prasarini Taila and Murivenna Taila.

Formulations

Yogaraj Guggulu 500mg BD

Trayodashanaga Guggulu 500 MG BD

Rasna-erandadi kashaya-20ml BD or TID

Dhanadhanayanadi Kashaya 20ml BD

Mahayogaraja Guggulu 250mg BD

Ksheerabala taila 101-10 drops BD with milk

Mahavata Vidwansini Rasa-125-250mg

Vatagajankusha Rasa 250mg BD

Sameerapannaga Rasa 65mg BD

Mashabaladi Pachana 20-30ml BD

Prescription

S. No.	Name of medicine & dose	Kala	Anupana
1.	Tab Trayodashanga Guggulu 2 tab	Adhobhakta; 3 times	Warm water
2.	Maharasnadi Kadha 20ml	Adhobhakta; 2 times	Hinguvachadi taila 2ml & warm water
3.	Ashwagandha-2gm Pippalimoola -1gm Balamoola-1gm Gokshura-1 gm Ekangaveera Rasa- 125mg Sameerapannaga rasa-60mg	Adhobhakta; 2 times	Warm water

Avabahuka

Avabahuka is a condition that primarily affects the Amsa Sandhi (shoulder joint) and is caused by the aggravation of Vata Dosha. Though the term Apabahuka is not explicitly mentioned under Nanatmaja Vata Vyadhi, the disease is associated with the vitiation of Vata due to specific Nidanas (causative factors). When Vata becomes aggravated, it localises in the Amsa Moola (shoulder region) and constricts the Shiras (nerves), resulting in clinical features like a significant reduction in the range of shoulder movements, including abduction, adduction,

Anal dusting Treatment/Pradhamana (insufflation)

The powder of following herbs is to be blown up with a pipe/tube into the oleated anal canal.

Drugs used are:

1. Powder of shyama, madanaphala, alabu and pippali.
2. Oleate the anus and through the tube, blow in the powder of rakshoghna (sarshapa), tumbi, karahata (madanaphala), krishna (pippali), jeemutaka (devadali) and rock salt.

If the above said therapies fail to produce the desired results, the physician should advise oleation and fomentation and administer niruha type of basti (ununctuous medicated enema) using a special combination of herbal decoctions which are sharp (tikshna) in nature and having emetic and purgative properties along with cows urine, oil, alkali, drugs with drugs having sour taste and vata alleviating quality:

1. **In vata predominance:** The enema should be sour, salty and oily.
2. **In pitta predominance:** The enema should be with milk.
3. **In kapha predominance:** The enema should be with urine.

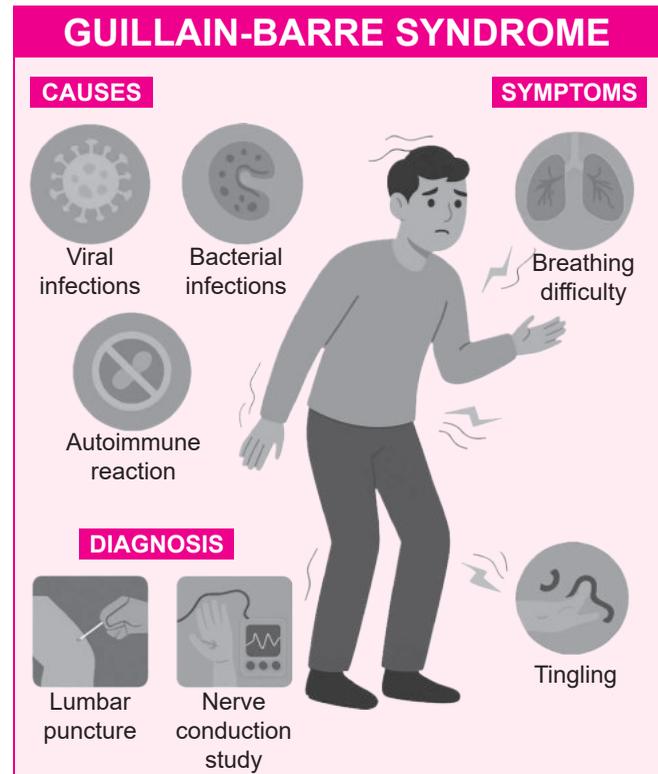
Benefits of this enema: Relieves retention of urine, stool and flatus, it strengthens the anal region as well as the connected blood vessels. (Cha.Chi. 26/10-17)

Tantrikaanughata (Guillain Barre Syndrome)

1. Guillain-Barre Syndrome (GBS)

Ayurvedic Correlation: Akasmika Sarvanga Shithilata with sensory-motor compromise:

- ◆ **Etiopathogenesis:** Post-infectious immune-mediated demyelination affecting peripheral nerves; often triggered by viral/bacterial infection.
- ◆ **Diagnosis:** Ascending muscle weakness, areflexia, nerve conduction studies showing demyelination.



◆ **Ayurvedic Perspective:** Sudden vitiation of Vata affecting Marmas, Snayu, Majja Dhatu, and Naḍi.

◆ **Management:**

- **Snehana:** Murchhita Taila Abhyanga
- **Svedana:** Nadi Sveda, Saindhava Upanaha
- Mridu Sneha Virechana
- **Basti:** Mustadi Yapana Basti (Sneha-Indukanta Ghrita+Mahatiktaka Ghrita)
- **Nasya:** Taila Nasya (Anu Taila or Kshirabala)
- **Rasayana:** Ashwagandhadi lehya, Brahma Rasayana
- **Supportive:** Physiotherapy + Pathya (Vata-hara ahara)

Shamana

Jayamangala Rasa

Brihat Vata Chintamani

Mahatiktaka Kashaya

Dhanvantaram Kashaya

Sahacharadi Kashaya

Dhanvantaram Taila 101
 Dashamoolarishta
 Svarna Mahayogaraj Guggulu
 Svarna Malini Vasant

Ajnavahanadikosha Vikara Motor Neuron Disease (MND)

Ayurvedic Correlate: Ajnavaha Nadikosha Vikara

- ✦ **Etiopathogenesis:** Progressive degeneration of upper and/or lower motor neurons; idiopathic/ALS forms are fatal.
- ✦ **Diagnosis:** Spasticity, fasciculations, weakness, EMG findings, progressive loss of voluntary muscle control.
- ✦ **Ayurvedic Perspective:** Majja Dhatu Kshaya, Vata vyadhi, aggravated Prana-Vata disrupting Nadḍi Samsthana.

Principles of Treatment

- ✦ Sneha, Sveda, Mridu Shodhana, Vatahara, Brimhana chikitsa.
- ✦ Majjagata, Siragata, Snayugata Vata Samana Chikitsa.

Treatment

Panchakarma

- ✦ On 1st day Instant Purgation with castor oil (Eranda Taila) 40ml with decoction of ginger 50 ml
- ✦ **Abhyanga** – Dhanvantaram taila
- ✦ Kayaseka
- ✦ **Niruha Basti** – Mustadi Yapana/Madhutailika Basti
- ✦ **Anuvasana** – Dhanvantaram taila 8 times
- ✦ **Niruha Basti** – Mustadi Yapana/Madhutailika Basti
- ✦ **Anuvasana** – Dhanvantaram taila 8 times

Shamana

- ✦ BVC Rasa 125mg BD
- ✦ Rasaraj rasa 125mg BD

- ✦ Vatakulantaka Rasa
- ✦ Mansyadi kashaya 20ml BD
- ✦ Mashabaladi pachana 20ml BD
- ✦ Rasna-erandadi kashaya 20ml BD
- ✦ Dhanvantaram taila 101times 10 drops BD with hot milk
- ✦ Ksheerabala taila 101 times 10 drops BD with hot milk
- ✦ Maharaja Prasarini Taila 10 drops BD

Prescription

S. No.	Name of Medicine and Dose	Kala	Anupana
1	BVC Rasa 125mg	Adhobhakta; 1 times	Ghrita + Madhu
2	Ashvagandha Choorana 1gm Brahmi choorna 500mg Guduchi Choorana 1gm Rasadinshoor 125mg Rajata Bhasma 50mg Yashada Bhasma 100mg Abhraka Bh. 125mg Shuddha Shilajatu 250mg	Adhobhakta; 2 times	Bilva Svarasa +Ghrita + Madhu
3	Mahakalyanaka Ghrita 20ml	Apana Kala; 2 times	Warm milk

Anuprasthiya-Shitamajjachadda Shotha (Transverse Myelitis)

Ayurvedic Correlation: Anuprasthiya Shita-Majja-Chadda Shotha (localised inflammation of spinal cord and Majja Dhatu):

- ✦ **Etiopathogenesis:** Immune-mediated demyelination/inflammation of spinal cord; can be post-viral or autoimmune.
- ✦ **Diagnosis:** Bilateral weakness, sensory loss, bowel-bladder issues, MRI with spinal inflammation.

General Pathogenesis (Samprapti) in Ayurveda – Pakshaghata

- ✦ **Dosha:** Predominantly Vata vitiation (esp. Vyana, Udana, Apana Vata)
- ✦ **Dūṣya:** Rasa, Rakta, Mamsa, Snayu, Majja
- ✦ **Srotas:** Manasa, Snayuvaha, Majjavaha Srotas
- ✦ **Marga:** Āvaraṇa (obstruction) or Dhatukṣaya (depletion)
- ✦ **Udbhava sthana:** Pakvaśaya → Shira (via Vyana Vata)
- ✦ **Adhiṣṭhana:** Half of the body (ardha śareera), limbs, face, speech areas

Treatment Principles of Vatavyadhi (Caraka Chikitsa 28)

Principle	Application in Stroke
Nidana Parivarjana	Avoid Vata-provoking diet/lifestyle: dryness, irregular food, exposure to cold
Snehana (internal & external)	Taila Abhyanga, Shirobasti, Shirodhara, Snehapana with Kṣeerabala/Mahanarayana
Svedana	Naḍee Sveda, Upanaha, Valuka Sveda to relieve stiffness, improve circulation
Basti	Anuvasana with Kṣeerabala Taila, Nirūha Basti with Daśamūla Kvatha (e.g., Madhutailika, Yapana Basti)
Nasya	Ānvasika Nasya with Kṣeerabala Taila to stimulate cranial nerves
Shamana Aushadhi	Aśvagandha, Bala, Rasna, Daśamūla, Vacha, Brahmea, Mandūkapaṇee
Rasayana	Brahma Rasayana, Ashwagandhadi lehya, Suvarṇa Kalpas for neuro-regeneration
Satvavajaya & Dhi-vibhrama Cikitsa	For post-stroke depression, cognitive dysfunction, anxiety

Tailored Approach by Stroke Type (Ayurvedic Chikitsa Yojana)

Type of Stroke	Ayurvedic Line of Management
Ischemic Stroke	Vatavyadhi Cikitsa with emphasis on Snehana, Basti, Rasayana; avoid heavy Virechana or Raktamoksha; gentle Bṛṃhaṇa preferred

Type of Stroke	Ayurvedic Line of Management
Haemorrhagic Stroke	Raktavṛta Vata Chikitsa – Raktapittahara, cooling drugs, Mṛdu Virechana, avoid Abhyanga/Svedana initially; later Basti with Kṣeera and cooling Tailas
TIA	Preventive and restorative Vata-hara Cikitsa with Nasya, Rasayana, Nidra-jñanacara regulation
Brainstem Stroke	Critical; Marmabhighata Vata Chikitsa with cautious use of Basti, cognitive Rasayana, Prāṇayama under supervision
Lacunar Stroke	Similar to Ischemic; focus on micro-channel (Sūkṣma Srotas) clearing using Tikta-Kṣeera Basti, Rasayana therapy

Supportive Therapies & Integrative Rehab

- ✦ **Physiotherapy:** Post-acute rehabilitation—ROM exercises, muscle retraining.
- ✦ **Speech Therapy:** For aphasia and dysarthria in Pakṣaghata.
- ✦ **Yoga/Prāṇayama:** Nadi Shodhana, Brahmaree, light meditation.
- ✦ **Diet:** Warm, unctuous, easily digestible Vata-pacifying diet.

Importance of Antahparimarjana and Bahirparimarjana Chikitsa in Vatavyadhi

1. Antahparimarjana Chikitsa (Internal Therapies)

These include Abhyantara Snehana, Pachana drugs, Vata-pacifying formulations, Shodhana, and Rasayana therapy.

Importance in Vatavyadhi:

- ✦ Acts on and corrects the root cause: Corrects Vata prakopa occurring due to dhatu-Kṣaya or marga-avarana. Shodhana helps in removing the Avarana of Vata by Dosha, Dhatu, Mala etc.
- ✦ **Restores normalcy with respect to Guna and Karmataha:** Especially via Basti, which is the primary treatment for Vata.
- ✦ Nourishment (Brimhana) of depleted Snayu, Mamsa, Asthi, Majja dhatus.

73. The neurotoxin responsible for lathyrism is:
 A) Ricin
 B) Beta-cyanoalanine
C) ODAP
 D) Linamarin
74. Padadaha is due to vitiation of which Doshas?
 A) Vata-Kapha
B) Vata-Pitta-Rakta
 C) Pitta-Rakta
 D) Vata-Rakta
75. Samprapti Vighatana in Padaharsha involves:
 A) Vamana
 B) Raktamokshana
C) Virechana and Abhyanga
 D) Nasya and Rakta Shodhana
76. Parisareeya Nadi Shotha mainly involves which Srotas?
 A) Udakavaha
 B) Rasavaha
C) Majjavaha
 D) Purishavaha
77. In Urustambha, Panchakarma contraindicated includes:
 A) Abhyanga
B) Vamana, Virechana, Basti
 C) Rukshana
 D) Shamana
78. Mustadi Yapana Basti is best indicated in:
 A) Gridhrasi
 B) Udavarta
C) Majjagata Vata (Peripheral Neuropathy)
 D) Padadaha

SHORT ANSWER QUESTIONS (SAQs)

1. Define Vatavyadhi according to Ayurveda.
2. List the Nidana (causative factors) of Vatavyadhi as per Charaka.
3. Differentiate between Kevala Vata and Avaranajanya Vata.
4. Explain the role of Kshara in the management of Koshtagata Vata.
5. Define Gata Vata and explain its clinical significance.
6. Enumerate the stages and Samprapti of Upastambhita Vata.
7. Explain the role of Sneha-Sweda in Nirupastambhita Vatavyadhi with reference to Charaka Samhita.
8. Write the Samprapti Vighatana and Chikitsasutra of Ardita.
9. Describe the Samprapti Vighatana and Chikitsa of Snayugata Vata.
10. Describe the difference between Kevala Vata and Avaranajanya Pakshaghata and Chikitsa Sutra.
11. Write important Pathya-Apathya in Kampavata.
12. Write Chikitsa sutra and Chikitsa of Vishwachi and modern correlation.
13. Write the Samprapti Vighatana measures for Vatakaphaja Gridhrasi
14. Write Chikitsa of Mishra Avarana

I. History Taking In Musculoskeletal Disorders

1. Chief Complaints

- ✦ Joint pain (arthralgia), muscle pain (myalgia)
- ✦ Swelling, stiffness (especially morning)
- ✦ Deformity or restriction of movement
- ✦ Trauma or fracture
- ✦ Muscle weakness
- ✦ Functional limitations (difficulty walking, gripping, squatting)
- ✦ Systemic symptoms: Fever, weight loss, fatigue (suggestive of autoimmune cause)

2. History of Present Illness

- ✦ **Onset:** Sudden (trauma, gout) or gradual (osteoarthritis, RA)
- ✦ **Duration:** Acute (<6 weeks), Chronic (>6 weeks)
- ✦ **Progression:** Intermittent, progressive, relapsing
- ✦ **Aggravating/relieving factors:** Movement, rest, heat/cold
- ✦ **Number and type of joints involved:** Monoarticular, oligoarticular, polyarticular.

3. Past History

- ✦ Previous joint injuries, surgeries
- ✦ History of gout, osteomyelitis, tuberculosis
- ✦ Use of steroids, diuretics
- ✦ Family history of arthritis, spondylitis, osteoporosis.

4. Personal and Social History

- ✦ Occupation (repetitive strain, heavy labour)
- ✦ Dietary calcium and Vitamin D intake

- ✦ Physical activity levels
- ✦ Substance use (alcohol, tobacco).

II. Clinical Examination

A. General Examination

- ✦ Pallor (anaemia), fever, weight loss (inflammatory)
- ✦ Gait analysis (limping, Trendelenburg, antalgic gait)
- ✦ Posture abnormalities (kyphosis, scoliosis)

B. Local Examination of Bone & Joints

Use the “Look, Feel, Move, Measure” method:

1. Inspection

- ✦ Deformity, swelling, redness
- ✦ Muscle wasting
- ✦ Joint alignment and range of motion

2. Palpation

- ✦ Tenderness, warmth, crepitus
- ✦ Swelling (bony, synovial, effusion)
- ✦ Joint line tenderness

3. Movements

- ✦ Active and passive ROM (Range of Motion)
- ✦ Pain during movement
- ✦ Restriction – mechanical (OA) vs inflammatory (RA)

4. Special Tests

- ✦ **Spine:** Schober’s test, Straight Leg Raise (SLR), Spurling’s test
- ✦ **Shoulder:** Neer’s, Hawkins, Drop arm test
- ✦ **Knee:** Drawer test, McMurray’s, Lachman’s

- ✦ Shringa Bhasma
- ✦ Ajasthi Bhasma
- ✦ Khatika
- ✦ Churnodaka.
- ✦ Asthisrinkhala/asthisamharaka (Cissus quadrangularis) churna
- ✦ Laksha Churna
- ✦ Sudhashataka yoga (Pravala Bhasma, Mukta Bhasma, Shankha Bhasma, Kapardika Bhasma, Kurmapristha Bhasma, and Godanti Bhasma) - (250 mg-1000mg) along with cow milk
- ✦ Madhu malini vasanta rasa
- ✦ Lakshadi Guggulu
- ✦ Praval Panchamrut bhasma - Pravala, Mouktik, Shankha, Shouktik,, Kapardika
- ✦ Shuktadi Yoga (Shukti Bhasma, Godanti Bhasma, Yashada Bhasma and Trikatu)
- ✦ Guggulu Tiktaka Ghritam
- ✦ Panchatikta Ksheera Kwatha
- ✦ Trayodasanga Guggulu
- ✦ Gadha tailam
- ✦ Lakshadi tailam
- ✦ Balaswagandhadi Taila
- ✦ Dhanwantara Taila
- ✦ Tila Rasayanam
- ✦ Narasimha Rasayanam

Pathya (Recommended)

- ✦ Snigdha, Brmhana & Asthi-nourishing food:
 - Warm cow's milk, ghee, manasa-rasa (meat soup – esp. goat or country chicken)
 - Tila (sesame), badam, dates, figs, drumstick, green gram
 - Godhuma (wheat), Shali rice, old rice
 - Bone broth or Majja yusha
 - Millets (nachni/ragi), rich in calcium

Apathya (To be Avoided)

- ✦ Dry, cold, stale, packaged foods
- ✦ Excessive tea/coffee, aerated drinks
- ✦ Excessive fasting or light eating (Laghu bhojana)

- ✦ Sour, fermented, spicy food
- ✦ Night awakening, excessive exertion

Ayurvedic and Modern Overview of Osteoporosis (SP00) and Osteopenia, Covering Etiopathogenesis, Diagnosis, Ayurvedic Perspective and Principles of Management

1. Definitions

Term	Description
Osteopenia	Decreased bone mineral density (BMD) – precursor to osteoporosis; T-score between –1.0 to –2.5
Osteoporosis (SP00)	Systemic skeletal disorder with low bone mass, microarchitectural deterioration, and increased fracture risk; T-score < –2.5 (WHO)

2. Etiopathogenesis – Modern View

Risk Factors:

- ✦ Aging (post-menopause in females)
- ✦ Vitamin D and calcium deficiency
- ✦ Sedentary lifestyle, smoking, alcohol
- ✦ Hormonal imbalance (↓ estrogen/testosterone)
- ✦ Long-term steroid or heparin use
- ✦ Genetic predisposition

Pathophysiology:

- ✦ Imbalance between bone resorption (osteoclast activity) and bone formation (osteoblast activity)
- ✦ Results in reduced bone mass, porous bones, and fractures (spine, hip, wrist)

OSTEOPENIA

CAUSES

- Aging
- Poor nutrition
- Lack of physical activity

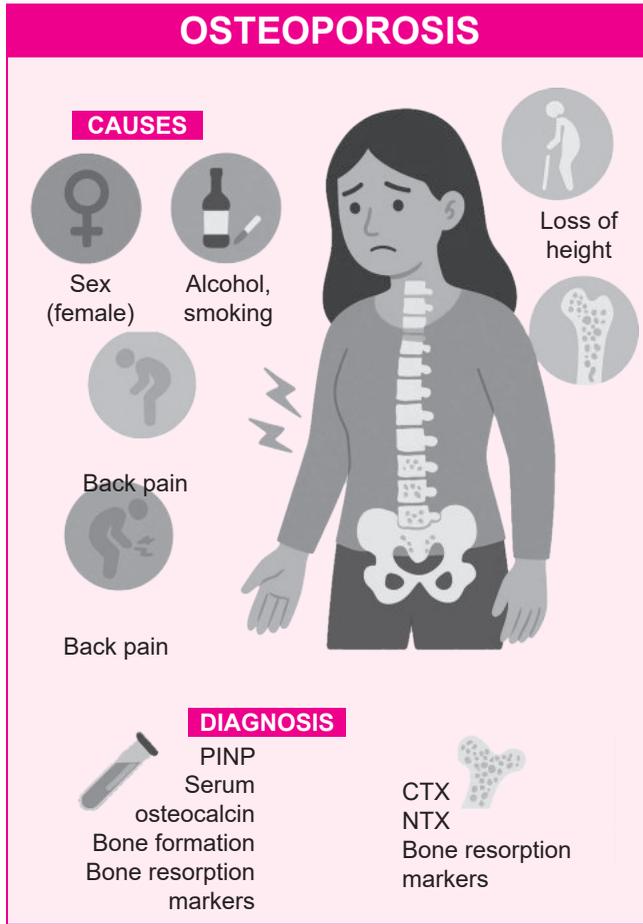
SYMPTOMS

- Generally no symptoms
- Bone fractures
- Loss of height

DIAGNOSIS

- Clinical evaluation
- Bone density test





3. Ayurvedic Perspective

Modern Concept	Ayurvedic Equivalent
Bone loss	Asthi-kshaya, Asthisushhira
Structural weakness	Vatavyadhi, Majjakshaya
Fracture risk	Asthi-Majja Dhatu kshaya, Balakshaya

Dosha–Dhatu–Srotas Involvement:

- ✦ **Dosha:** Dominant Vata, sometimes associated with Pitta (in degenerative–inflammatory types)
- ✦ **Dhatu:** Asthi, Majja, Meda (kshaya/shosha)
- ✦ **Srotas:** Asthivaha, Majjavaha Srotas
- ✦ **Hetu:**
 - Ruksha, Shita, Alpa ahara
 - Ativyayama, stress
 - Menopause → Artava kshaya → Dhatu kshaya

4. Diagnosis

Modern Tools:

- ✦ DEXA scan (Dual-energy X-ray absorptiometry) – gold standard
 - T-score:
 - Normal: ≥ -1
 - Osteopenia: -1 to -2.5
 - Osteoporosis: ≤ -2.5
- ✦ Serum Calcium, Phosphate, Vitamin D3
- ✦ Bone turnover markers

Ayurvedic Assessment:

- ✦ Rukshata (dryness), Daurbalya (weakness), Sandhishula (joint pain), Asthi–Majja sadana (bone tenderness), early dental fallout, brittle nails
- ✦ Bone deformities, fractures with minimal trauma

5. Chikitsa Sutra (Treatment Principles)

See Asthi Kshaya

6. Chikitsa Yojana (Stepwise Management)

See Asthi Kshaya

Sandhigata Vata

वातपूर्णदृतिस्पर्शः शोथः सन्धिगतेऽनिले ।

प्रसारणाकुञ्चनयोः प्रवृत्तिश्च सवेदना ॥ Cha.Chi.28/37

When vitiated Vata is located in the joints, it leads to following–

- ✦ Vata Purna Dhriti Sparsha (sensation of air in the joints/ Crepitus)
- ✦ Shotha (Swelling)
- ✦ Prasarana Akunchanayoh Pravrittisch Vedana (Pain during extension and flexion)

हन्ति सन्धिगतः सन्धीन् शूलशोफौ करोति च । Su.Ni.1/ 28

- ✦ **Sandhi Hanana** – Destruction of cartilage
- ✦ **Sandhi Shoola** – joint pain
- ✦ **Sandi Shotha** – joint swelling

Samprapti

When the aggravated Vata dosha lodges in joints, due to Raksha and Vishada guna, it dries up the

Chikitsa Sutra:

Snehana-Svedana

Mridu Shodhana if required

Vatanashaka and Vatnulomana Chikitsa.

Matra Basti or Yoga Basti

Chikitsa Yojana**A. Bahya Chikitsa**

Therapy	Action/Details
Abhyanga	Mahanarayana, Sahacharadi Taila
Svedana	Nadi Sveda, Patrapinda Sveda, Kati Basti
Upanaha	Erandamula–Saindhava–Godhuma Upanaha
Agnikarma	For localised pain over Kati
Bandhana (lumbar corset)	Support weak spine muscles

Treatment**Panchakarma**

Sadyovirechana-Eranda taila

Katibasti- Sahacharadi taila+Murivena taila

Abhyanga- Vishagarbha taila

Nadi Sveda-Dashamula, Eranda, Nirgundi, Arka, Shigru Kashaya or PPS

MB-Prasarini Taila/Dhanvantaram Taila/Guggulutik-taka Ghrita

Yoga Basti: Niruha-Dashamula/Eradamula Kashaya & Anuvasana Prasarini Taila

Vaitarana Basti in obese patients

Eranda taila-5-10ml with Shunthi Kashaya

Shamana

Main Drugs: Eranda, Ashwagnadha, Rasna, Pippalimoola, Shallaki.

Formulations

Mahavatavidhwansini Rasa-125-250mg TID with Guduchi Ghrita

Vatagajankusha-125-250mg TID with Ghrita

Yogaraja Guggulu-500mg BD or TID with Ghrita

Trayodashanga Guggulu-2 TID

Rasnadi Guggulu-2 TID

Rasna erandadi kashayam-20ml BD after food

Rasnadi kashayam-20ml BD after food

Sahacharadi Kashaya-20ml BD after food

Ashtavarga Kashaya-20ml BD after food

Dhanvantaram Taila 101

Ksheerabala Taila 101

Rasayana: Ashvagandhadi Leha, Shatavari Guda, Ajamamsa Rasayana

Prescription

S. No.	Name of Medicine and Dose	Kala	Anupana
1.	Tab. Rasnadi Guggulu	Adhobhakta 3 times	Warm water
2.	Ashwagandha- 2gm Pippalimoola Churna- ½ gm Chopachini- 1gm Gokshura- 1gm. Guduchi Churna- 1gm.	Adobhakta 2 times	Water
3.	Rasnaerandadi Kashaya- 20ml.	Adhobhakta 2 times.	Water
4.	Myostal Liniment- E/A	2 times	

Pathya–Apathya**Pathya**

- ◆ Warm, unctuous, nourishing diet: Kshira, Ghrita, Godhuma, Mamsarasa, Majja
- ◆ Daily Abhyanga with medicated oils
- ◆ Proper spinal posture, ergonomic sitting
- ◆ Gentle physiotherapy or Yoga (e.g., Bhujangasana, Makarasana, Vajrasana)

Apathya

- ◆ Dry, spicy, stale food
- ◆ Excess walking, lifting weight, bending
- ◆ Long standing or sitting without support
- ◆ Cold exposure and suppressing natural urges

Advice

Keep a wide base in standing.

Keep body weight in equal distribution.

Toes must be able to function freely.

Hip must be placed right into back of the seat.

Formulations

Gandharvahastadi Taila
 Nirgundyadi Eranda Taila
 Nimbamrita Eranda Taila
 Simhanada Guggulu
 Vatari Guggulu
 Rasnasaptaka Kashaya
 Rasna-dashamula Kashaya
 Rasna-Shuntyadi Kashaya
 Mahavatavidhvansini Rasa
 Vatagajankusha Rasa
 Ajamodadi Churna
 Vaishvanara Churna

Prescription

S No.	Name of Medicine and Dose	Kala	Anupana
1.	Rasnasaptaka Kashaya 20ml	Adhobhakta 2 times	Warm water
2.	Ajamodadi Churna- 2gm Trikatu- 1 gm Chopachini- 1gm Guduchi Churna- 1gm.	Adobhakta 2 times	Warm water
3.	Simhanada Guggulu 500mg	Adhobhakta 2 times	Warm water

Pathya-Apathya

Kaphavrita and Amayukta – Amavata Samana
 Vatajanya -Katishoola Samana

Vatakantaka

Samprapti (Pathogenesis) of Vatakantaka

Nidana (Etiological Factors):

- ✦ Excess walking on hard surfaces
- ✦ Improper footwear or barefoot walking
- ✦ Prolonged standing or exertion
- ✦ Vata-provoking diet (ruksha, shita, laghu ahara)
- ✦ Senility, injury, degenerative conditions

Samprapti Ghataka:

Components	Description
Dosha	Vata (especially Vyana & Apana Vata)
Dushya	Asthi, Snayu
Srotas	Asthivaha
Vyakta Sthana	Parshni

Chikitsa Sutra of Vatakantaka

Snehana, Svedana, Vatahara, Siravyadha, Agni Karma

Chikitsa Yojana

A. Bahya Chikitsa

Therapy	Details
Abhyanga	Pinda Taila
Svedana	Ishtika Sveda or Arka Patra Sveda
Lepa	Mama Gulika Lepa
Agnikarma	Using Panchadhātu shalaka at the heel point for instant pain relief
Upanaha	Saindhava + Nirgundi + Godhuma Upanaha for chronic cases

B. Abhyantara Chikitsa

Category	Medicines	Purpose
Shamana	Trayodashanga Guggulu, Yogaraja Guggulu	Vata-kapha hara, anti-inflammatory
	Dashamula Kvatha	Pain relief, detoxification
Ghrita / Sneha	Guggulutiktak Ghrita	Vata-pacifying, Asthiprasadana

Pathya–Apathya in Vatakantaka

Pathya (Wholesome):

- ✦ Warm, unctuous, freshly prepared food
- ✦ Kshira (milk), Ghrita, Godhuma, Shali rice, Majja, Mamsa-rasa
- ✦ Til, Rasna, Nirgundi, Draksha
- ✦ Regular Abhyanga, proper footwear with cushioning

Apathya (Avoidable):

- ✦ Dry, cold, stale, canned food
- ✦ Excessive walking or standing barefoot on hard surfaces

- ✦ Day sleep, night awakening
- ✦ Heavy exercise, sudden jerky foot movements
- ✦ Wearing high heels or thin-soled shoes

Ayurvedic Perspective of Plantar Fasciitis/ Calcaneal Spur

Plantar fasciitis and calcaneal spur are two interrelated conditions characterised by heel pain, especially prominent in the morning or after long periods of rest or activity. Ayurveda interprets this clinical entity through the lens of Vataja Nanatmaja Vikaras, especially Vatakantaka, with involvement of Asthi, and Snayu.

Roganidana (Etiopathogenesis)

Modern View:

- ✦ Chronic inflammation of plantar fascia (fibrous tissue along the sole of the foot), often due to:
 - Excessive pressure on the foot
 - Obesity
 - Flat feet/high arches
 - Improper footwear
 - Repetitive stress or trauma
- ✦ **Calcaneal spur:** A bony outgrowth at the attachment site of the fascia to the calcaneus

CALCANEAL SPUR

CAUSES

- Obesity
- Poor footwear



SYMPTOMS

- Heel pain
- Tenderness
- Foot stiffness
- Pain with walking

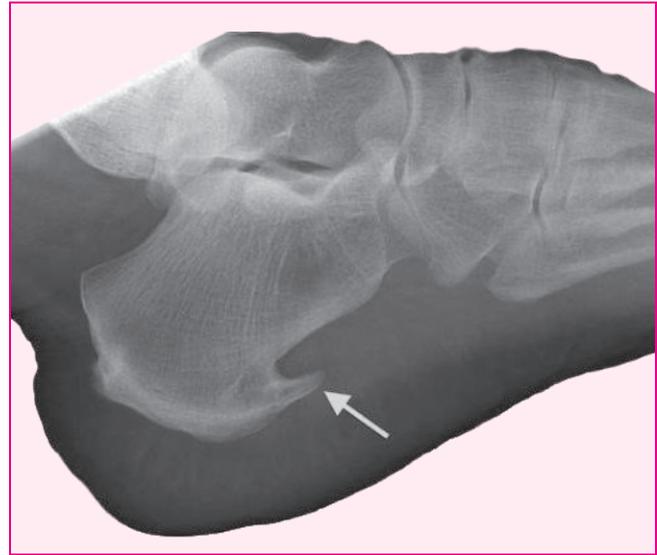


SYMPTOMS

DIAGNOSIS

- Clinical examination · X-ray





Ayurvedic View:

- ✦ Closely resembles Vatakantaka
 - Walking barefoot or on uneven surfaces
 - Prolonged standing
 - Jumping/running on hard surfaces
 - Vata-aggravating factors: Dry, cold, scanty diet; overexertion
- ✦ Involves Vitiation of Vyana and Apana Vata, leading to:
 - Snayu kshobha (ligament strain)
 - Asthi shosha (degeneration)
 - Shula (pricking pain)
 - Asthivridhi (spur formation or bony outgrowth due to localised Asthi-vridhi)

Samprapti (Pathogenesis)

1. Vata prakopa due to exertion or improper diet/lifestyle
2. Accumulation in heel region
3. Drying and hardening of Snayu, and Asthi.
4. Pain, stiffness, bony projections (spur), difficulty in walking.

Clinically manifested as sharp, stabbing heel pain especially in early morning or after rest – hallmark of Vatakantaka.

Chikitsa of Pranavaha Srotodushti Vikara (TM2:SL40-SL4Z)

I. Introduction

Respiratory diseases are frequently encountered in Ayurvedic and contemporary clinical practice. BAMS students must be able to examine, interpret, and diagnose respiratory conditions using both classical Ayurvedic principles and modern diagnostic tools.

II. Key Respiratory Conditions Covered

Ayurvedic Name	Modern Equivalent	Code
Shwasa	Dyspnoea	SL42
Tamaka Shwasa	Bronchial Asthma	SL40
Jirna Shwasakrichchhanika	Chronic Obstructive Pulmonary Disease (COPD)	–
Kasa	Cough (Acute/ Chronic Bronchitis)	SL41
Hikka	Hiccup	SM74
Rajayakshma	Pulmonary Tuberculosis (TB)	–
Urahkshata	Chest trauma or Pleuritis sequelae	–
Antaraalayi Phuphphusa Vikara	Interstitial Lung Disease (ILD)	–
Vispharah	Bronchiectasis	–
Phuphphusasruti	Pleural Effusion	–
Phuphphusa Arbuda	Lung Cancer	–

III. Clinical History Taking

- ✦ **Dyspnoea (Shwasa)** – Sudden (Tamaka) or progressive (COPD, ILD)
- ✦ **Cough (Kasa)** – Dry/productive, chronicity, associated features
- ✦ **Hiccup (Hikka)** – Chronic hiccup may indicate diaphragmatic or neurological involvement

- ✦ **Fever and Night Sweats** – TB, pneumonia, cancer
- ✦ **Hemoptysis** – TB, bronchiectasis, malignancy
- ✦ **Chest pain (Urahshoola)** – In pleuritis, trauma, effusion
- ✦ **Weight loss and fatigue** – Rajayakshma, cancer
- ✦ **Occupational and environmental exposure** – ILD, COPD

IV. Clinical Examination

General Examination

- ✦ Pallor, clubbing, cyanosis, lymphadenopathy
- ✦ Body mass and nutritional status
- ✦ **Vitals:** RR, PR, BP, Temperature, SpO₂

Chest Examination

Inspection

- ✦ Shape of chest (barrel in COPD, asymmetry in effusion)
- ✦ Respiratory movements (use of accessory muscles in Shwasa)
- ✦ Tracheal deviation (in effusion, lung collapse)

Palpation

- ✦ Chest expansion
- ✦ Tactile fremitus (↓ in effusion, ↑ in consolidation)
- ✦ Vocal fremitus and resonance

Percussion

- ✦ **Resonant:** Normal
- ✦ **Dull:** Consolidation, effusion, tumor
- ✦ **Hyperresonant:** Pneumothorax, emphysema

Auscultation

Shadkriyakala	Clinical Features	Line of Treatment	Shadvidha Upakrama	Doshopakrama
3. Prasara	Spreading of Kapha, pain or discomfort radiating to upper back or shoulders	Virechana (if pitta involvement), Nasya (Anu Taila/Shadbindu), Srotoshodhana herbs	Srotoshodhana, Nasya, Virechana	Kapha Shamana, Vata Anulomana
4. Sthanasamshraya	Localised symptoms (chest region), wheezing, bronchial congestion	Niruha Basti (Dashamoola/ Mustadi), Ruksha Abhyanga, mild Rasayana preplanning	Basti, Abhyanga	Vatahara, Srotoshodhana
5. Vyakti	Full manifestation of Shwasa Roga – dyspnoea, wheezing, tachypnea	Kantakari Avaleha, Talisadi Churna, Vasa Haritaki, Dhoomapana	Shamana, Dhoomapana	Vatanulomana, Kaphahara
6. Bheda	Chronic stage, recurrent attacks, fatigue, Ojakshaya	Rasayana (Agastya Haritaki, Chyavanaprasha), Yapana/ Ksheera Basti, supportive nutrition	Rasayana, Brimhana, Basti	Ojovardhaka, Vayahsthapana

Shadvidh Upakrama

1. **Langhana** – In early stages (Sanchaya, Prakopa)
2. **Brimhana** – In chronic weakness (Bheda stage)
3. **Rukshana** – In Kapha dominant cases
4. **Snehana** – Pre-basti phase (mild, in Vata-pradhana Shwasa)
5. **Swedana** – Applied early to liquefy Kapha
6. **Stambhana** – In excessive Vata loss or chronic breathlessness with emaciation

Table: Doshopakrama in Shwasa Roga (Pranavaha Srotodushti)

Dosha	Stage of Involvement	Doshopakrama (Treatment Principle)	Examples of Therapies/Drugs
Vata	Prominent in Sthanasamshraya & Bheda	Vatanulomana, Snigdha Snehana, Basti, Rasayana	Dashamoola kwatha, Anuvasana Basti, Agastya Haritaki
Kapha	Dominant in Sanchaya to Prasara	Kaphahara, Rukshana, Deepana, Swedana, Utkleshana, Vamana (in suitable patients)	Trikatu, Hinguvachadi churna, Vamana with Madanaphala
Pitta	If associated (Pittaja Shwasa)	Pittashamana, Virechana, Sheetala Dravya	Avipattikara churna, Virechana with Trivrit, Drakshadi kwatha
Sannipata	In chronic/mixed dosha stage (Bheda)	Srotoshodhana, Rasayana, Ojaskara chikitsa	Chyavanaprasha, Mustadi Yapana Basti, Vardhamana Pippali

Chikitsa Yojana (Treatment plan) of Shwasa

I. Purva Karma (Preparatory Measures)

- ◆ **Deepana-Pachana:**
 - Trikatu churna, Hinguvachadi churna, Panchakola churna.
 - For Aama digestion and Agni enhancement
- ◆ **Langhana & Rukshana:** In early Kapha-dominant cases.
- ◆ **Snehana:** Pippalyadi Ghrita, Kantakari Ghrita, Dasamoola Ghrita.

- ◆ **Swedana:** Bhaspa Sveda.

II. Shodhana Chikitsa (Eliminative Therapies)

(Indicated in Bahu-dosha or recurrent episodes when Bala permits)

Dosha	Shodhana Karma	Common Formulations / Adjuvants
Kapha Pradhana	Vamana	Madanaphala, Pippali, Vacha, Yashtimadhu, Vamana yoga
Vata Pradhana	Virechana	Trivrit Leha

III. Shamana Chikitsa (Palliative Management)**Chikitsa****Panchakarma**

Ghrutapana – Pippalyadi ghruta, kanthakarai ghruta, kulatthadi ghruta, bhargi ghruta, dashamula ghruta

Abhyanga – Lavana taila

Sveda – Bashpa sveda

Vamana – Madanaphaladi yoga

Virechana – Vatapradhana- Eranda taila 50ml + triphala-trivrut kashaya 100ml with hot water

Kaphapradhana – Icchabhedi rasa 250 mg stat + triphala-trivrut kashaya 100ml with boiled cooled water.

Shamana**Drug of Choice- Pushkaramoola**

Main drugs – Pushkaramula, pippali, vasa, bharangi, nagara, Shati

Single drugs – Pushkaramula, pippali, vasa, bharangi, nagara, Shati, marich, haridra, arkaparni (tylophera indica), dattura, soma, karpura, talisha, mayurapiccha bhasma, tulasi, hiongu, sarshapa taila, arka ksheera, etc.

Simple Yoga

- ✦ Bhargi +shunthi; Maricha +Yavakshara; daruharidra or chitraka kalka with hot water
- ✦ Dashamula kashaya with pushkaramula churna
- ✦ Guduchi, nagara, brahmayashthi & kanthakari kashaya with pippali churna
- ✦ Kulattha, nagara, vyaghri, vasa kashaya with pushkaramula churna
- ✦ Guda & sarshapa taila for 21 days
- ✦ Mayurapiccha bhasma & pippali churna with honey
- ✦ Nagara, pushkarmula, guduchi, kanthakari kashaya
- ✦ Guda & shunthi in equal quantity
- ✦ Vasa patra svaras 20ml with sarshapa taila.

Naimittika Rasayana

Pippali varadhamana rasayana, amrutabhallataka leha, dashamula haritaki leha, agastya haritaki leha,

chayavanaprasha leha

Siddha Yoga**Vata Pradhana****Sitopaladi**

Chyavana Prasha Leha 1tsf BD with warm milk AF

Vyaghri Haritaki Leha 1tsf BD with warm milk AF

Kanthakari Leha 1tsf BD with warm milk AF

Svarna Sameerapannaga rasa 65-125mg with honey

Shvasakasa chintamani 65-125mg with honey

Mahalakshmvilasa 65-125mg with honey

Vyghryadi Kashaya 20ml BD AF

Nayopayam Kashaya 20ml BD AF with Kanthakari ghruta

Pushkaramulasava 20ml BD AF

Kanakasava 10-15ml BD AF

Dashamularishta 20ml BD AF

Kaphapradhana

Shvasakuthara rasa 125mg-250mg AF with Nagavalli Svarasa (10ml) and honey

Mallasindhoora 30-60mg AF with honey

Sameerapannaga rasa 65-125mg with honey

Pippali Vardhamana Rasayana (start with 1gm and increase up to 8-10gm and taper in the same manner)

Agstya Haritaki Rasayana 1tsf BD with warm milk AF

Dashamula Rasayana 1tsf BD with warm milk AF

Vasavaleha 1tsf BD with warm milk AF

Talisadi Churna ½ tsf with honey 3 times a day AF

Shringyadi Choorna 1tsf BD

Pippalyasava 10-20ml with water 3 times a day AF

Vasarishta 10-20ml with water 3 times a day AF

Kanakasava 10-20ml with water 3 times a day AF

Dashamula katutrayadi Kashaya 10-20ml with water 3 times a day AF

- ✦ Shodhana
- ✦ Arbudahara yoga
- ✦ Satvavajaya Chikitsa

E. Chikitsa

- ✦ **Arbuda Prashamana drugs:** Kanchanara guggulu, Sadapushpi (Vinca), Varunadi Kashaya, Triphala Guggulu, Panchatikta Ghrita Guggulu
- ✦ **Rasayana:** Sarveshvara Parpati, Navratna Raja Mriganka Rasa, Suvarna Vasanta Malati
- ✦ **Brimhana and Rasayana:** Ashwagandha, Chyavanaprasha

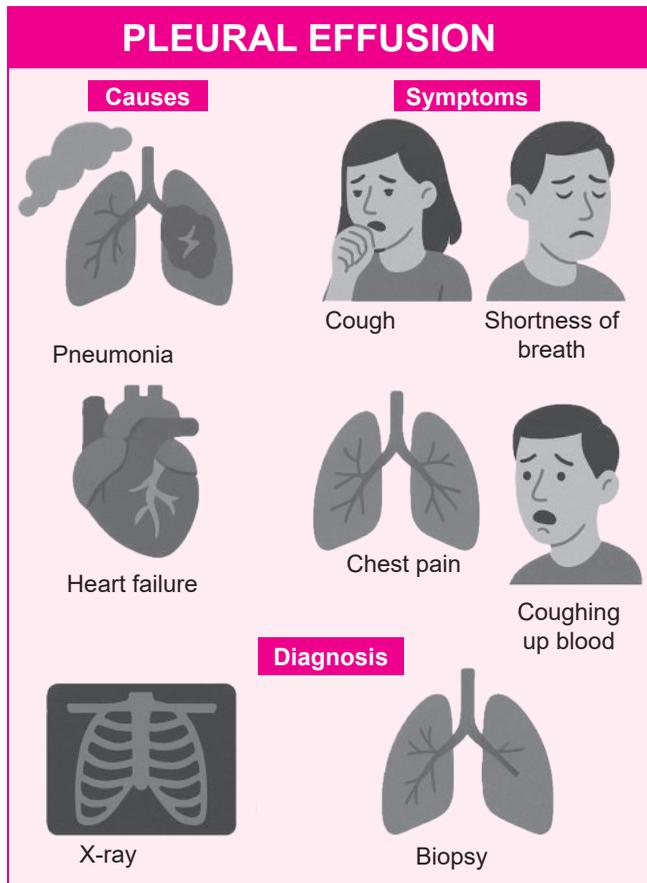
3. Phupphusaasruti (Pleural Effusion)

A. Ayurvedic Perspective

- ✦ Characterised by fluid accumulation in pleural cavity due to Kapha-Pitta dushti or traumatic Rakta-Kapha dushti.
- ✦ Associated with Srotorodha, Shotha

B. Etiopathogenesis

- ✦ **Nidana:** Chronic respiratory infection, trauma, malignancy, tuberculosis

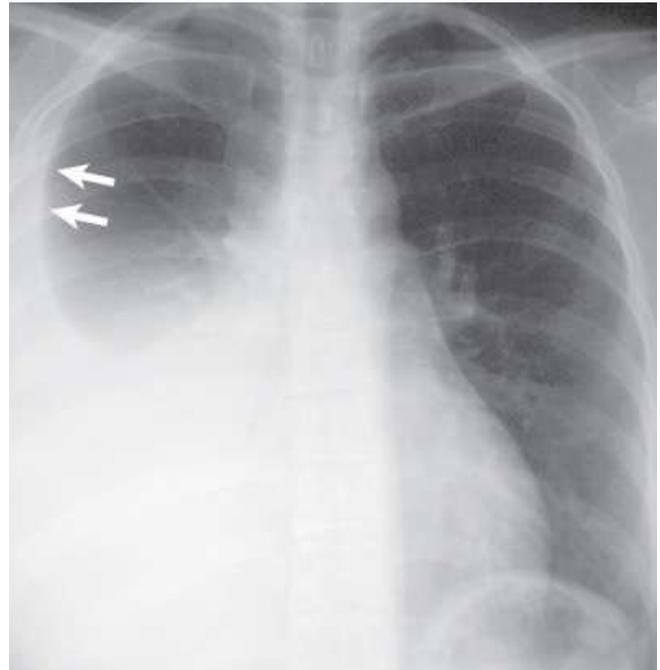


- ✦ **Dosha:** Kapha-Pitta predominance in inflammatory; Vata-Kapha in non-inflammatory effusion

- ✦ **Dushya:** Rasa, Rakta, Kapha
- ✦ **Srotas:** Pranavaha, Rasavaha

C. Diagnosis

- ✦ **Clinical signs:** Chest pain, dyspnoea, dullness on percussion, reduced breath sounds, heaviness in chest
- ✦ **Modern correlation:** Exudative or transudative pleural effusion



D. Principles of Management

- ✦ **Shodhana:** Swedana, Vamana/Virechana in selected cases
- ✦ Shothahara, Kapha-Pittahara:
- ✦ Raktaprasadana and Srotoshodhana: Manjistha, Punarnava

E. Chikitsa

- ✦ Internal- Punarnavasava, Dashamoolarishta, Pathya-Punarnavadi Kashaya, Navayasa Loha, Pippali Vardhamana
- ✦ External- Upanaha with Dashamoola, Nirgundi, Dhatura, Eranda Patra

Matra: start from 1gm and daily increase upto 10gm; taper 1 gm till 1gm

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Madhu.

9. Vaasa Avleha

Phala Shruti: Rajayakshma, Kasa, Swasa, Parswashoola, Hritshoola, Raktapitta, Jwara

Matra: 6-12gms

Aushadha Sevana Kaala: Pragbhakta/ Adhobhakta

Anupana: Ksheera, Madhu, Ushna Jala

10. Drakshasava

Phala Shruti: Shoka, Arochaka, Pandu, Raktapitta, bhagandara. Gulma, Udara, Krimi, Granthi, Kshata, Shosha, Jwara, Vatapitta Prasa-mana

Matra: 12-24ml

Aushadha Sevana Kaala: Adhobhakta

Anupana: Ushna Jala

Urakshasta

Ekamoolika Prayoga

1. Laksha Churna

PhalaShruti: Balya, Varnya.

2. Nagbala Kalpa

Phalashruti: Pusti, Ayu, Balavarnakara, Balya, Kshayapaha, Raktapittapaha.

3. Brahmi Kalpa

Phalashruti: Balya, Medya, Kasa Swasahara.

4. Madhuyashti Kalpa

PhalaShruti: Swarya, Kaasa Swasahara, Brum-hana.

5. Nagar Kalpa

Phalashruti: Kaasa, Swasa, Agnivardhaka, Balya.

6. Laja churna

Phalashruti: Kapaha Pittahara, Laghu and Deepana, Balya.

Aushadha kalpas

1. Elaadi gutika

Phala Shruti:Kasa, Swasa, Jwara, Hikka, Chardi, Murcha, Mada, BramaShosha, leeha, Adyavata, Swarabheda, Ksata,Kshaya

Matra: 2-3 tablets/day.

Aushadha Sevana Kaala: pragbhakta.

Anupana: Ushna Jala.

2. Amritpraash Avleha

Phala Shruti: Nashtashukra, Kshata Ksheena, Durbala, Vyadhi Karshita, Swara Varna hanisha, Brumhana, Kaasa, Jwara, Swasa, Daaha, Trushna, Chardhi, Murcha, Yoni and Mutra rogas.

Matra: ½ - 1tsf/ day.

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Mamsa rasa, Ksheera.

3. Ajaamaamsa Rasaaya

Phala Shruti: Vata Roga, Shirakampa, Panchakaasa, Yoni Vankshana Veedana, Sarvanga Ekana Roga, Pleeha, Urdwa Anilaan Jayet.

Matra: ½ - 1 Tfs.

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Ksheera.

MULTIPLE CHOICE QUESTIONS (MCQs)

Correct answers marked in bold

1. Which dosha combination is primarily involved in Tamaka Shwasa?

- A) Vata-Pitta B) **Vata-Kapha**
C) Pitta-Kapha D) Vata-Rakta

2. The classical definition of Kasa is:

- A) Difficulty in expiration
B) Sneezing due to Kapha
C) **Forceful expiration with sound**
D) Hoarseness of voice

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Chikitsa of Udakavaha Srotodushti Vikara

History Taking, Clinical Examination and Diagnosis

I. Ascites (Jalodara)

1. History Taking

- ✦ **Onset & duration:** Gradual vs sudden
- ✦ **Abdominal distension:** Symmetrical, progressive
- ✦ **Associated symptoms:**
 - Early satiety, dyspnoea, pedal edema
 - Jaundice, anorexia, weakness
- ✦ **Past history:**
 - Liver disease, alcohol use
 - TB, nephrotic syndrome, malignancy
- ✦ **Family history:** Liver or renal disorders

2. Clinical Examination

- ✦ **Inspection:** Shiny, distended abdomen; everted umbilicus
- ✦ **Palpation:** Fluid thrill
- ✦ **Percussion:** Shifting dullness, dull flanks
- ✦ **Auscultation:** Reduced bowel sounds in massive ascites
- ✦ **Look for signs of chronic liver disease:** Spider naevi, palmar erythema, gynecomastia

3. Diagnostic Investigations

- ✦ **Ultrasound Abdomen:** Gold standard to detect ascites
- ✦ Ascitic fluid tapping (Paracentesis):
- ✦ SAAG (Serum-Ascites Albumin Gradient): Differentiates transudate (>1.1g/dL) vs exudate

- ✦ Cell count, protein, ADA (TB), cytology (malignancy)
- ✦ LFTs, RFTs, CBC, PT/INR

II. Edema (Shotha)

1. History Taking

- ✦ **Onset & distribution:** Localised (DVT, cellulitis) or generalised (CHF, renal, hepatic)
- ✦ **Timing:** Morning (renal), evening (cardiac)
- ✦ **Associated features:** Breathlessness, oliguria, fatigue
- ✦ **Drug history:** Steroids, NSAIDs, antihypertensives

2. Clinical Examination

- ✦ **Pitting vs non-pitting**
- ✦ **Symmetry:** Unilateral vs bilateral
- ✦ **Site:** Periorbital (renal), pedal (cardiac/liver)
- ✦ **Skin changes:** Cellulitis, pigmentation, varicosities

3. Diagnostic Work-up

- ✦ CBC, LFT, RFT, urine routine
- ✦ Serum albumin, creatinine
- ✦ ECG, Echo (cardiac cause)
- ✦ Doppler ultrasound (venous thrombosis)

III. Fluid & Electrolyte Imbalance

1. Common Electrolyte Imbalances

Electrolyte	Low (↓) Symptoms	High (↑) Symptoms
Sodium (Na ⁺)	Confusion, seizures, cramps	Edema, hypertension

Shadkriyakala	Clinical Features	Treatment Plan
2. Prakopa	Swelling with pain, warmth, discoloration	Tikta Kashaya intake, Upanaha with anti-inflammatory herbs
3. Prasara	Swelling extends to larger area, more pain	Parisheka, Rakta-prasadana, Raktamokshana
4. Sthanasamshraya	Localised Shotha with Raga, Toda, Utsedha	Vatahara Shamana Yoga (Dashamoola, Punarnava), Snehana or Rukshana depending on Dosha. Raktamokshana
5. Vyakti	Visible swelling, inflammation, functional impact	Langhana, Deepana-Pachana, Shodhana, Raktamokshana, Basti, Lepa
6. Bheda	Abscess formation, suppuration, tissue breakdown	Above said measure in intense dose

IV. Application of Shadvidhopakrama

Upakrama	Application in Shotha Roga
Langhana	In Aama or early stages
Brimhana	In chronic recurrent Vataja Shotha with Dhatu Kshaya
Rukshana	In Kapha-dominant and Sneha Janya and Sthula Rogi (e.g., with Upanaha or Ruksha Sweda)
Snehana	In Vataja and Ruksha Janya
Swedana	For Kapha-Vata Shotha, using Dashamoola, Nirgundi decoction

V. Doshopakrama in Shotha

Dosha Type	Doshopakrama	Dravyas / Procedures
Vataja Shotha	Vatanulomana, Sneha, Swedana, Mridu Nitya Virechana, Basti	Eranda Taila, Dashamoola Ghrita, Dashamoola Niruha, Dashamoola Haritaki Leha
Pittaja Shotha	Sheetala, Tikta, Nitya Virechana, Raktaprasadana	Avipattikara, Patolakaturohinyadi Kashaya, Tikta Ghrita

Dosha Type	Doshopakrama	Dravyas / Procedures
Kaphaja Shotha	Deepana, Pachana, Rukshana, Vamana, Virechana,	Madanaphalad Yoga, Icchabhedi Rasa, Danti Haritaki Leha, Amrita Bhallataka Leha

VI. Chikitsa

Panchakarma:

In Nirama Stage

Snehana- Mahatiktaka Ghrita, Dhanvanatram Ghrita

Ruksha Sveda

Virechana - Icchabhedi Rasa

Shamana

✦ **Main drugs:** Punarnava, Shilajatu, Gomutra, Gokshura, Varuna

✦ **Naimittika Rasayana:** Shilajatu, Navayasa Loha, Dashamula Haritaki, Guda-Shunti, Punarnava, Triphala

Formulations

1. The patient, by avoiding all other food and drinks, and remains, only on camel's milk for a week or month or similarly remaining on cow's milk mixed with an equal quantity of cow's urine or on buffalo's milk mixed with an equal quantity of cow's urine or other milk with cow's urine, can be cured of edema. (Cha.Chi.12)
2. A month's course of shilajatu with juice of triphalā will completely cure the edema/swelling caused by all the three dosha.
3. Devadaru and Shunthi Kashaya
4. Guggulu with Gomutra and Punarnava Kashaya
5. Haritaki with equal Guda
6. Shunthi with equal Guda

Recommended Classical formulations:

Punarnava Mandoora 500mg TID with Madhu

Navayasa Loha 500mg TID with Madhu नवायसं वाऽहरहर्धुना (Su.Chi. 23/12)

Shilajatu 500mg TID with 30ml Triphala Kashaya and Madhu

Punarnavadi Guggulu 500mg TID with Madhu
 GugguluTikta Ghrita 20ml BD
 Gomutra Haritaki 500mg-1gm TID with Madhu
 Dashamula Haritaki 1 tsf BD
 Punarnavasava 20ml BD
 Punarnavashtaka Kashaya 20ml BD
 Varunadi Kashahya 20ml BD

Vataja

Dashamula Kashaya (C.D.)	Guda-ardraka yoga (C.D.)
Dashamulakatutrayadi Kashaya	Guda-Nagara Yoga (C.D.)
Shunthyadi kashaya (C.D.)	Guda-Abhaya yoga (C.D.)
Pathyadi Kashaya (B.R.)	Guda-Pippali Yoga (C.D.)
Punarnavashthaka Kashaya (B.R.)	Triphaladi Yoga
Eranda taila with milk (B.R.)	Kamsa-haritaki leha/ dashamula haritaki leha (Ca.Ci.12)
Shunthi ghrita (B.R.)	Amrutabhallataka leha (B.P.)
Dashamula Ghrita (B.R.)	Takra mandoora (B.R.)
Punarnava ghrita (B.R.)	Punarnavadi madoora (Ca. Ci.16)
Pippalyadi Ghrita (B.R.)	Punarnavadi Guggulu (B.R.)
Navayasa louha	

Pittaja

Prushnaparnyadi kashaya (C.D.)	Shothari rasa (B.R.)
Abhayadi Kashaya (C.D.)	Padmaka Ghrita (B.R.)
Simhasyadi Kashaya (B.R.)	

Kapha

Punarnavashthaka Kashaya (B.R.)	Guda-ardraka yoga (C.D.)
Dashamulakatutrayadi Kashaya	Guda-Nagara Yoga (C.D.)
Triphaladi Kashaya (B.R.)	Guda-Abhaya yoga (C.D.)
Pathyadi Kashaya (B.R.)	Guda-Pippali Yoga (C.D.)
Takra vati (B.R.)	Triphaladi Yoga
Takra mandoora (B.R.)	Kamsa-haritaki leha/ dashamula haritaki (Ca. Ci.12)

Punarnavadi madoora	Amrutabhallataka leha (B.P.)
Shuddha Shilajatu	Shothari Choorna (B.R.)
Navayasa louha (B.R.)	Chandraprabha Vati (B.R.)
Guda-ardraka Kashaya	Punarnavadi Guggulu (B.R.)
Ksharadi Gutika (B.R.)	Shothari louha (B.R.)

Commonly Used Medicines & Specific indication

Formulation	Indication
Punarnavadi Kashaya	Anti-inflammatory, Diuretic, Rasayana, Raktaprasadana
Dashamoola Kwatha	Vata-Kapha Shamana, Shothahara
Mahatikta Ghrita	Pittaja Shotha
Guggulu Panchapala Churna	Chronic, firm or Granthi-like Shotha
Manjishtadi Kwatha	Raktaprasadana in Pitta-Kaphaja Shotha
Rasna Saptaka Kashaya	Vata-Kaphaja, Acute painful and stiff Shotha
Punarnava Mandoora	Vata-Kaphaja Shotha associated with Pandu
Amrita Bhallataka	Vata-Kaphaja Shotha associated with Ama e.g., Amavata
Dashamoola Haritaki Leha	Vata-Kaphaja Shotha
Danti Haritaki Leha	Chronic Kapha Pradahana Shotha
Shakotaka	Shotha due to Shleepada
Ayaskriti	Snehajanya Shotha and in Sthula Rogi

Prescription

S. No.	Name of Medicine & Dose	Kala	Anupana
Vataja			
1.	Dashamula Haritaki Leha 12-24 gm	Apana kala; TD	Ghrita
2.	Gokshuradi Guggulu 50mg	Antarabhakta; BD	Water
3.	Eranda Taila 20ml with Shunthi Kashaya 50ml	Shamana Sneha Kala; BD	Hot Water

Chikitsa Sutra and Samprapti Vighatana of Mutrakriccha Roga with a Treatment Algorithm According to Its Stages of Shadkriyakala and Plan of Shadvidhopakrama & Doshopakrama

The term “Krichchhra” in Sanskrit translates to “difficult” or “painful.” Mutrakricchhra refers to painful, burning, difficult urination, which can arise due to Vata, Pitta, Kapha, Aama, or Krimi dushti, involving Mutravaha Srotas and Apana Vata dysfunction. This condition can manifest in both acute and chronic forms.

I. History Taking

1. Chief Complaints

Ask about:

- ✦ Burning micturition (Daha)
- ✦ Increased frequency (Prabhuta Mutrata)
- ✦ Urgency
- ✦ Hesitancy
- ✦ Poor stream
- ✦ Nocturia
- ✦ Hematuria (Raktamutrata)
- ✦ Suprapubic/flank pain
- ✦ Incontinence
- ✦ Fever with chills (esp. in pyelonephritis)

2. History of Present Illness

- ✦ Onset, duration, and progression of symptoms
- ✦ Relationship to food, posture, time of day
- ✦ **Associated symptoms:** Nausea, vomiting, back pain, fever, edema

3. Past Medical History

- ✦ Diabetes, hypertension, kidney stones, UTI, TB, STDs, surgeries
- ✦ Recent catheterisation or instrumentation

4. Personal History

- ✦ Fluid intake
- ✦ Hygiene habits
- ✦ Sexual history
- ✦ Use of nephrotoxic drugs
- ✦ Occupational exposure (e.g., dyes, chemicals)

5. Family History

- ✦ Renal diseases, polycystic kidney disease, diabetes

6. Menstrual and Obstetric History (in Females)

- ✦ Pregnancy, childbirth, contraception, menopausal status

II. Clinical Examination

A. General Examination

- ✦ Pallor (suggests anaemia due to CKD)
- ✦ Edema (periorbital or pedal)
- ✦ Blood pressure (Hypertension is common in renal disease)
- ✦ Temperature (fever suggests infection)

B. Abdominal Examination

- ✦ **Inspection:** Distension, scars
- ✦ **Palpation:**
 - Kidney enlargement (ballotable mass)
 - Bladder fullness (suprapubic region)

- Renal angle tenderness (Costovertebral angle—suggests pyelonephritis)

✦ **Percussion:**

- Shifting dullness (ascites in nephrotic syndrome)

✦ **Auscultation:**

- Renal bruit (renal artery stenosis)

C. Genital Examination

- ✦ **In males:** Check for phimosis, discharge, prostatomegaly
- ✦ **In females:** Check for signs of UTI, prolapse, urethral caruncle

III. Diagnostic Investigations

1. Urine Examination

- ✦ **Routine & Microscopic:** colour, pH, specific gravity, albumin, sugar, pus cells, RBCs, casts
- ✦ **Urine Culture & Sensitivity**

2. Blood Tests

- ✦ CBC (infection, anaemia)
- ✦ Serum creatinine, BUN
- ✦ Electrolytes
- ✦ Blood glucose

3. Imaging

- ✦ Ultrasound Abdomen and Pelvis – first-line
- ✦ X-ray KUB – stones
- ✦ CT Scan – detailed evaluation of stones, mass
- ✦ IVP (Intravenous Pyelogram) – structural evaluation
- ✦ MRI or CT Angiography – vascular disorders
- ✦ Cystoscopy – bladder lesions

4. Special Tests

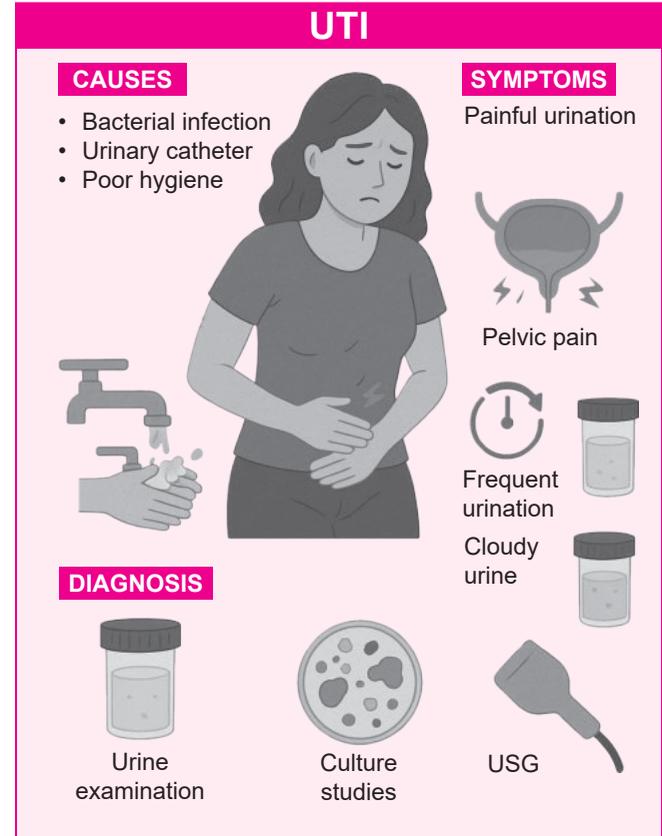
- ✦ PSA (Prostate Specific Antigen) – for prostate pathology
- ✦ Uroflowmetry – obstructive symptoms
- ✦ Micturating Cystourethrogram (MCUG) – vesicoureteric reflux

Mutrakricchra

मूत्रस्य कृच्छ्रेण महता दुःखेन प्रवृत्तिः।

Madhukosha on M.N. 30/2

The cardinal feature of Mutrakricchra is Severe pain during urination.



मूत्रकृच्छ्राणीति मूत्रस्य कृच्छ्रेण महता दुःखेन प्रवृत्तिः।

Madhukosha on M.N. 30/2

I. Chikitsa Sutra of Mutrakricchra Roga

The general line of treatment of mutrakricchra is:

1. Apana vata anulomana
2. Vataghna Chikista
3. Mutra virechana (Diuresis induced by drugs)
4. Swedana (avagaha)

Vataja Mutrakricchra

Abhyanga, sneha and niruha basti, sneha upanaha, utara basti, seka and vatahara ahara comprising of laghupanchamula and drugs that are vatahara should be employed.

Pittaja Mutrakricchra

Cold effusion (tub bath), bath, abhyanga and following regimen according to grishma rutu, ksheera

CHRONIC RENAL FAILURE

CAUSES



Diabetes mellitus



Hypertension



Long-term analgesic or toxin exposure

SYMPTOMS



Fatigue and weakness



Swelling in legs and face



Loss of appetite, nausea

DIAGNOSIS



URINE Examination
Creatinine
Protein Ratio



Blood Tests
Urea, Creatinine,
BUN



USG

II. Ashu Vrikka-Nishkriyata (Acute Renal Failure)

Etiopathogenesis (Samprapti)

Modern Causes	Ayurvedic Correlate
Hypovolemia, Sepsis, Nephrotoxins	Rasa-Rakta kshaya, Agnimandya, Mutravaha srotorodha
Urinary obstruction	Mutraghata, Srotorodha by Kapha or Aama
Hemolysis, glomerulonephritis	Raktavaha srotodushti, Pittaja Mutraghata

Diagnosis

Signs & Symptoms	Ayurvedic Interpretation
Oliguria or anuria	Mutraghata, Basti-gata Vata kopa
Nausea, vomiting, fluid overload, uremia	Ama janya Vata-Kapha dushti
Electrolyte imbalance, altered sensorium	Tridoshaja santapa, Rasa-Rakta dushti

Principles of Management

Objective	Therapy
Restore Apana Vata function	Anulomana, Basti therapy (Niruha + Anuvasana)

Objective	Therapy
Remove Aama and Srotorodha	Pachana, Trikatu, Panchakola, Guggulu, Varuna
Diuresis	Gokshura, Punarnava, Pashanabheda, Varunadi Kashaya
Shodhana (when stable)	Mridu Virechana, Lekhana basti
Rasayana & recovery	Ashwagandha, Guduchi, Shilajatu, Suvarna Kalpa

III. Chirakari Vrikka-Nishkriyata (Chronic Renal Failure)

Etiopathogenesis (Samprapti)

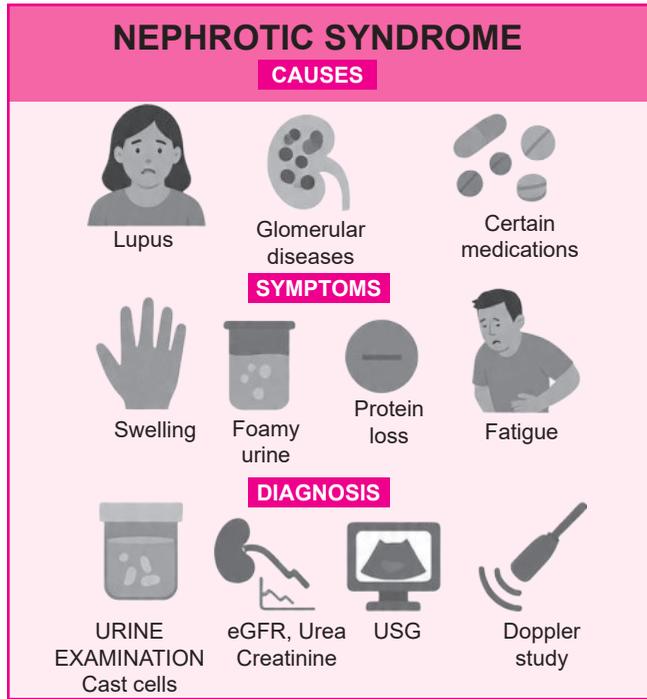
Modern Causes	Ayurvedic Correlate
Long-standing diabetes, hypertension	Madhumeha janya basti dushti, Raktavaha-Medovaha srotodushti
Glomerulonephritis, polycystic kidneys	Kapha-Meda-Rakta dushti, Dhatu-Kshaya leading to Basti avarana
Recurrent UTI, nephrolithiasis	Mutrakrichchhra, Mutraghata, leading to Srotorodha + Ojakshaya

Diagnosis

Signs & Symptoms	Ayurvedic View
Gradual oliguria, anaemia, hypertension, fatigue	Vata-Kapha predominance with Dhatu Kshaya
Pedal edema, uremic features, poor digestion	Agni-mandya, Ama, Rasa-Meda dushti
Proteinuria, electrolyte imbalance	Rakta-Ojas kshaya, Mutra dusthi

Principles of Management

Objective	Therapy
Support residual renal function	Rasayana: Ashwagandha, Shilajatu, Chyavanaprasha
Improve urination	Punarnava, Gokshura, Chandraprabha vati
Anulomana & Apana Vata balance	Trivrut, Eranda, Basti therapy
Ojas & Dhatu poshana	Suvarna Vasanta Malati, Bala, Shatavari, Ksheerapaka
Control Kapha & Meda dushti	Varunadi kashaya, Trikatu, Panchakola, Lekhana dravyas



Principles of Management

Therapeutic Goal	Ayurvedic Intervention
Kapha–Meda Lekhana	Guggulu tiktaka, Gomutra Haritaki, Trikatu, Punarnava
Raktaprasadana + Rasayana	Guduchi, Manjishtha, Shilajatu, Chyavanaprasha
Apana Vata anulomana	Basti, Eranda taila, Dashamoola, Yavakshara
Diuretic & Shothahara	Punarnava kashaya, Varuna, Pashanabheda, Gokshura
Ojas & Dhatu support	Ashwagandha, Suvarna Vasanta Malati, Ksheerapaka with Rasayana herbs

Prescription

S. No.	Name of Medicine and Dose	Kala	Anupana
1.	Shiva gulika 1gm	Apana Kala; BD	Madhu
2.	Punarnavadi Kashaya 20ml	Apana Kala; BD	Warm water
3.	Gandhaka Rasayana 500mg	BD	Warm water
4.	Sarvatobhadra Vati 125mg	BD	Honey

Mutrakrichchhra

Ekamoolika Prayoga

- Gokshur kwaatha**
Phalashruti: Mutrala, Mutradaaha,
- Ela churna**
Phalashruti: Mutrakrichchhra, Mutra Daaha.
- Daruhaldi churna**
Phaashruti:
- Narikela Pushpa**
- Amalaki Kwatha**

Aushadha Kalpa prayoga

Mutrarechaneeya Mahakashaya

Phala Shruti: Basti Shodaka, Mutra virecaka, Ashmari, UTI.

Matra: 10-20ml/day.

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Ushna Jala.

Trinpanchmula Kashaya

Phala Shruti: Basti Vishodhana, Pittakrichhra.

Matra: 10-20ml/day.

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Ushna Jala.

Shatavaryadi Kashaya

Phala Shruti: Jwara, Vatarogas, Anulomaka.

Matra: 20-40ml/day.

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Saindava, Eranda Taila.

Pashanabhedadi Choorna

Phala Shruti: Ashmarighna, Mutradaaha, Urine Retention, Basti Shodhaka, Mutrakrichchhra.

Matra: 2-5 gms/day.

Aushadha Sevana Kaala: Pragbhakta.

Anupana: Ushna Jala.

Gokshuradi Guggulu

Phala Shruti: Mutrakrichchhra, Prameha, Pradara,

Chikitsa of Purishavaha Srotodushti Vikara (SR5A)

I. History Taking

1. Chief Complaints

Inquire about:

- ✦ Altered bowel habits (constipation, diarrhoea)
- ✦ Pain in lower abdomen (esp. left iliac fossa)
- ✦ Tenesmus (feeling of incomplete evacuation)
- ✦ Blood or mucus in stool
- ✦ Abdominal distension or bloating
- ✦ Flatulence or excessive flatus
- ✦ Weight loss, fatigue
- ✦ Fever (if infective/inflammatory)

2. History of Present Illness

- ✦ Onset (acute vs chronic)
- ✦ Duration and progression
- ✦ Relation to food, time of day, posture
- ✦ Associated symptoms (nausea, vomiting, urgency, straining)

3. Bowel History

- ✦ Frequency and consistency of stool (use Bristol Stool Chart if needed)
- ✦ Colour and smell of stool
- ✦ Presence of mucus, blood, or pus
- ✦ Use of laxatives or purgatives

4. Past History

- ✦ History of:
 - Irritable bowel syndrome (IBS)
 - Ulcerative colitis, Crohn's disease
 - Hemorrhoids, anal fissures, fistula
 - Previous surgeries or colonoscopy

- Parasitic or bacterial infections

5. Personal History

- ✦ Dietary habits: intake of fibre, water, dairy, spicy food
- ✦ Stress, anxiety
- ✦ Sedentary lifestyle
- ✦ Tobacco, alcohol

6. Family History

- Colorectal cancer
- Polyposis syndromes
- Inflammatory bowel disease (IBD)

II. Clinical Examination

A. General Examination

- ✦ Pallor (blood loss, chronic inflammation)
- ✦ Weight loss (malabsorption, malignancy)
- ✦ Dehydration (diarrhoea)
- ✦ Temperature (infection or inflammation)
- ✦ Nutritional status (vitamin deficiencies)

B. Abdominal Examination

Inspection

- ✦ Distension, visible peristalsis, surgical scars

Palpation

- ✦ Left iliac fossa tenderness (sigmoid colon)
- ✦ Masses or induration
- ✦ Rebound tenderness (peritonitis)
- ✦ Guarding/rigidity (suggests peritoneal irritation)

Percussion

- ✦ Note tympany (gaseous distension)
- ✦ Dullness over mass/fluid

◆ Other diets having deepana & laghu guna.

Vihara

Langhana, Nidra

Apathya

Ahara

Ruksha bhojana, Asatmya bhojana, Viruddhanna, guru anna, godhuma, masha, yava, kakamachi, nishpava, dushtha jala, patra shakha, kshara, punarnava, ervaruka, ati lavana, ati amla, atijala pana.

Vihara

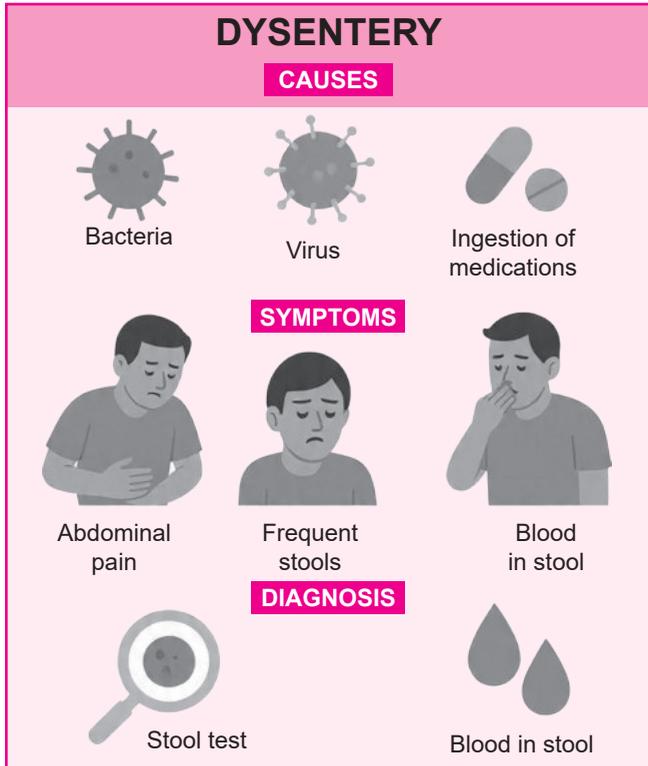
Sveda, anjana, raktamokshana, snana, maithuna, vyayama, ratrijagarana, dhuma, nasya, krodha, bhaya, chinta.

Pravahika (SM38)

प्रवाहमाणस्य प्रवाहिका ।

Su.Utt. 40/138

The disease in which a laborious effort is required to defecate and the stools are sticky, mucoid and blood-stained is called as Pravahika. The nature of this disease is chronic but not serious.



A. Samprapti (Pathogenesis)

वायुः प्रवृद्धो निचितं बलासं नुदत्यधस्तादहिताशनस्य ।

प्रवाहतोऽल्पं बहुशो मलाक्तं प्रवाहिका तां प्रवदन्ति तज्ञाः ॥

Su.Utt. 40/138

Aggravated Vata dosha pushes down the Kapha dosha, which has accumulated in the lower part of the Pakvashaya (large intestine). The increased stickiness and emollience of the Kapha make it difficult to expel. As a result, only a small amount of mucous-mixed faecal material is passed after significant effort and straining.

Nidana	Excessive intake of Abhishyandi, Guru, Snigdha, Atiambupana, Adhyashana
Dosha Involved	Primarily Vata–Kapha
Dushya	Rasa, Purisha
Srotas	Annavaha, Purishavaha
Lakshana	Frequent stool with tenesmus (pravaha), mucus, abdominal pain, fatigue

Etiopathogenesis (Samprapti)

Modern View	Ayurvedic Correlate
Infection (e.g., Shigella, E. histolytica)	Agnimandya, Kapha–Vata dushti, Aama accumulation
Inflammation of intestinal mucosa	Purishavaha srotodushti + Apana Vata dushti
Mucosal ulceration, tenesmus	Pravaha (straining), Picchila mala due to Kapha involvement

Diagnosis

Clinical Features
Loose stools with mucus (picchila), frequent urge, tenesmus, mild fever, abdominal cramps
Stool microscopy (leukocytes, RBCs, parasites)

B. Samprapti Vighatana

Step	Approach
Aama pachana & Deepana	Panchakola, Hingvastaka, Trikatu, Musta
Apana Vata anulomana	Eranda taila, Trivrut lehya, Haritaki, Dashamoola
Kapha–Rakta–Meda shamana	Kutaja, Bilva, Guggulu, Chandraprabha vati

Raktarsha-Adhoga Raktapitta-raktatisara

Features	Raktarsha	Adhoga Raktapitta	Raktatisara
Bleeding	Per rectum	Per rectum, urethra, vagina	Blood mixed stool
PR examination	Presence of Pile mass	No Pile mass	No Pile mass
Bleeding	Before and after defecation	May occur without defecation	
Pain	During defecation	No pain	No pain
Stool	Hard and constipated stool	Hard/liquid stools	Liquid stool
Quantity and frequency	Less	Very large	More

B. Samprapti Vighatana

Step	Approach
Pitta–Rakta shodhana	Mridu virechana, Tikta ghrita, Amalaki, Patoladi gana
Raktastambhana	Lodhra, Nagakeshara, Mochras, Shatavari, Sheeta ksheerapaka
Vata anulomana	Ksheerabala taila, Trivrit, Ghee with Yashtimadhu
Rasayana & Dhatu pushti	Ashwagandha, Draksha, Shatavari, Guduchi satva

C. Chikitsa Sutra

Pittaja Atisara samana, Adhoga Raktapitta Samana chikitsa

Therapeutic Goal	Ayurvedic Management
Pitta–Rakta shamana	Pushyanuga Churna, Kutaja Ghana Vati, Bola Parpati, Udumbara Avaleha, Tikta ghrita, Chandanasava, Kamadugha rasa, Sutashekhara Rasa, Chandrakala Rasa
Raktaprasadana & stambhana	Nagakeshara, Mochras, Lodhra, Amalaki
Virechana (in subacute stage)	Avipattikara churna, Haritaki
Rasayana	Guduchi satva, Shatavari Guda, Chyavanaprasha,

Treatment**Panchakarma:**

Piccha Basti –Shalmali Vrinta, Yashtimadhu Siddha Ksheera

Anuvasana- Dadima Ghrita

Takradhara –if there association of manasa bhava in the samprapti.

Shamana

Main drugs: Kutaja, Udumbara, Musta, Bilva, Bola, Gairika, Muktaashukti

Simple formulations

Sita Ajadugdha + Sharkara + Madhu- Pana, Bhojana & Gudapraksalana.

Nilotpaladi Yoga.

Satavari Kalka.

Indrayava Ghrita.

Priyangu Kalka with Tandulodaka & Madhu.

Navanita + Sharkara.

In Adhika Rakta Srava

Sita Kwatha Seka, Ghrita Abhyanga-Seka, Chandanadi Taila or Satadhoutha Ghrita Seka at Guda Seka at Guda & Vankshana Pradesha.

Formulations:

Pushyanuga Churna -2 -4gm with water and honey 3 times before meal

Bilvadi Gutika-2 tab with water 3 times before meal

Bilvadi Leha-6-12gm with water 3 times before meal

Kutaja Ghana Vati-2 tab with water 3 times before meal

Udumbhara ghana Vati 2 tab TID

Udumbara Leha 3-6gm TID

Kamadugha Rasa 1 TID

Chandrakala Rasa 1 TID

Bola Parpati 250mg BD

Bolabaddha Rasa 250mg TID

Sutashekhara Rasa 250mg TID

Pravalpanchamrita Rasa 250mg TID

According to the New NCISM Curriculum for BAMS Third Professional

As per the Competency-Based Ayurveda Medical Education Curriculum

Textbook of **KĀYACHIKITSĀ**

**Kayachikitsa including Manasa Roga,
Rasayana and Vajikarana**

(Internal Medicine including Psychiatry, Rejuvenative Medicine,
Reproductive Medicine and Epigenetics)

Paper 3: Vyadhi Vishesha Chikitsa, Rasayana & Vajikarana

Dr. (Prof.) Vasant C. Patil

Executive Editor, Journal of Ayurveda and Holistic Medicine (JAHM),
Director, Atreya Ayurveda Foundation,
Consultant Ayurvedic Physician, Atreya Ayurveda and Panchakarma Centre,
Director, Vayodaanta Biotech Pvt. Ltd



Chaukhamba Surbharti Prakashan
Varanasi

Syllabus

Paper 3 (Vyadhi Vishesha Chikitsa Evam Rasayana, Vajikarana)						
Sr. No	A2 List of Topics	B2 Term	C2 Marks	D2 Lecture hours	E2 Non-Lecture hours Theory	E2 Non-Lecture hours Practica I
17	Chikitsa of Annavaaha srotodushti vikara <ul style="list-style-type: none"> • Agnimandya, Aruchi/ Arochaka • Ajeerna/ Alasaka/ Vishuchika, Vilambika (SM 3A 3B) • Aanaha/Aatopa/Aadhmana (SM31) Amlapitta (SM-39), Bhasmaka • Parinama shoola, Annadrava shoola- (SM 3A,3B,3C,3D,3E), Shoola (SM33) • Chhardi(SM-3L) Gulma (SM 3K) Grahani (SM -36) • Annadravashoola-Parinamashoola (Acid peptic disease) • Amlapitta(Gastro esophageal reflux disease) • Grahani(Irritable bowel syndrome) Udarastha karkatarbuda-Malignancies of abdomen (Ca Pancreas, Ca Duodenum/Stomach) 	1	16	12	4	14
18	Chikitsa of Manovaha srotas dushti vikara <ul style="list-style-type: none"> • Manasika vikara like Kaama, krodha, Lobha, Mada, Maatsarya, Shoka, Bhaya, Dainya, Harsha • Unmada roga (SQ03) Apasmara roga(SK30) Atattvabhinivesha(SQ04) Chittodvega & Vishada • Chinta(General Anxiety Disorder) Nidra vikara(Sleep Disorder) Bhaavodvega(Somatoform and mood disorder) • Pratyabalajanya vikara(Stress induced disorder) • Kaamonmada(Psychosexual disorders) Atattvabhinivesha(Obsessive compulsive disorder,Nurotic disorder) • Vyaktatva evum swabhav viparyaya(Personality and behavioral disorder) • Manoavasada(Depression) Medhya rasayana in Manoroga • Identification of Bhutonmada and its basic management 	2	10	8	4	8

19	<ul style="list-style-type: none"> • Chikitsa of of Antahsravi Granthi vyadhi • Avatuka Granthi(Thyroid) Disorders: Manda vatuka(Hypothyroidism) & Tivra vatuka(Hyperthyroidism)(SP9Y) • Pravaravatuka Granthi Vyadhis (Parathyroid) Disorders: Hypoparathyroidism & Hyperparathyroidism • Piyusha Granthi vikara(Pituitary Disorders): Hypopituitarism-vamanata(Dwarfism) (SP9Y) Atihrisvata & Hyperpituitarism-Dirghakayata(Gigantism) (Atidirgha) and Vikayata(Acromegaly) Udakameha(Diabetes Insipidus) • Adhivrikka granthi vikara(Adrenal gland Disorders): Hyperaldosteronism- Tivra upavrikkasrava(Addison's disease) & Hypoaldosteronism-Upavrikkasrava mandya(Cushing's Syndrome) 	2	10	4	4	4
20	<ul style="list-style-type: none"> • Chikitsa of Vyadhikshamatva vikara • Vyadhikshamatva heenata vikara (Immunodeficiency diseases -Primary and secondary immune deficiency disorders) Atmapratirodha-Kshamatva Vikara (Auto immune disorders) Pratirakshaja(Systemic Lupus Erythematosis-SLE) • Vamshakasheru ruk(Ankylosing Spondylitis-AS) Drutotak(Multiple Sclerosis-MS) Aamavata(Rheumatoid Arthritis) • Atisamvedanasheelata-janya vyadhi (Hypersensitivity Reactions) 	2	8	3	4	3
21	<ul style="list-style-type: none"> • Chikitsa of Shukravaha srotasa vikara • Klaibya (SN02) Shukralpata (SN03) Shukradosha Kshinashukra Dhvajabhang • Kapourushya(Male hypogonadism) Napunsakatva(Impotence) Vandhyatva(Infertility) 	3	8	3	4	4
22	<ul style="list-style-type: none"> • Chikitsa of Guhya roga • Phiranga(SN31) Upadamsha(SN30) • Phiranga(Syphilis)(SN31) Puyameha(Gonorrhoea) (SN30) Vankshaneeya lasika granthikanarbud(Lymphomgranuloma Inguinale) • Phirangiya vrana(Soft Chancroid) Visarpa(Herpes Simplex)(SN4T) 	3	8	2	2	2
23	<ul style="list-style-type: none"> • Vajikarana • Principles, benefits & need for Vajikarana Shuddha Shukra, Vajikarana dravya in Shukravaha srotodushti vikara • Vajikarana dravya in Klaibya(Infertility) & Shandhatva(impotency) • Interpretation of investigation in Shukravaha srotodushti vikara • Phalashruti, Sevana kala, Matra & Anupana of various Vajikarana yoga 	3	12	6	3	6

24	Rasayana <ul style="list-style-type: none"> Principles, indications & dosage of Rasayana according to the ayu(age) Aachara Rasayana in clinical practice Evidence based Rasayana Naimittika rasayana Medhya rasayana Kanthya rasayana Varnya rasayana Keshya rasayana Chikitsa karmukatva, Matra, Sevana kala & Anupana of various Vyadhihara rasayana 	3	20	6	4	8
25	Chikitsa of Jarajanya vikara and Indriyapradoshaja vikara <ul style="list-style-type: none"> Jarajanya vikara(Geriatric Disorders) Indriyapradoshaja vikara(sensory & cranial nerve disorders) Smritilopa(Alzheimer's disease) 	3	8	2	2	12
Total Marks			100	46	31	61

Contents

Preface	v
Syllabus	vi
Abbreviations	x

17	Chikitsa of Annavaha Srotodushti Vikara	1
18	Chikitsa of Manovaha Srotas Dushti Vikara	50
19	Chikitsa of Antahsravi Granthi Vyadhi	82
20	Chikitsa of Vyadhikshamatva Vikara	98
21	Chikitsa of Shukravaha Srotasa Vikara	113
22	Chikitsa of Guhya Roga	130
23	Vajikarana	141
24	Rasayana	151
25	Chikitsa of Jarajanya Vikara and Indriyapradoshaja Vikara	165



I. History Taking

1. Chief Complaints

- ✦ Anorexia (loss of appetite)
- ✦ Nausea, vomiting
- ✦ Abdominal pain (colicky, dull, sharp, burning)
- ✦ Heartburn, reflux
- ✦ Flatulence, bloating
- ✦ Diarrhea or constipation
- ✦ Blood in vomit (hematemesis) or stool (melena/hematochezia)
- ✦ Weight loss, fatigue
- ✦ Jaundice

2. History of Present Illness

- ✦ Onset, duration, and progression
- ✦ Relation to food (before/after meals), time of day
- ✦ Character of pain: site, radiation, relieving/aggravating factors
- ✦ Presence of Ama symptoms (heaviness, indigestion, stickiness)
- ✦ History of stress or psychological triggers

3. Past Medical History

- ✦ Peptic ulcer, gastritis, gallstones, hepatitis, pancreatitis
- ✦ Previous surgeries (e.g., appendectomy, cholecystectomy)
- ✦ Use of NSAIDs, steroids, alcohol

4. Family History

- ✦ GI malignancies, inflammatory bowel disease, hepatitis

5. Personal and Dietary History

- ✦ Diet pattern (veg/non-veg, spicy, oily)
- ✦ Bowel habits
- ✦ Tobacco, alcohol, substance abuse

II. Clinical Examination

A. General Examination

- ✦ Pallor (anemia), icterus (jaundice)
- ✦ Hydration, edema
- ✦ Nutritional status (BMI, muscle wasting)

B. Abdominal Examination

Inspection

- ✦ Shape of abdomen (distension, visible peristalsis)
- ✦ Surgical scars, hernias, dilated veins (caput medusae)

Palpation

- ✦ Tenderness: epigastric (gastritis), RUQ (liver/gallbladder), RLQ (appendicitis)
- ✦ Guarding, rigidity (peritonitis)
- ✦ Organomegaly: liver, spleen
- ✦ Rebound tenderness (peritoneal inflammation)

Percussion

- ✦ Ascites (shifting dullness, fluid thrill)
- ✦ Liver span, gastric tympany

Auscultation

- ✦ Bowel sounds: increased (diarrhea), decreased (ileus), absent (obstruction)

C. Per Rectal Examination (P/R)

- ✦ For evaluating melena, masses, hemorrhoids

III. Diagnostic Investigations

1. Laboratory Tests

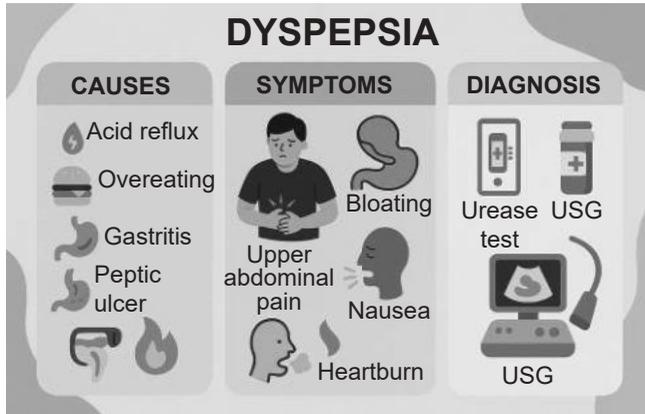
- ✦ **CBC:** anemia, leukocytosis
- ✦ **LFT:** bilirubin, enzymes (SGOT, SGPT, ALP)
- ✦ RFT, electrolytes (vomiting/diarrhea)
- ✦ Serum amylase/lipase (pancreatitis)
- ✦ **Stool analysis:** occult blood, ova/cyst, consistency
- ✦ H. pylori test (for ulcers)

2. Imaging

- ✦ **USG Abdomen** – hepatobiliary, pancreas, ascites
- ✦ **X-ray Abdomen** – air-fluid levels, perforation (gas under diaphragm)
- ✦ **CT Scan / MRI** – tumors, abscess, obstruction

3. Endoscopic Studies

- ✦ Upper GI Endoscopy – gastritis, esophagitis, ulcers
- ✦ Colonoscopy – IBD, colorectal cancer, polyps



Chikitsa Sutra of Annavaha Srotas Vikara

प्राणोदकान्नवाहानां दुष्टानां श्वासिकी क्रिया।

कार्या तृणोपशमनी तथैवामप्रदोषिकी॥

Cha.Vi.5/26

Annavaha Srotovikara is treated in accordance with the principles of managing Ama Dosha.

Samprapti vighatana, Chikitsa sutra Chikitsa and Aushadha yoga of Agnimandya(SM3B) Aruchi/Arochaka.

Agnimandya (Digestive Fire diminution)

Definition: Inability of the digestive fire (Agni) to perform proper digestion and metabolism.

Samprapti (Pathogenesis)

A. Agnimandya

Nidana: Ahita, Guru, Snigdha ahara; Ajirna; Atyambupana; Divaswapa; Stress

Vataja Agnimandya Lakshana

- ✦ Poor digestion and fermentation of food (leading to sourness)
- ✦ Roughness of skin
- ✦ Dryness of throat and mouth
- ✦ Increased craving for food and thirst
- ✦ Timira (blurred vision)
- ✦ Tinnitus
- ✦ Continuous pain in flanks, thighs, pelvis, neck region
- ✦ Vishuchika (piercing pain all over the body with vomiting and diarrhea)
- ✦ Chest pain/discomfort in the cardiac region
- ✦ Emaciation
- ✦ Weakness
- ✦ Distaste
- ✦ Cutting pain
- ✦ Craving for sweets, sour, and saline food (madhuradi rasa)
- ✦ Reduced mental strength
- ✦ Adhmana (distention of abdomen) during and after digestion, with abdominal comfort just after eating

Pittaja Agnimandya Lakshana

- ✦ Stools with undigested food particles, either bluish-yellowish or yellow
- ✦ Loose/watery stools
- ✦ Foul-smelling and sour-tasting belching.
- ✦ Burning sensation in the cardiac region (retro-sternal) and throat
- ✦ Anorexia and thirst (Cha.Chi.15/65-66)

Dadima Ghrita
 Chitraka Ghrita
 Pippalyadi Ghrita
 Dashamoolarishta
 Chitrakasava
 Pippalasava
 Jeerakadyarishta
 Chitrakadi vati
 Agnitundi Vati
 Lashunadi vati

Drakshasava – 3-4tsf with equal water after meal

Pittaja

Bhunimbadi Churna

Amritottara Kashaya+Dhanavantara Kashaya 10ml
 BD

Drakshasava- 3-4tsf with equal water after meal

Mustakarishtha- 3-4tsf with equal water after meal

Panchasava-3-4tsf with equal water after meal

Sutashekhara Rasa

Avippattikara Churna

Kaphaja

Sanjivini Vati

Chitrakasava

Panchakolasava

Vidangarishta

Mustakarishtha- 3-4tsf with equal water after meal

Chirabilvadi kashayam+Saptasara Kashaya 10ml BD

Shankha vati-1-2tabbefore meal

Agnikumar Rasa

Kravyada Rasa

Prescription:

S. No.	Name of Medicine & Dose	Kala	Anupana
Vataja			
1.	Pippalyadi Ghrita 20 ml	BD, Shamana Sneha Kala	Warm water
2.	Hingvashtaka Churna 3gm	TD, Madhya Bhakta	Ghrita

S. No.	Name of Medicine & Dose	Kala	Anupana
3.	Chitrakadi Vati 2 tab.	TD, Pragbhakta	Warm water
Pittaja			
1.	Pravala Panchamrita Shankha Vati250mg	TD, Pragbhakta Kala	Ghrita
2.	Drakshasava	BD, Adhobhakta	Water
3.	Bhunimbadi Churna 1 tsf	TD, Pragbhakta	Water
Kaphaja			
1.	Sanjivani or Rasona Vati 2tab.	TD, Pragbhakta; 3 times	Warm water
2.	Shiva Kshara Pachana Churna 3gm tsf	BD, Pragbhakta; 3 times	Warm water
3.	Chitrakasava/ Taktarishta 20 ml	BD, Adhobhakta	Water

Pathyapathya

Pathya:

- ✦ Planning of diet is most essential in dyspepsia because the root cause is faulty intake of diet.
- ✦ Old rice, munga dal, rice gruel, buttermilk, lemon juice, Cow's ghee, fresh ginger, fresh garlic, black salt, cumin seeds.
- ✦ Light food in moderate quantity.
- ✦ Take fresh food in warm condition.
- ✦ Drink warm water or medicated water after the meal, helps in digestion.
- ✦ Give at least 3 hours of gap between two meals.
- ✦ Regular gentle exercise
- ✦ Walk after food -100 steps

Apathya:

- ✦ Avoid heavy, cold, too much oily food.
- ✦ Avoid drinking of water just before meal.
- ✦ Avoid day sleeping after meal.
- ✦ Avoid heavy meals at night time.
- ✦ Don't take anything in between except liquids.

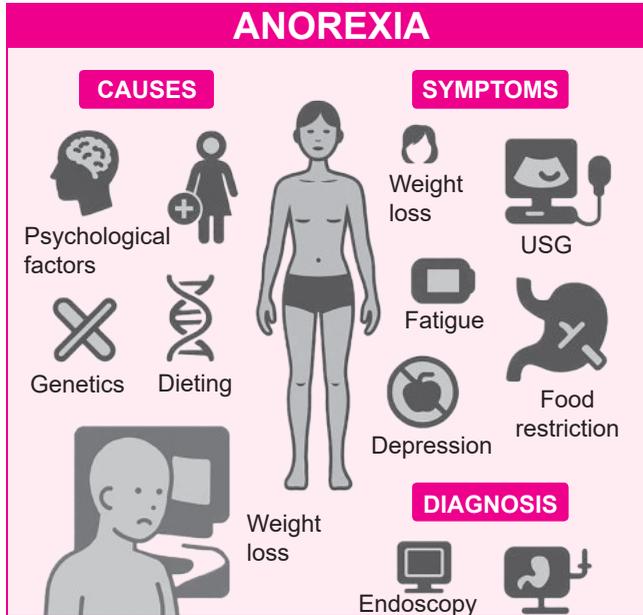
- ✦ Suppression of the natural urges.
- ✦ Excessive or scanty and also taken too early or too late.
- ✦ Avoid anxiety, worry, anger etc.

Aruchi/Arochaka (Anorexia / Distaste)

Definition: Aversion or distaste for food, often a symptom or sequela of Agnimandya, Mandagni, or Ama.

Aruchi / Arochaka

Nidana	Excess Snigdha, Tikta, Madhura, Vishama ahara, emotional factors
Dosha	Mainly Kapha, with Vata or Pitta association
Rasa Dushti	Altered taste perception due to Ama, Kapha obstruction, or stress
Manasika Nidana	Chinta, Shoka, Bhaya (Psychological triggers)



Chikitsa Siddhanta

Vataja: Basti, Pittaja-Virechana, Kaphaja-Vamana and sannipata-mishra chikitsa.

Manobhighatajanya: Hridya, mano-anukula ahara-vihara and harshana kriya.

Chikitsa

Drug of Choice

Other main drugs: Nagara, matulunga, lavanga, ela, hingu, amalaki, dadima

General formulations:

- ✦ Chewing of Lavanana & ardraka before meals (C.D.)
- ✦ Takra prepared from Jiraka, rajika, hingu, shunthi, guduchi and saindhava (B.R.)
- ✦ Kavala with dadima svarasa, madhu, vida lavana (B.R.)

Vataja

- ✦ Vamana with vacha kvatha (B.R.)
- ✦ Churna of Pippali, vidanga, yavakshara, harenu, bharangi, rasna, hingu, ela, saindhava, nagara (B.R.)
- ✦ Churna of tvak, musta, ela, dhanyaka with madhu (B.R.)
- ✦ Kavala with kushtha, souvarchala, ajaji, sharkara, maricha, vida lavana with madhu & taila (B.R.)

Pittaja

- ✦ Vamana with gudambu & madhura dravya (B.R.)
- ✦ Saindhava, sharkara, madhu, & ghrita (B.R.)
- ✦ Musta, amalaki & tvak with navanita (B.R.)
- ✦ Kavala with amalaki, ela, padmaka, ushira, pippali, chandana, taila & madhu (B.R.)

Kaphaja:

- ✦ Vamana with nimba jala (B.R.)
- ✦ Aragvada kvatha with ajamoda churna (B.R.)
- ✦ Tvak, ajamoda & daruharidra siddha jala (B.R.)
- ✦ Kavala with lodhra, tejovati, haritaki, trikatu, & yavakshara taila & madhu (B.R.)

Sannipatika:

- ✦ Yavani & tintidaka kshara with madhu (B.R.)
- ✦ Kavala with amlika, gudambu, tvak, ela & maricha (B.R.)

Agantuja:

- ✦ Pippali, tejovati with madhu (B.R.)

Siddha Yoga:

Yavanishadava churna

Trayushanadi churna

Dadimadi churna

Kravyada rasa [B R] 250mg-500mg BD before meal
Agnikumara rasa [B R] 250mg-500mg BD before meal

Gulmakuthara rasa [B R] 250mg-500mg BD before meal

Shulavajrini rasa [B R] 250mg-500mg BD before meal

Lashuna vati [C Ci] 250mg-500mg BD before meal

Vajra kshara [B R] 250mg-500mg BD before meal

Dashamula ghrita [C Ci] 10 ml BD with warm water

Kshirashatpala ghrita [C Ci] 10 ml BD with warm water

Mishraka sneha [C Ci] 10 ml BD with warm water

Dantiharitaki leha [C Ci] 1tsf BD with warm water

Kumaryasava [B R] 15ml BD with water after meal

Prescription

Vataja Gulma

S. No.	Name of Medicine & Dose	Kala	Anupana
1.	Kankayana Vati 250mg	Apana kala; 2 times	Ushna jala
2.	Hingvashtaka churna 3gm + Varatika bhasma 250mg	Apana kala; 2 times	Ghrita
3.	Pippalyadi ghrita 20ml	Morning & evening	Ushna jala

Pittaja Gulma

S. No.	Name of Medicine & Dose	Kala	Anupana
1.	Pravala panchamruta 500mg	Samudga; 2 times	Milk+Sugar
2.	Shatavari Mandura 500mg	Apana kala; 2 times	Ushna jala
3.	Vasa Ghrita 20 ml	Morning & evening	Ushna jala

Kaphaja Gulma

S. No.	Name of Medicine & Dose	Kala	Anupana
1.	Bhallataka taila 5-10drops	Apana kala; 2 times	milk

S. No.	Name of Medicine & Dose	Kala	Anupana
2.	Shulavajrini rasa 250-500mg	Apana kala; 2 times	Kumaryasava
3.	Arogyavardhini rasa	Apana kala; 2 times	Kumaryasava

Raktaja gulma

S. No.	Name of Medicine & Dose	Kala	Anupana
1.	Louha parpati 250mg Bola parpati 250mg Shuddha Gairika 50mg Pravala bhasma 250mg Mayaphala churna 2gm	Apana kala; 2 times	Milk
2.	Shatavari-trunapanchamula kvatha 20ml	Antarbhakta; 2 times	Milk + honey

Pathya–Apathya in Gulma

Pathya

Ahara	Vihara
Warm, easily digestible food (Yavagu, Yusha)	Gentle walk, Yoga, Pranayama
Takra with Hing, Saindhava, Ajwain	Avoid suppression of natural urges
Use of Trikatu, Ghee, Mudga regularly	Regular bowel habits

Apathya

Ahara	Vihara
Cold, heavy, dry, fermented food items	Day sleep, excessive sitting, overexertion
Milk-curd combo, night meals	Mental stress, vegavidharana (urge suppression)
Pulses like Rajma, excess matki, oily snacks	Alcohol, smoking, sedentary lifestyle

Chikitsa Sutra and Chikitsa Yojana Including Aushadha Yoga and Pathyaapathya of Doshaja Gulma (SM3K)

I. Chikitsa Sutra of Doshaja Gulma

Additional classical approaches:

- ♦ Deepana–Pachana for Ama

Shatavari mandoora [C.D.] 250-500mg TID BF with milk

Ksheera mandoora [C.D.] 250-500mg TID BF with milk

Muktapanchamruta rasa [B.B.R] 250-500mg TID BF with milk

Pravala panchamruta rasa [B.R] 250-500mg TID BF with milk

Rasayana: Shatavari- Yashtimadhu Ksheerapaka, Ksheera Mandoora, Shatavari Mandoora, Saptamrita Loha, Dhatri Loha, Pravala Panchamrtia, Amalaki rasayana, Drakshamalaka leha

Prescription

S. No.	Name of Medicine & Dose	Kala	Anupana
1.	Avipattikara churna 3gm Pravala panchamrita-250mg Sootashekhara Rasa -250mg Saptamrita Loha-250mg Shatavari Mandoor-250mg Giloya Satva-500mg or Cap Amlapittantaka 1	Samana kala; TD Pragbhakta	Milk
2.	Kamadugha Rasa -250mg	Pragbhakta; 3 times	Water
3.	Mahatiktaka Ghrita -10- 30ml or Amritottara Kashaya 20ml or mahatiktaka Kashaya	Shamana sneha Kala; 2 times Adhobhakta; 2 times Adhobhakta; 2 times	Warm milk Water Water

Pathyapathya

Pathya:

Ahara

Abdotpanna Sali (1 yr. old)	Tapta ksira
Kapittha	Priyala
Vatya manda	Jangala mamsa rasa
	Patola

Vastuka

Karavellaka

Draksha

Vihara-

Chardi, svedana, langhana, gudavarti, basti, diva nidra, virechana, pachana

Apathya:

Ahara

Vaidala

Lavana

Ruksa, Katu, Lavana, kasaya, guru, Sheetala bhojana

Madya and other Sandhana kalpana

Viruddha annapana

Visamasana

Ajirne bhojana

Vegadharana

Vihara

Prajagara

Vyayama

Maithuna

Atapa

Tila

Masadi simbi dhanya

Krodha

Soka

Atapasevana

Hima sevana (exposure to cold breeze)

Prevention:

Avoiding the nidana

Avoiding the pittaprakopaka Ahara & Vihara

Persons of Pitta Prakruti should avoid stress, tension, Anxiety, Anger etc

Persons of Pitta Prakruti should follow strict seasonal regimen of Sharad Ritu.

Persons of Pitta Prakruti should take virechana once in year those who are having susceptibility to develop ulcer.

The recurrence of the disease can be prevented by proper shodhana, then Naimittika Rasayana, avoiding the Nidana (life style modification) & practice of yoga.

Don't smoke or chew tobacco.

Avoiding alcohol.

aggravated Doshas, predominantly Vata, Pitta, Kapha, Sannipata, or Manasika (psychogenic) causes.

Samprapti (Pathogenesis)

Nidana (Causes)	Vishama ahara, Adhyashana, Ruksha / Tikshna / Guru food, infection, mental stress
Dosha	Vata, Pitta, Kapha, or Tridosha (Sannipata); sometimes Rajo-Tamo (mental cause)
Dushya	Rasa, Rakta, Annavaha srotas
Srotas Involved	Annavaha srotas, Rasavaha srotas
Vyadhi sthana (Seat of disease)	Amasaya (stomach), Uras, Kantha, Mukha

Types of Chhardi (Charaka Chi. 20)

1. **Vataja Chhardi** – frothy, dry, with abdominal pain
2. **Pittaja Chhardi** – yellow/green vomitus, burning sensation
3. **Kaphaja Chhardi** – thick, slimy, mucous-filled vomitus
4. **Tridoshaja Chhardi** – mixed symptoms, severe form
5. **Agantuja / Manasika Chhardi** – due to fear, grief, disgust

VOMITING		
CAUSES	SYMPTOMS	DIAGNOSIS
 Infection  Motion sickness	 Nausea  Abdominal pain  Lightheadedness  Loss of appetite	 Medical history  Physical examination

Samprapti Vighatana

Therapeutic Aim	Strategy
Ama pachana	Panchakola, Hinguvachadi, Trikatu
Dosha-shamana / Shodhana	Vamana (for Kaphaja), Virechana (for Pittaja), Basti (for Vataja)

Therapeutic Aim	Strategy
Stambhana (when needed)	Lodhra, Mochras, Vatsaka, Shankha bhasma
Manasika chikitsa	Brahmi, Mandukaparni, Saraswata churna in psychic vomiting

Chikitsa Sutra of Chhardi

Principles of treatment:

1. All types of Chhardi are caused by Amashayotklesha. Hence Langhana may be helpful.
2. In Bahudoshavastha, Samshodhana in the form of Vamana and Virechana have also been suggested.
3. Samsarjana followed by Laghu, Parishushka and Satmya Bhojana is suggested.

Shamana

Drug of Choice : Laja

Other main drugs : Krishnamrittika, Matulunga, Shankha Bhasma, Gairika, Ardraka.

Single drugs : Krishnamrittika, Matulunga, Shankha Bhasma, Gairika, Ardraka, Jambu, Amra, Amla Badara, Dadima, Yava, Ushira.

Important Yogas in various Samhitas:

1. The Kwatha prepared out of Jambu and Amrapallava taken with honey can be used for the treatment of vomiting caused by predominance of pitta dosha.
2. Vagbhata has mentioned a Kwatha prepared out of Jambu and Amrapallava with Usheera Shrunga avaroha, taken with honey, for Chhardi.
3. Gadanigraha has also quoted Jambvamrapallavadi yoga for Chhardi Chikitsa as follows:
Kwatha should be prepared out of Jambu and Amrapallava, Gavedhuka and Hribera and should be taken with honey for the treatment of Chhardi.
4. There is another yoga in Bhavaprakasha, which states the use of Jambu and Amrapallava with laja, if taken with honey checks Chhardi, Atisara and Trishna.
5. Yogaratnakara has also mentioned that the Kwatha prepared out of Jambu and Amrapallava,

Usheera, Vata and Shrungha avaroha with honey, controls Chardi, Jwara, Atisara, Moorcha, Trishna.

6. Sharangadhara has also quoted a yoga called Amradi phanta wherein a phanta prepared out of Amra, Jambu, Kisala, Vata and Shrungha praroha, Usheera if taken with honey can be used in the treatment of Jwara, Pipasa, Chardi, Atisara and Moorchehha.

Recommended Classical formulations:

For all types of Chhardi

Yavanishadava Churna-2 gm with water hourly

Avipattikara Churna-1 gm with water hourly

Madhiphala Rasayana-1 tsf with water hourly

Matulunga Rasayana- 1 tsf with water hourly

Guduchi Satva- 250mg with water hourly

Sutashekhara rasa 125mg 2 hourly

Kamadugha rasa 125mg hourly

Rasadi vati (Y.R.) 125mg hourly

Chardiripu (S.Y.S) 125mg hourly

Mayurapiccha Bhasma 50mg honey sublingually every 1 hour

Bilvadi Kashaya 20ml TID

Dhanvantara Gulika 2 tab TID

Lajadi Phanta:100gm Laaja+3gm ginger+500ml boiling water. Add 3 gm cardamom and 1 tsf lemon juice after cooling.

Prescription:

S. No.	Name of Medicine & Dose	Kala	Anupana
Vataja			
1.	Shankha Bhasma 40mg, Mayurpiccha Bhasma 50mg	Muhurmuhu	Nimbu panaka
2.	Trikatu ½ gm, Jeeraka 1gm, Dhanyaka 1gm, Haritaki 1gm	3 times	With Madhu
Pittaja			

S. No.	Name of Medicine & Dose	Kala	Anupana
1.	Sutashekhara rasa 125mg Pravala pishti 125mg Kamadugha rasa 125mg	Muhurmuhu	Dadima Svarasa
2.	Drakshavaleha 4 gm	4 times	Water
Kaphaja			
1.	Katphala Choorna 1gm+Kutaki churna 1gm+Pippali Choorna 500mg+Mayurapiccha Bhasma 30mgmg	Muhurmuhu	Madhu
2.	Tab Sutashekhara Rasa 65mg	1 hourly	Madhu
Douhridayaja			
1.	Garbhapala Rasa 125mg Sutashekhara Rasa 125mg Guduchi satva 500mg	Muhurmuhu	Madhu
2.	Jambu-Amra pallava kvatha 20ml	3 times	
3.	Manasika Chhardi		
4.	Brahmi Vati, Yavani Shadava Churna, Medhya vati		

Pathya–Apathya for Chhardi

Pathya (Wholesome)

Ahara	Vihara
Mudga yusha, Yavagu, Peya with Saindhava	Rest, lying on left side post-vomiting
Coconut water, Ushna jala	Avoid mental stress, regulate food timing
Takra with Jeeraka or Shunthi	Light warm diet, controlled breathing

Apathya (Unwholesome)

Ahara	Vihara
Sour, spicy, oily, cold, fermented food	Day sleep, excessive talking or exertion
Incompatible food (milk + salt/fish)	Late-night eating, suppressed vomiting urge
Uncooked, unclean, stale food	Excessive screen time or emotional suppression

Type of Pancreatitis	Modern Description	Primary Dosha Involved	Ayurvedic Correlation
Hereditary Pancreatitis	Genetic mutations (e.g., PRSS1, SPINK1); often chronic and recurrent	Vata dominant	- Beeja Dosh (hereditary defect), chronic Vata Kopa, Grahani, Dhatukshaya.

Diverticulitis

Inflammation/infection of colonic diverticula, often in the sigmoid colon.

Etiopathogenesis (Ayurvedic View):

Stage	Predominant Dosha	Samprapti Features
Early diverticulosis	Vata–Kapha	Manda Agni, Koshthagata Kapha leading to mucosal weakness, Vata causes pouching
Acute diverticulitis	Vata–Pitta, sometimes Rakta	Vata causes pain, Pitta causes inflammation, Rakta Dushti in severe or bleeding cases
Chronic or recurrent phase	Tridosha or Vata Kaphaja	Srotorodha, mucosal fibrosis, poor digestion, recurrent flares

Diagnosis (Modern):

- ◆ LLQ pain, fever, bloating, altered bowel habits
- ◆ CT abdomen showing thickened colonic walls, diverticula, localized inflammation

Ayurvedic Management:

Therapeutic Approach	Aushadha Yoga
Amapachana + Vatanulomana	Hinguvachadi vati, Panchakola churna, Trivrut lehya
Srotoshodhana + Anulomana	Dashamoola kvatha, Abhayarishta, Triphala churna

Gastroenteritis

Acute infection-induced inflammation of stomach and intestines.

Etiopathogenesis (Ayurvedic View):

Ayurvedic Correlate	Vishucika / Amajirna / Udara shotha with Tridosha and Ama
Nidana	Krimi-janya, Vishama ahara, stale food, contaminated water

Ayurvedic Correlate	Vishucika / Amajirna / Udara shotha with Tridosha and Ama
Dosha	Tridosha + Ama (Kapha + Pitta + Vata)
Dushya	Rasa

Diagnosis (Modern):

- ◆ Diarrhea, vomiting, fever, abdominal pain
- ◆ Stool tests for ova/cysts, CBC, CRP, dehydration signs

Ayurvedic Management:

Therapeutic Approach	Aushadha Yoga
Amapachana, Krimighna, Grahi	Sanjivini Vati, Ramabana Vati, Amrita Bindu
Tarpana	Drakshadi kvatha, Shadangapaniya

Etiopathogenesis, Diagnosis, and Ayurveda Management of Grahani (irritable bowel syndrome)

Etiopathogenesis (Samprapti) of Grahani / IBS

A. Modern Understanding of IBS

Definition	Functional gastrointestinal disorder characterized by abdominal discomfort or pain associated with altered bowel habits (diarrhea, constipation, or both) in the absence of structural abnormality
Etiology	Stress, irregular meals, low-fiber diet, post-infective inflammation, gut-brain axis dysfunction, visceral hypersensitivity, dysbiosis
Subtypes	IBS-C (Constipation predominant), IBS-D (Diarrhea predominant), IBS-M (Mixed), IBS-U (Unclassified)

B. Ayurvedic Etiopathogenesis (Samprapti) of Grahani

Nidana (Causes)	Viruddhahara, Vishamashana, Ajirna, Atibhojana, Vegavidharana, Diwaswapa
Dosha Involvement	Primarily Vata + Pitta/Kapha, often with Ama
Dushya (Affected Tissues)	Rasa, Purisha
Adhi sthana	Grahani
Agni	Jatharagni Mandya

Features	Urdhwaga Amlapitta (GERD)	Parinama Shoola	Annadrava Shoola
Time of Symptom Onset	After meals and on lying down	2–4 hours after meals (when digestion is active)	30–60 minutes after food intake
Associated Symptoms	Acid reflux, sour taste, throat irritation	Pain relieved by eating or antacids	Nausea, heaviness, fullness, mucus-coated tongue

Management Principles (Chikitsa Sutra & Chikitsa Yojana)

Aspect	Urdhwaga Amlapitta	Parinama Shoola	Annadrava Shoola
Chikitsa Sutra	Tikta–Sheeta–Snigdha + Vata anulomana	Vatanulomana, Sneha, Swedana, Basti	Ama pachana, Deepana, Kapha shamana, Grahi
Shodhana (If required)	Mridu Virechana (Pitta)	Basti (for Vata dushti)	Langhana / mild Virechana / Rukshana (if Kapha prominent)
Primary Drugs	Avipattikara churna, Kamdudha rasa, Tikta ghrita	Hingvastaka churna, Dashamoola, Eranda taila	Trikatu, Panchakola churna, Ajmodadi churna
Supportive Therapy	Takra with Saindhava + Jeeraka, Shankha bhasma	Ksheerabala taila basti, Abhayarishta	Takra rasa yusha, Bilvadi churna, Vaishvanara churna
Rasayana (Post-management)	Guduchi satva, Shatavari, Yashtimadhu	Pippali rasayana, Ashwagandha	Amalaki rasayana, Triphala, Draksha

Diet & Lifestyle Recommendations

Urdhwaga Amlapitta	Parinama Shoola	Annadrava Shoola
Avoid sour, fried, fermented food	Avoid long gaps between meals, fasting	Avoid curd, heavy meals, cold water
Light, cooling, unctuous foods	Warm, easily digestible food, ghee with food	Warm, dry, spiced food with Trikatu support
Elevate head while sleeping	Avoid overexertion, irregular meal times	Avoid overeating, maintain timely meals

State The Phalashruti, Matra, Sevana Kala And Anupana Of Various Yoga Mentioned In Annavaha Srotodushti Vikara

1. Hinguvachadi Vati

- ◆ **Phalashruti:** Ama pachaka, Vatanulomaka, Agnideepaka, alleviates the Ajirna, Agnimandya, Adhmana, Anaha, Vishtambha, Gulma, Adhmana, Anaha, Udarashoola, Krimi, Grahani
- ◆ **Dose (Matra):** 500 mg to 1gm BD
- ◆ **Time of Administration (Sevana Kala):** Before meals.
- ◆ **Anupana:** Warm water or Takra.

2. Panchakola Churna

- ◆ **Phalashruti:** Deepana, Pachana, Amanashaka, Vata-Kaphahara; destroys Ama, Ajeerna, Grahani, Vishuchika, Chardi, Krimi, Atisara, Pratishaya, Kaphaja Kasa
- ◆ **Dose:** 2grams twice

- ◆ **Sevana Kala:** Before meals
- ◆ **Anupana:** Warm water or Takra

3. Hingvashtaka Churna

- ◆ **Phalashruti:** Vatanulomana, Agnivardhana, Grahi; Cures Vataja Grahani, Gulma, Shoola, Anaha, Adhmana, Vataja Atisara, Krimi, Pakvasahayagata Vata
- ◆ **Dose:** 2–4 grams TID
- ◆ **Sevana Kala:** Apana Kala or before food
- ◆ **Anupana:** Takra or Ghrita and warm water

4. Avipattikara Churna

- ◆ **Phalashruti:** Pittarechaka, Pittashamaka, Yakrit Shodhaka; Alleviates Pittaja Roga, Amlapitta, Mala-Mutra Vibandha, Pittaja Grahani, 20 Prameha, Arsha, Kamala, Chardi, Hrillasa, Netra Roga,
- ◆ **Dose:** 3–5 grams TID

64. Panchakola Siddha Yavagu is especially indicated in:
 (A) Nirama Grahani
(B) Ajeerna and Ama conditions
 (C) Kaphaja Hikka
 (D) Raktatisara
65. Srotosanga due to Ama in Vilambika leads to:
 (A) Atisara
(B) Vishamagni and delayed digestion
 (C) Pittaja Jwara
 (D) Upavaha Shotha
66. Mridu Vamana followed by Langhana is done in:
 (A) Vataja Grahani
(B) Vishuchika and Alasaka
 (C) Vidagdhajirna
 (D) Amajirna with Nirama status
67. Kutajarishta acts as:
 (A) Virechana B. Rasayana
(C) Grahi and Deepana D. Basti Dravya
68. Vilambika is described as:
 (A) Samaja Roga
(B) Ajeerna Lakshana where food remains undigested long time
 (C) Tridoshaja Jwara
 (D) Vataj Atisara complication
69. Best Rasayana for Grahani post-Shodhana is:
 (A) Rasasindura
(B) Dadimashtaka Churna
 (C) Shilajatu
 (D) Chandraprabha Vati
70. Rasasheshajirna is caused by:
 (A) Excessive spicy food
(B) Eating next meal before previous is digested

SHORT ANSWER QUESTIONS (SAQs)

- Write the Chikitsa Sutra of Annavaha Srotas Vikara as mentioned in Charaka.
- Enumerate the general treatment principles of Aruchi and mention any 3 effective Siddha Yogas.
- What is the role of Basti in the management of Gulma?
- Explain Samprapti Vighatana of Amlapitta and list two stage-wise differences in treatment between Sama Pitta and Nirama Pitta.
- Define Parinama Shula and explain its classical Samprapti with special reference to the correction proposed by Acharya Ramraksha Pathak.
- Enumerate the Chikitsa Sutra and Panchakarma line of management for Parinama Shula.
- Write a comparative note on Samprapti and Lakshana of Parinama Shula and Annadrava Shula.
- List the classical drugs and Siddha Yogas used in the management of Chhardi, especially those useful in Pittaja Chhardi.
- Define Grahani and explain its Nidana and Samprapti briefly.
- Differentiate between Alasaka and Vishuchika based on Samprapti and Chikitsa.
- List the important Deepana–Pachana drugs used in the management of Grahani.
- Write a note on the Chikitsa Sutra of Vishuchika and its emergency management.
- What is Vilambika? State its clinical features and Ayurvedic management.
- Describe the use of Rasayana therapy in Grahani after Shodhana procedures.

Chikitsa of Manovaha Srotas Dushti Vikara

I. History Taking in Psychiatric Disorders

1. Chief Complaints

- ✦ Low mood, sadness, hopelessness
- ✦ Excessive fear, anxiety, panic
- ✦ Suspiciousness, hallucinations, delusions
- ✦ Sleep disturbances (insomnia/hypersomnia)
- ✦ Behavioural changes, violence, withdrawal
- ✦ Memory loss, confusion
- ✦ Substance abuse
- ✦ Suicidal ideation or attempts

2. History of Present Illness

- ✦ **Onset:** Sudden or insidious
- ✦ **Duration and pattern:** Continuous, episodic, cyclic
- ✦ **Triggers:** Psychosocial stress, trauma, illness
- ✦ **Impact on functioning:** Social, occupational, personal
- ✦ **Insight:** Patient's understanding of their problem
- ✦ Judgment and decision-making ability

3. Past Psychiatric and Medical History

- ✦ Previous episodes, hospitalisations
- ✦ Past medications, compliance
- ✦ Medical comorbidities (thyroid dysfunction, epilepsy)

4. Family History

- ✦ Psychiatric illnesses: Schizophrenia, depression, bipolar disorder
- ✦ Suicidal tendencies or substance use

5. Personal History

- ✦ Birth and developmental milestones

- ✦ Educational and occupational history
- ✦ Marital and sexual history
- ✦ Social support and relationships
- ✦ Substance use (alcohol, cannabis, tobacco, drugs)

II. Clinical Examination

1. General Examination

- ✦ Rule out systemic causes (thyroid, infections, metabolic)
- ✦ Nutritional status, tremors, pallor, gait abnormalities

2. Mental Status Examination (MSE)

<https://www.ncbi.nlm.nih.gov/books/NBK320/>

Components:

1. **Appearance and Behaviour** – Grooming, posture, eye contact
2. **Speech** – Rate, tone, coherence
3. **Mood and Affect** – Subjective and observed
4. **Thought Process and Content** – Stream, relevance, delusions, obsessions
5. **Perception** – Hallucinations (auditory, visual)
6. **Cognition** – Orientation, memory, concentration
7. **Insight and Judgment** – Awareness of illness, logical reasoning.

3. Neurological Examination

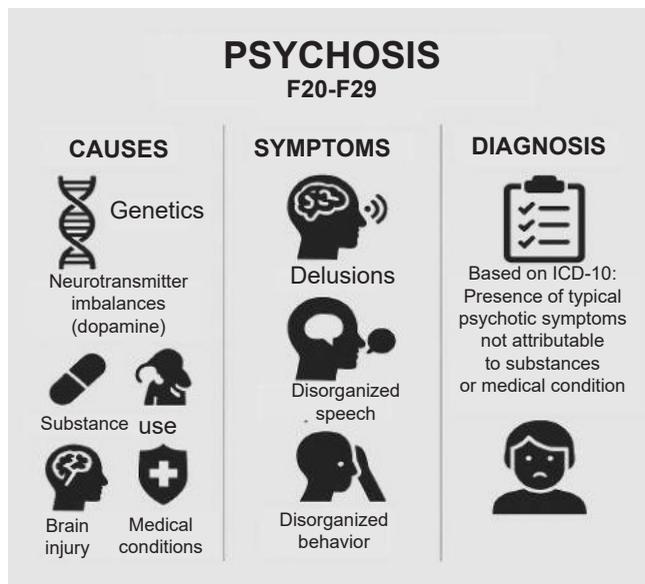
- ✦ To rule out organic brain disease (e.g., tumor, epilepsy, Parkinsonism)

III. Diagnostic Investigations

1. Lab Tests

- ✦ CBC, LFT, RFT, electrolytes

Diagnostic criteria have remained unchanged in DSM-5 and involved the sudden onset of florid psychotic symptoms such as delusions, hallucinations, disorganised speech, and grossly disorganised or catatonic behaviour lasting at least 1 day but less than 1 month. It is also possible to specify if brief psychotic disorder (BPD) follows marked stressors or arises in the postpartum period. (<https://doi.org/10.1016/j.eurpsy.2017.05.028>)



Psychosis

Role of Adravyabhuta Chikitsa in Unmada Roga

I. Definition of Adravyabhuta Chikitsa

Adravyabhuta Chikitsa refers to therapeutic measures that do not involve physical substances or drugs, but rather aim to restore health by regulating the psyche, behaviour, spiritual consciousness, and environmental interaction.

It includes:

1. **Satvavajaya Chikitsa** – Mind control and psychological intervention
2. **Daivavyapashraya Chikitsa** – Spiritual and faith-based therapies
3. **Achara Rasayana** – Ethical conduct and value-based living
4. **Yoga and Dhyana** – Meditative and contemplative practices

II. Relevance in Unmada Roga

Unmada is a disorder primarily of Manas, with derangement of:

- ✦ Buddhi (intellect)
- ✦ Smriti (memory)
- ✦ Sanjna jnana (orientation & cognition)
- ✦ Bhakti (emotions)
- ✦ Sheela (conduct)
- ✦ Cheshta (behaviour)

This multidimensional deterioration necessitates a holistic, mind-oriented approach, which is exactly the domain of Adravyabhuta Chikitsa.

III. Components of Adravyabhuta Chikitsa in Unmada

1. Sattvavajaya Chikitsa (Psychological therapy)

Sattvavajaya means Manonigraha

Objective	Methodology
Restraining unwholesome desires	Replacement of negative thoughts with positive reflections
Enhancing emotional stability	Counselling, behavioural therapy, cognitive correction
Improving willpower & memory	Practice of medhya dharana, mantra japa, swadhyaya
Dealing with triggers	Identifying emotional trauma and avoiding nidana

2. Daivavyapashraya Chikitsa (Spiritual therapy)

Practice	Effect in Unmada
Mantra japa (e.g. Om, Tryambaka, Navagraha)	Creates vibrational healing, stabilises Chitta
Dana (charity)	Enhances positive karma, reduces mental affliction
Homa (sacrificial fire rituals)	Purifies environment, neutralises unseen influences
Upavasa (fasting with mental resolve)	Enhances self-discipline, reduces tamas
Niyama (ethical vows)	Promotes behavioural correction and inner harmony

Kalyanaka Ghrita
 Mahapaishachika Ghrita
 Mahakalyanaka Ghrita
 Panchagavya Ghrita
 Mahapanchagavya Ghrita
 Kushmanda Ghrita
 Brahmi Ghrita
 Sarasvatarishta

3. Special Panchakarma Measures

Procedure	Indications	Substances Used
Shirobasti	Recurrent Apasmara, Vataja cases	Brahmi taila, Ksheerabala taila
Shirodhara	Psychogenic epilepsy, Vataja Apasmara	Brahmi taila, Himasagara Taila, Dhanvantara Taila
Nasya	Majjavaha srotodushti, seizure aura	Brahmi Ghrita, Kalayanaka Ghrita
Dhumapana	Kapha dushti	Haridra, Vacha, Guggulu with ghrita

4. Satvavajaya Chikitsa

Aim	Practice
Restraint of mind	Manonigraha, meditation, self-awareness training
Reinforcement of Satva	Counselling, affirmations, regulated lifestyle
Emotional regulation	Japa (e.g., Om, Tryambaka), positive company, rituals

VI. Daivavyapashraya Chikitsa

Spiritual Measures	Purpose in Apasmara
Mantra japa (e.g., Tryambaka, Navagraha)	Reduces unseen karmic/psychogenic influences
Homa, Tarpana, Dana	Purifies subtle body, harmonises satva
Wearing protective herbs/metals	Repels graha/energy imbalances

VII. Pathya–Apathya in Apasmara

Pathya

Ahara	Vihara
Warm, light, nourishing food (yavagu)	Regular meals, pranayama, early sleep

Ahara	Vihara
Ghrita-based recipes, Takra	Controlled exposure to stimuli, sattvic thoughts
Medhya ahara (e.g., cow milk + Brahmi)	Avoid solitude, ensure family support

Apathya

Ahara	Vihara
Fermented, stale, sour, spicy food	Suppression of natural urges, excessive anger
Excess curd, incompatible food	Late-night screen time, erratic routines
Smoking, alcohol, heavy meat-based diets	Fear, stress, excessive physical/mental exertion

Etiopathogenesis, Diagnosis, Treatment Principles of Epilepsy (Non-Organic)

“Non-organic” in the context of seizures often refers to psychogenic nonepileptic seizures (PNES), which are attacks that resemble epileptic seizures but are caused by psychological or emotional factors rather than abnormal brain electrical activity. These are distinct from epileptic seizures, which originate from the brain’s electrical system.

Epilepsy is a severe neurological condition characterised by repeated seizures (Yu et al., 2024). Recurrent epilepsy attacks often lead to symptoms such as depression, anxiety, and insomnia, which greatly impede the patient’s ability to perform daily activities. The mechanism behind epilepsy involves abnormal protein expression and an imbalance of neurotransmitter levels, although the precise details are still not fully understood. The diagnosis of epilepsy typically relies on reviewing the patient’s medical history and conducting electrophysiological tests, such as electroencephalography (EEG), which monitors and records the brain’s electrical activity to detect asynchronous and abnormal firing patterns of neurons. Additional imaging tests like magnetic resonance imaging or computed tomography scans may be performed to identify any structural issues that could be causing epilepsy. Currently, the conventional treatments for epilepsy include the use of antiepileptic drugs and surgery (Jiao D et.al. Pathogenesis, diagnosis, and treatment of epilepsy: Electromagnetic stimulation-mediated neuromodulation therapy and new technologies. (Neural Regen Res. 2025;20(4):917-935.)

E. Pathya–Apathya

Pathya	Apathya
Sattvic diet, ghrita, milk, takra	Alcohol, meat, fermented foods, heavy, stale foods
Brahmamuhurta waking, pranayama	Late night sleeping, excessive screen/social media
Gentle yoga, grounding exercise	Excessive exertion, loneliness, sensory overload

Nidra Vikara (Sleep Disorder)

Nidra:

- ✦ Nidra (sleep) is one of the Trayopastambha (three pillars of life), along with Ahara (diet) and Brahmacharya (celibacy/conduct) – A.H. Su. 7/
- ✦ It is essential for nourishment (Pushti), strength (Bala), virility (Vrushata), and longevity (Ayu) – Cha.Su. 21.

Nidra Vikara (Sleep Disorders)

- ✦ Alpanidra (Insomnia)
- ✦ Atinidra (Hypersomnia)
- ✦ Aspashta Nidra (Disturbed Sleep)
- ✦ Svapna Dosha (Nightmares or Abnormal Dreams)

Causes (Nidra Vikara Nidana)

- ✦ Vata and Pitta vitiation → Insomnia
- ✦ Kapha and Tamas increase → Hypersomnia
- ✦ Manasika Hetu: Chinta (worry), Bhaya (fear), Krodha (anger), Irshya (jealousy)
- ✦ Vishama ahara-vihara

F. Samprapti (Pathogenesis)

- ✦ Vata aggravation disturbs the sensory and motor functions of the mind and body.

G. Chikitsa Sutra (Management Principle)

- ✦ Vata-nashana and Manas-prasadhana
- ✦ **Sattvavajaya Chikitsa:** Counselling, Dharana (mind control), Smriti (memory recall), Samadhi (meditation)
- ✦ **Daivavyapashraya:** Mantra, Homa, Swastyayana

H. Ayurvedic Management

Alpanidra or Nidranasha

Relaxation Oil Massage- Dhanvantaram Taila,

Balashwagandha Taila

Head Massage- Himasagara Taila

Shirodhara – Brahmi Taila

Talam- Panchagandha churna

Music therapy

Shamana-

Sarpagandha Vati

Mansyadi Kashaya

Ashvagandharishta

Sarsvatarishta

Ashvagandha +Pippali powder with buffelo milk

Trailokyachintamani vati

Atinidra

Shodhana- Vamana and Virechana

Teekshna Nasya with Vacha Churna, Jyotishmati Taila or Apamarga Beeja Churna

Talam- Rasnadi Churna

Udvardana with Triphala and Kulattha Churna

Shamana

Jyotishmati oil capsule 1 TID

Vachadi Ghrita

Smritisagara Rasa

Lashunadi Ghrita

Tagara Choorna 500mg to 1gm BD

Diagnosis and Management of Sleep Disorders in Modern Medicine

A. Common Sleep Disorders:

1. **Insomnia** – Difficulty initiating/maintaining sleep
2. **Hypersomnia** – Excessive sleepiness (e.g., narcolepsy)
3. **Sleep Apnea** – Obstructive or central
4. **Parasomnias** – Night terrors, sleepwalking
5. **Circadian Rhythm Disorders** – Jet lag, shift work disorder
6. **Restless Legs Syndrome (RLS)**

- Shirodhara with Brahmi taila, Nasya with Brahmi ghrita
- ✦ Yoga Therapy – Restorative yoga, Yoga-nidra, guided visualisation

Modern Perspective

Stress-Induced Disorders

Definition

Stress-induced disorders are psychosomatic or psychiatric conditions triggered or worsened by chronic or acute psychological stress. Stress activates the hypothalamic–pituitary–adrenal (HPA) axis, affecting mood, immunity, endocrine, and cardiovascular systems.

Classification (Based on ICD-11 / DSM-5)

A. Acute Stress Responses

1. Acute Stress Disorder (ASD)
2. Adjustment Disorder
3. Post-Traumatic Stress Disorder (PTSD)

B. Somatic Manifestations of Stress

1. Irritable Bowel Syndrome (IBS)
2. Tension-type Headache
3. Fibromyalgia
4. Peptic Ulcer
5. Hypertension
6. Sleep Disorders
7. Chronic Fatigue Syndrome

C. Psychiatric Manifestations

1. Anxiety Disorders
2. Depression
3. Panic Attacks
4. Obsessive-Compulsive Disorder (OCD)

Common Stress Triggers

- ✦ Traumatic events (e.g., accidents, violence)
- ✦ Loss (grief, job loss)
- ✦ Work or academic pressure
- ✦ Chronic illness
- ✦ Interpersonal conflict
- ✦ Financial stress

Clinical Features

Psychological Symptoms	Physical Symptoms
Anxiety, fear, irritability	Headache, muscle tension
Insomnia, poor concentration	Fatigue, palpitations
Sadness, emotional numbness	Gastrointestinal distress (IBS)
Flashbacks or nightmares (PTSD)	Hypertension, sweating, tremors

Diagnosis

- ✦ **Clinical history:** Detailed psychosocial assessment
- ✦ **Structured interviews/questionnaires:**
 - Perceived Stress Scale (PSS)
 - Depression, Anxiety, and Stress Scale (DASS-21)
- ✦ **Rule out:** Medical causes (thyroid, anaemia, infections)
- ✦ Psychological evaluation if PTSD or adjustment disorders suspected

Management

A. Psychological Interventions

- ✦ Cognitive Behavioural Therapy (CBT)
- ✦ Mindfulness-Based Stress Reduction (MBSR)
- ✦ Trauma-focused CBT (for PTSD)
- ✦ Supportive psychotherapy, relaxation training

B. Pharmacological

- ✦ Anxiolytics
- ✦ Antidepressants
- ✦ Beta-blockers – For somatic symptoms (e.g., palpitations)

C. Lifestyle Modifications

- ✦ Yoga, meditation, deep breathing
- ✦ Adequate sleep and diet
- ✦ Regular physical activity
- ✦ Social engagement and structured routine

Kamounmada/Kama-Unmada (कामोन्माद)

Correlated with: Psychosexual disorders — hypersexuality, sexual obsession, paraphilia

Etiopathogenesis (Samprapti)

Nidana (Causes)	
Excessive indulgence in kama (sexual gratification), pornography, indulgence in fantasies, addiction, or suppression of sexual desire	
Dosha	Kapha + Vata + Rajas–Tamas
Dushya / Srotas	Manas, Shukra, Hridaya, Manovaha srotas

Clinical Presentation

Features
Uncontrolled sexual urges, daydreaming, sexual talk or gestures
Loss of discrimination, shame, or social awareness
Sleep disturbance, semen loss, withdrawal, irritability

Treatment Principles

- ✦ **Daivavyapashraya** – Mantra chanting, dana, vrata, celibacy observance
- ✦ **Satvavajaya** – Restraint of urges, sexual desensitisation, meditation
- ✦ **Yuktivyapashraya** –
 - Shukra–Medhya Rasayana: Ashwagandha, Kapikacchu, Brahmi
 - Kamachudamani rasa, Smritisagara rasa, Saraswata churna
 - Shirobasti, Shirodhara with Brahmi taila, Nasya with Vacha
- ✦ **Pathya** – Avoid erotica, excessive talking, spicy food, day sleep
- ✦ **Yoga** – Bhramari pranayama, Brahmacharya practice, Yogic celibacy

Psychosexual Disorders – Modern Perspective

Definition:

Psychosexual disorders (also known as sexual dysfunctions or paraphilic disorders) are mental health conditions where psychological factors interfere with normal sexual desire, arousal, behaviour, or identity, causing distress or functional impairment.

Classification (Based on DSM-5)

- a. Sexual Dysfunctions
- b. Paraphilic Disorders (involving abnormal sexual interests)

- c. Gender Dysphoria (Distress related to mismatch between gender identity and assigned sex at birth).

Etiology and Risk Factors

Biological	Psychological	Sociocultural
Neurotransmitter imbalance (e.g., dopamine, serotonin)	Anxiety, depression, guilt, performance fear	Cultural taboos, lack of education
Hormonal disturbances (low testosterone, estrogen)	Trauma, sexual abuse history	Relationship conflict
Chronic illnesses (diabetes, CVD)	Low self-esteem, body image issues	Rigid social norms or expectations
Substance use (alcohol, SSRIs)	Stress, fatigue	Lack of privacy, overexposure

Diagnosis

- ✦ Detailed sexual history (confidential, non-judgmental approach)
- ✦ Psychiatric evaluation for co-morbid depression, anxiety, trauma
- ✦ **Use of standardised tools:**
 - International Index of Erectile Function (IIEF)
 - Female Sexual Function Index (FSFI)
 - Sexual Desire Inventory
- ✦ **Rule out organic causes:** Hormonal panels, diabetes, vascular studies

Management

A. Sexual Dysfunctions

Condition	Treatment
Erectile dysfunction	PDE-5 inhibitors (sildenafil), vacuum devices, psychotherapy
Premature ejaculation	SSRIs (e.g., dapoxetine), behavioural techniques (stop-start)
Hypoactive desire	Testosterone (if deficient), CBT, couple therapy
Orgasmic disorders	Sensate focus, desensitisation, supportive counselling

- (C) Epworth Sleepiness Scale
(D) DASS-21
29. Sleep Apnea is classified under which modern category?
(A) **Sleep disorder – breathing related**
(B) Somatoform disorder
(C) Phobic disorder
(D) Anxiety disorder
30. In Chittodvega, the primary involved Dosha is:
(A) Kapha
(B) Pitta
(C) **Vata**
(D) Sadhaka Pitta
31. According to Ayurveda, Vishada is considered:
(A) Rasavaha Srotodushti
(B) **Rogavardhaka Bhava**
(C) A type of Apasmara
(D) Vata-vikriti only
32. What is the most important Manasa guna affected in Pratyabalajanya Vikara?
(A) Chaitanya
(B) Rajas
(C) **Satva**
(D) Ahankara
33. Which of the following is used in Daivavyapashraya Chikitsa?
(A) Sarasvatarishta
(B) Shirodhara
(C) **Swastyayana**
(D) Sarpagandha Vati
34. What is the first line of management in Bhavodvega?
(A) Vamana
(B) **Satvavajaya Chikitsa**
(C) Teekshna Nasya
(D) Rasayana only
35. Which one is NOT a classical diagnostic criterion for Major Depressive Disorder?
(A) Sleep disturbances
(B) Suicidal ideation
(C) **Racing thoughts**
(D) Anhedonia
36. In Kamounmada, predominant Dosha and Guna involved are:
(A) Vata–Kapha and Satva
(B) **Kapha–Vata and Rajas–Tamas**
(C) Pitta–Kapha and Satva
(D) Sadhaka Pitta and Rajas
37. Which of the following is considered a mood disorder in DSM-5?
(A) GAD
(B) Bipolar I Disorder
(C) Somatisation Disorder
(D) **Both A and B**
38. Which of the following herbs is NOT primarily Medhya?
(A) **Haridra**
(B) Brahmi
(C) Shankhapushpi
(D) Mandukaparni
39. Vachadi Ghrita is commonly used in:
(A) Sleep apnea
(B) **Hypersomnia**
(C) IBS
(D) Depression due to Pitta
40. Which Rasayana is especially indicated in mental exhaustion with loss of Ojas?
(A) Triphala
(B) Brahmi Vati
(C) **Kushmanda Avaleha**
(D) Manasamitra Vataka

I. History Taking In Endocrine Disorders

1. Chief Complaints

- ✦ Weight changes (gain or loss)
- ✦ Fatigue, weakness
- ✦ Heat/cold intolerance
- ✦ Polyuria, polydipsia, polyphagia (3Ps of diabetes)
- ✦ Menstrual irregularities, infertility
- ✦ Growth abnormalities (short/tall stature, delayed puberty)
- ✦ Skin/hair changes (dry skin, hirsutism, pigmentation)
- ✦ Mood changes, sleep disturbance

2. History of Present Illness

- ✦ Onset, duration, progression
- ✦ Diurnal variation (e.g., cortisol-related fatigue worse in morning)
- ✦ Triggers or stress-related exacerbations
- ✦ **Drug history:** Steroids, OCPs, insulin, antithyroid drugs

3. Past Medical History

- ✦ Known endocrine disease (diabetes, thyroid, adrenal, pituitary)
- ✦ Previous surgeries (thyroidectomy, pancreatectomy)
- ✦ Family history of thyroid disorders, diabetes, obesity, short stature

4. Personal & Social History

- ✦ Diet, exercise, stress
- ✦ Substance use (alcohol, smoking)
- ✦ Menstrual history, fertility status, libido

II. Clinical Examination

A. General Examination

- ✦ Height, weight, BMI, waist–hip ratio
- ✦ **Skin:** Pigmentation (Addison's), myxedema (hypothyroid), acne (PCOS)
- ✦ **Hair loss, hirsutism**
- ✦ **Vital signs:** Blood pressure, pulse (bounding, irregular, low)
- ✦ **Facial changes:** Moon face, acromegaly, exophthalmos

B. Systemic Examination

- ✦ **Thyroid Gland:** Goiter (size, consistency, mobility), bruit
- ✦ **Eyes:** Lid lag, exophthalmos (Graves' disease)
- ✦ **Hands:** Tremors (hyperthyroid), carpal spasm (hypocalcemia)
- ✦ **Breasts/Genitals:** Gynecomastia, testicular atrophy, virilization
- ✦ **Reflexes:** Delayed (hypothyroid) or brisk (hyperthyroid)

III. Diagnostic Investigations

1. Thyroid Disorders

- ✦ TSH, Free T3, Free T4
- ✦ Anti-TPO antibodies (Hashimoto's)
- ✦ Thyroid scan/Ultrasound

2. Diabetes Mellitus

- ✦ FBS, PPBS, HbA1c
- ✦ OGTT (Oral Glucose Tolerance Test)
- ✦ Urine sugar/ketones

Chikitsa Sutra

1. Ama-Pachana, Agnideepana
2. Shodhana
3. Medohara, Shothahara, Pramehahara Chikitsa are beneficial
4. Rasayana
5. Manochikista

Panchakarma Chikitsa

Karma	Purpose
Vamana and Virechana	Shodhana, Kapha Medohara
Basti (Lekhana, Madhutailika)	Regulation of Vata and Meda
Nasya	HPA axis modulation (optional)

Bahya Chikitsa

- ◆ **Udwartana:** For Medoroga
- ◆ **Shirodhara:** For insomnia, stress
- ◆ **Abhyanga + Swedana:** To relieve stiffness, restore vitality

Shamana Chikitsa

Drug/Preparation	Purpose
Punarnavadi Guggulu	Lekhana, Medohara
Punarnavadi Kashaya	Srotoshodhana, Shothahara
Chandraprabha Vati	Pramehahara, Rasayana
Vasantakusumakar Rasa	Ojo-vardhaka, balances hormone
Ashwagandha Churna	Balya, Manovaha Rasayana
Haridra + Gokshura + Amalaki + Guduchi	Rasayana
Shiva gulika	Rasayana
Varunadi Kashaya	Shothahara, Mootrala
Asanadi Kashaya	Pramehahara

Naimittika Rasayana

- ◆ Rasayana Churna
- ◆ Triphala Rasayana
- ◆ Brahma Rasayana
- ◆ Mandukaparni or Jyotishmati for stress and memory

Pathya-Apathya

Pathya:

- ◆ Light, digestible food
- ◆ Millets, old rice, barley, mung
- ◆ Bitter vegetables (patola, neem, gourd)
- ◆ Cow milk (in moderation), Takra
- ◆ Yoga & Pranayama (e.g., Nadi Shodhana, Bhramari, Kapalabhati)

Apathya:

- ◆ Guru, Snigdha, Madhura foods
- ◆ Daytime sleep
- ◆ Stress and overexertion
- ◆ Sugar, refined foods, steroids without tapering

Monitoring & Follow-up

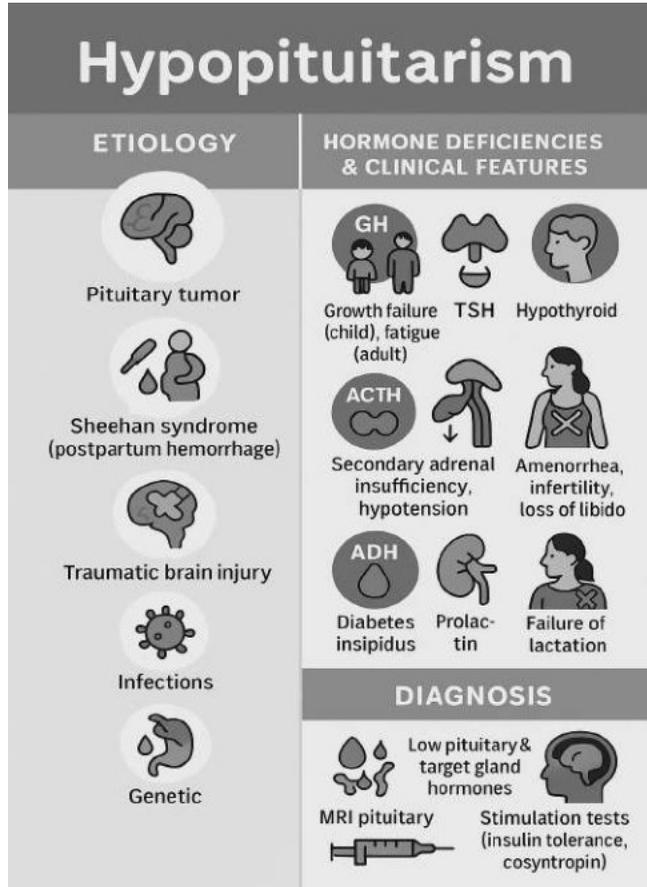
- ◆ Regular BP, weight, glucose checks
- ◆ Periodic tapering if iatrogenic steroids are involved
- ◆ Reassess Agni, Bala, Ojas periodically

Chikitsa of Piyusha Granthi Vikara (Pituitary Disorders): Hypopituitarism-Vamanatva (Dwarfism) (SP9Y)

Modern Description:

Hypopituitarism is defined as the total or partial loss of anterior and posterior pituitary gland function that is caused by pituitary or hypothalamic disorders. Hypopituitarism is a clinical syndrome resulting from decreased secretion of one or more pituitary hormones (GH, TSH, ACTH, LH/FSH, etc.), leading to multisystem deficiency. The incidence rate (12 to 42 new patients per million per year) and the prevalence rate (300 to 455 patients per million) seems to underestimate the actual incidence of this disorder given that as many as 30% to 70% of patients with brain injury exhibit symptoms of diminished hormone secretion from their pituitary gland. Although a partial hormone deficiency that progresses slowly may go undetected for years, the sudden and complete loss of hormone secretion results in an emergency situation

that requires immediate medical attention. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC4722397/>)



Causes and Diagnosis of Hypopituitarism

Clinical Presentation:

- ✦ **In children:** Dwarfism, delayed puberty, growth retardation
- ✦ **In adults:** Fatigue, infertility, hypotension, hypothyroidism, adrenal insufficiency

Ayurvedic Correlate:

- ✦ Vamanatva (dwarfism or short stature)
- ✦ Bala-Kshaya, Dhatu-Kshaya, Agnimandya
- ✦ Beeja-Bhava Dushti, Beejadushti, Garbha Vriddhi Vikara.
- ✦ Srotodushti: Rasavaha, Medovaha, Majjavaha, and Shukravaha Srotas.

Samprapti

1. Beeja-Bhava Dushti due to Garbhaja or inherited defects

2. Agni-Mandya → Dhatu Kshaya
3. Dhatwagnimandya → Alpa Vriddhi of Rasa → Rakta → Mamsa → Meda → Asthi
4. Ojas Kshaya and Vata-Pitta vitiation aggravate growth disorders

Chikitsa Sutra

1. Agni Deepana, Pachana
2. Srotoshodhana
3. Shodhana- Virechana
4. Brimhana
5. Balya & Rasayana
6. Medhya Rasayana
7. Beeja Shuddhi & Garbha Samskara (if genetic or reproductive planning involved)

Shamana Chikitsa

Drug/Preparation	Action
Ashwagandha Churna	Brimhana, Balya, Rasayana
Shatavari	Endocrine modulator, Stanya- vardhaka
Guduchi + Amalaki + Pippali	Rasayana, Agnideepaka
Bala Taila/Aswagandhadi Ghrita	Dhatu poshaka, Vatahara
Makardhwaja	Rasayana, Balya, Medhya
Brahma Rasayana	Rasayana
Vidaryadi Ghrita	Brimhana and Vatahara
Mahakalayanaka Ghrita	Brimhana and Vata-Kaphahara
Dhatupushti Churna	Brimhana and Vatahara

Panchakarma Therapy

Karma	Purpose
Brimhana Basti	Nourishes Dhatus, corrects Vata imbalance
Anuvasana	Vidaryadi Ghrita, Mahamasha Taila
Nasya Karma	Regulates hypothalamic-pituitary axis

Bahya Chikitsa

- ✦ Abhyanga with Mahamasha Taila or Ashwagandhadi Taila – Brimhana
- ✦ Shastika Shali Pinda Sweda – Brimhana and Mamsavardhaka

3. **Lekhana and Shamana therapies** – To reduce excessive Dhatu accumulation
4. Medohara, Mamsahara, Asthi Kshapana Chikitsa
5. **Manovaha Srotas Chikitsa** – For behavioural changes in Acromegaly
6. Rasayana

Panchakarma Chikitsa

Vamana – Best for hormonal regulation
Virechana – Best for hormonal regulation
Lekhana Basti – arrests Mamsa- Asthi Dhatu Vikruta Vriddhi
Shodhana Nasya

Bahya Chikitsa

- ✦ **Udwartana with Kolakulatthadi Churna** – Reduces excess Kapha and Meda
- ✦ Abhyanga with Kottamchukkadi Taila or Triphaladi Taila
- ✦ **Takra Dhara / Shirodhara** – If associated with psychological disturbances
- ✦ **Parisheka or Swedana** – To improve Dhatu Agni and circulation

Shamana Chikitsa

Drug/Preparation	Purpose
Triphala Guggulu	Lekhana, Medohara
Punarnavadi Kashaya	Shothahara, Srotoshodhana
Gokshura + Haridra + Amalaki	Hormonal modulation, Rasayana
Kanchanara Guggulu	Granthi-nashaka, Kapha-Vata Shamana
Panchatikta Ghrita Guggulu	Vata-Kapha Shamaka, balances Asthi-Majja dhatu
Shilajatu	Rasayana, Adaptogen
Mandukaparni / Jyotishmati	Nervous tissue support, Medhya Rasayana
Ayaskriti	Medohara, Mamsa Dhatu Lekhana

Naimittika Rasayana

- ✦ **Amalaki Rasayana** – Antioxidant, Dhatu Sthapana
- ✦ **Shilajatu Rasayana** – Normalises for neuro-endocrine imbalance
- ✦ Triphala Rasayan- Antioxidant, Dhatu Sthapana

Pathya–Apathya

Pathya:

- ✦ Laghu, Ushna, Ruksha Ahara
- ✦ Barley, millets, green gram, bitter vegetables
- ✦ Takra, warm water, light yoga (e.g., Trikonasana, Matsyasana)
- ✦ Nasya with Brahmi Taila or Ksheerabala Taila

Apathya:

- ✦ Guru, Snigdha, Madhura Ahara (e.g., sweets, dairy excess)
- ✦ Day sleep, sedentary habits
- ✦ Excessive stress, suppressed emotions

Monitoring

- ✦ Anthropometric measurements (height, weight, head/limb proportions)
- ✦ Joint deformities, BP, blood sugar, menstrual/reproductive parameters
- ✦ If integrated: GH, IGF-1 levels, MRI brain for pituitary adenoma

Chikitsa of Piyusha Granthi Vikara: Udakameha (Diabetes Insipidus)

Diabetes insipidus (DI) is an endocrine condition involving the posterior pituitary peptide hormone, antidiuretic hormone (ADH). ADH exerts its effects on the distal convoluted tubule and collecting duct of the nephron by upregulating aquaporin-2 channels (AQP2) on the cellular apical membrane surface. DI is marked by expelling excessive quantities of highly dilute urine, extreme thirst, and craving for cold water. The two main classifications of DI are -

- ✦ **Central DI:** Deficiency of Antidiuretic Hormone (ADH) from the posterior pituitary
- ✦ **Nephrogenic DI:** Renal insensitivity to ADH. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC7996474/>)

Key Features:

- ✦ Polyuria (excess urination)
- ✦ Polydipsia (excess thirst)
- ✦ No hyperglycemia (unlike Diabetes Mellitus)

I. Introduction

Immunodeficiency Diseases are conditions where the immune system's ability to fight infections and diseases is impaired.

Types of Immunodeficiency:

Type	Description	Examples
Primary	Congenital or genetic defects in immune cells	SCID, IgA deficiency, CGD
Secondary	Acquired due to infections, drugs, malnutrition, cancer	HIV/AIDS, chemotherapy-induced

II. History Taking

A. Chief Complaints

- ✦ Recurrent infections (respiratory, GI, urinary, skin)
- ✦ Delayed recovery from minor infections
- ✦ Failure to thrive or growth retardation
- ✦ Recurrent abscesses, oral thrush, or skin rashes
- ✦ Chronic diarrhoea
- ✦ Opportunistic infections (e.g., Pneumocystis jirovecii)

B. Specific History Components

1. **Onset:** Early childhood (suggests primary) vs. adult (suggests secondary)
2. **Infections:** Frequency, type, severity, response to antibiotics
3. **Vaccination response:** Poor or absent
4. **Family history:** Early sibling deaths, consanguinity

5. **Drug and nutritional history:** Immunosuppressants, steroids, malnutrition.

III. Clinical Examination

A. General Exam

- ✦ Pallor, fatigue, cachexia
- ✦ **Skin:** Eczema, candidiasis, ulcers
- ✦ **Oral:** Candidiasis, ulcers, gingivitis
- ✦ Lymphadenopathy (absent or generalized)
- ✦ Growth failure (in children)

B. Systemic Examination

- ✦ **Respiratory system:** Recurrent pneumonia, bronchiectasis
- ✦ **GIT:** Chronic diarrhoea, hepatosplenomegaly
- ✦ **CNS:** Meningitis, seizures (in advanced HIV)

IV. Diagnostic Approach

A. Laboratory Tests

- ✦ **CBC with differential:** Neutropenia, lymphopenia
- ✦ **Immunoglobulin levels:** IgA, IgG, IgM
- ✦ CD4/CD8 count (HIV workup)
- ✦ Nitroblue Tetrazolium (NBT) test: For CGD
- ✦ HIV ELISA, PCR
- ✦ Flow cytometry: T/B/NK cell populations

B. Imaging

- ✦ Chest X-ray (pneumonia, thymic shadow)

- ◆ Imaging (MRI, X-ray for joint damage)
- ◆ Histopathology (in organ-specific AI conditions)

Principles of Management

1. Agnideepana and Amapachana
2. Shodhana Chikitsa
3. Shamana Chikitsa
4. Rasayana Therapy (Immunomodulation)
5. Manasa Chikitsa
6. Pathya-Apathya & Nidana Parivarjana

Therapeutic Approach (Chikitsa)

Shodhana (Purification):

- ◆ Snehapana with Tikta Ghrita or Mahatikta Ghrita
- ◆ **Vamana** – if Kapha-Ama is predominant
- ◆ **Virechana** – in Pitta-dominant disorders (e.g., skin disorders, Hepatitis)
- ◆ **Basti Karma:** RA, GB syndrome

Shamana Aushadha:

Predominant Dosha	Drugs/Preparations
Vata	Dashamoola, Yogaraj Guggulu, Rasnadi Kwatha
Pitta	Kamadugha Rasa, Sutashekhara Rasa, Mahatikta Ghrita, Amalaki
Kapha	Shilajatu Rasayana, Bhallataka Rasayana, Gandhaka Rasayana

Rasayana Therapy:

Rasayana	Action
Guduchi Rasayana	Immunomodulatory, Tridosha Shamaka
Ashwagandha Rasayana	Adaptogenic, balances Vata
Amalaki Rasayana	Raktaprasadaka, antioxidant
Brahma Rasayana	Vata Vikara
Swarna Prashana	Ojasvardhaka (especially in children)
Bhallataka Rasayana	Amavata

External Therapies

- ◆ Abhyanga with Bala/Chandanadi Taila (depending on Dosha).
- ◆ Takra Dhara/Shirodhara for stress-associated flares.

- ◆ Lepa and Parisheka in skin conditions
- ◆ Patrapottali or Shashtika Shali Pinda Sweda in arthritis

Pathya-Apathya

Pathya:

- ◆ Fresh, warm, light food
- ◆ Green gram, barley, ghee, turmeric, Amalaki
- ◆ Yoga (e.g., Surya Namaskara, Bhramari, Nadi Shodhana)
- ◆ Pranayama and meditation to reduce stress

Apathya:

- ◆ Viruddha Ahara (e.g., milk + salt), Guru, Snigdha food
- ◆ Excessive cold, dry food
- ◆ Day sleep, mental stress
- ◆ Suppression of natural urges

Prognosis and Follow-up

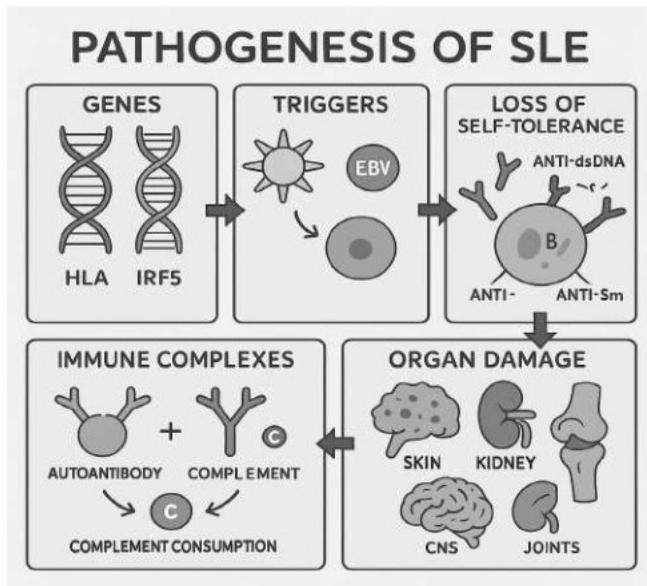
- ◆ Chronic and relapsing; aim is Shamana + Rasayana + recurrence prevention
- ◆ Early intervention offers better outcomes
- ◆ Regular follow-up for:
 - Dosha status
 - Dhatu strength
 - Ojas status
 - Nidana control

Samprapti Vighatana and Chikitsa of Pratirakshija (Systemic Lupus Erythematosus)

Systemic lupus erythematosus (SLE) is a multisystem chronic autoimmune disease with a relapsing and remitting course. Its prevalence is higher in women of childbearing age, with a female predominance of 9:1. The exact etiology of this disease is not understood well.

Globally, the reported incidence and prevalence of SLE differ significantly by geography, with North America reporting the highest incidence and prevalence, Africa reporting the lowest incidence, and Australia reporting the lowest prevalence. Age, gender, and

ethnicity play a significant role in determining the clinical outcome and management of the disease. SLE is more prevalent in the female population, but its course is more critical and expeditious in men, which culminates in a bad prognosis. This disparity can be attributed to the environmental surroundings and genomic differences. The current incidence rate is 6.73 cases per 100,000 per annum in the Caucasian population and 31.4 cases per 100,000 per annum in the African-American population. (<https://pmc.ncbi.nlm.nih.gov/articles/PMC9662848/>)



Pathogenesis of SLE

Samprapti Vighatana of Pratirakshhija Vikara (SLE)

Systemic Lupus Erythematosus (SLE) – Pratirakshhija Vikara or Atmapratirodhakshhamatvajanya Vikara – a Tridoshaja, Oja-Kshhaya dominant condition with Rasa–Rakta–Majja Dhatu and Rasavaha–Raktavaha–Majjavaha Srotas involvement.

Samprapti (Pathogenesis)

Step	Ayurvedic View
1. Nidana	Ahita Ahara–Vihara, stress, environmental triggers, Beeja Bhava Dushti
2. Agnimandya	Mandagni → Ama formation
3. Dosh Dushti	Vata–Pitta predominance + Kapha Anubandha

Step	Ayurvedic View
4. Srotodushti	Rasavaha, Raktavaha, Majjavaha Srotas – Sanga, Vimarga gamana
5. Dhatukshaya–Ojakshaya	Chronic inflammation → Rasa–Rakta–Majja Kshhaya → Ojas Dushti
6. Atma Asvavibhaga Vibhrama	Loss of self-recognition by immune system → Pratiraksha Vighata
7. Samprapti Vighatana	Remove Ama, Pacify Doshhas, Rejuvenate Dhatus, Correct Ojas

Chikitsa of Pratirakshhija Vikara (SLE)

Chikitsa Sutra (Treatment Principles)

1. Amapachana & Agni Deepana
2. **Doshha Shamana** – Vata-Pitta Pradhana
3. **Srotoshodhana** – Rasavaha, Raktavaha, Majjavaha
4. **Rasayana** – Oja Vardhana
5. **Manasa Chikitsa** – Stress-related autoimmunity
6. Nidana Parivarjana

Shodhana Chikitsa (Based on Bala and Doshic Predominance)

Procedure	Indication
Virechana	Pittaja or Raktaja manifestations
Basti (Kala or Tikta Ksheera Basti)	Vatanubandhi or chronic inflammation
Nasya with Medhya Ghrita	For cognitive/mood issues
Raktamokshana (Jalaukavacharana)	For SLE with skin involvement or vasculitis

Shamana Chikitsa

Drug/Preparation	Action
Kaishora Guggulu	Raktaprasadana, Vata-Pitta Shamana
Guduchi + Haridra + Amalaki	Tridosha hara, Rasayana, Amapacaka
Mahatiktaka Ghrita	Raktavaha–Rasavaha Srotoshodhaka
Ashwagandha Churna	Vata-hara, Adaptogen, Rasayana
Pippali Rasayana	Agni deepana, Rasayana
Chandraprabha Vati	Systemic detoxifier, Rasayana
Brahmi Ghrita	Manasa Rasayana, immune modulator

I. Introduction

Male sexual and seminal disorders affect sexual function, fertility, or the quality/quantity of semen. These may be functional, psychogenic, hormonal, or organic in origin.

II. History Taking in Male Sexual/Seminal Disorders

1. Chief Complaints

- ✦ Loss of libido
- ✦ Erectile dysfunction (ED)
- ✦ Premature ejaculation (PE)
- ✦ Delayed or absent ejaculation
- ✦ Painful ejaculation
- ✦ Infertility
- ✦ Nocturnal emissions or spermatorrhea (Swapna-dosha, Shukrameha)

2. Specific History

- ✦ **Onset:** Gradual or sudden
- ✦ **Duration:** Intermittent or persistent
- ✦ **Situational vs Generalised:** With specific partners or always
- ✦ **Associated complaints:** Stress, anxiety, chronic illness, fatigue

3. Sexual History

- ✦ Frequency of intercourse
- ✦ Relationship satisfaction
- ✦ Presence of morning erections
- ✦ History of STDs or genital trauma

4. Fertility-Related History

- ✦ Duration of marriage/cohabitation

- ✦ Regular unprotected intercourse
- ✦ Partner's fertility status
- ✦ History of conception or abortions

5. Lifestyle & Psychosocial History

- ✦ Smoking, alcohol, substance abuse
- ✦ Occupational hazards (heat, chemicals)
- ✦ Emotional or performance anxiety
- ✦ Depression, insomnia

6. Past Medical History

- ✦ Diabetes, hypertension, obesity
- ✦ Thyroid dysfunction
- ✦ Varicocele, undescended testis, hydrocele
- ✦ Hernia repair, prostate surgery
- ✦ Medication history: antidepressants, beta blockers

III. Clinical Examination

1. General Examination

- ✦ BMI, body hair, signs of hypogonadism (gynecomastia, small testes)
- ✦ Secondary sexual characteristics
- ✦ Pallor (anaemia), goiter (thyroid), liver disease signs

2. Local Genital Examination

- ✦ **Testes:** Size, consistency, descent
- ✦ **Penis:** Phimosis, Peyronie's plaque
- ✦ **Varicocele:** Feel "bag of worms" on standing
- ✦ **Prostate:** DRE if prostatitis or infertility suspected

Definition

क्लीबः स्यात्सुरताशक्तस्तद्भावः क्लैब्यमुच्यते । Ka.Sa.

Klaibya is defined as the condition where a person becomes impotent and is unable to enjoy normal sexual activities. The term “Klaibya” encompasses a range of sexual dysfunctions, from decreased libido and premature ejaculation to total loss of sexual desire and complete inability to perform sexual intercourse. The severity of the condition can vary, affecting the overall quality of sexual health and life.

Synonyms

Napunsakatva, Shandhya, Kleebata.

Nidana

बीजध्वजोपघाताभ्यां जरया शुक्रसङ्क्षयात् ॥

क्लैब्यं सम्पद्यते तस्य शृणु सामान्यलक्षणम् ।

Cha.Chi.30/154-155

Impotency can result from several causes, including:

- ✦ Beeja-Upaghata (Hereditary/Congenital Defects)
- ✦ Dhvajopaghata (Erectile Dysfunction)
- ✦ Jara (Senility)
- ✦ Shukra-Samkshaya (Diminished Semen)

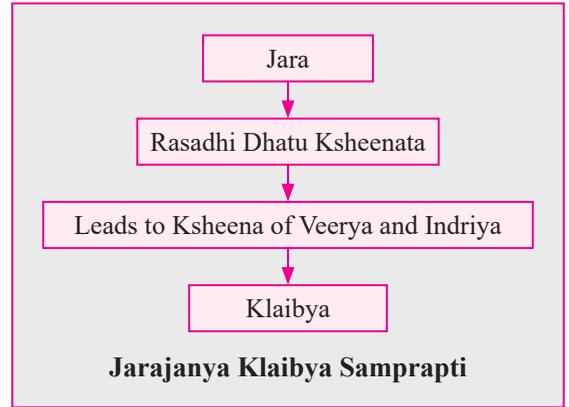
Sushruta Samhita Shareera Sthana

- ✦ Asyekya.
- ✦ Soughandhika.
- ✦ Kumbhika.
- ✦ Irshyakya.
- ✦ Nara and Naari Shanda.

Shruti Samhita Chikitsa Sthana

- ✦ Maanasa Klaibya.
- ✦ Ahara Janya Kalibya.
- ✦ Shukrakshayaja Dwajabhanga.
- ✦ Marmachhedaja Klaibya.
- ✦ Sahaja Klaibya.
- ✦ Bramhacharyaja Klaibya.

Samprapti



Symptoms of Klaibya

A person who desires sexual activity may struggle to complete intercourse even with a loved and obedient partner due to a loss of erection. Even if an erection is achieved, the individual may experience exhaustion, dyspnoea (shortness of breath), excessive perspiration, and futile sexual efforts. The penis becomes flaccid, and the person is often devoid of semen. These are the general symptoms of impotency.

Samprapti Vighatana:

- ✦ Agni Deepana and Ama Pachana
- ✦ Vata Shamana
- ✦ Shukra Prasadana and Shukra Vardhana

Chikitsa Sutra (Therapeutic Principles)

1. Agnideepana & Amapachana – foundational therapy

अन्यधातूपसंसृष्टमवसादि तथाऽऽष्टमम्।
 फेनिलं तनु रूक्षं च कृच्छ्रेणाल्पं च मारुतात्॥
 भवत्युपहतं शुक्रं न तद्गर्भाय कल्पते।
 सनीलमथवा पीतमत्युष्णं पूतिगन्धि च॥
 दहल्लिङ्गं विनिर्याति शुक्रं पित्तेन दूषितम्।
 श्लेष्मणा बद्धमार्गं तु भवत्यत्यर्थपिच्छिलम्॥
 स्त्रीणामत्यर्थगमनादभिघातात् क्षतादपि।
 शुक्रं प्रवर्तते जन्तोः प्रायेण रुधिरान्वयम्॥
 वेगसन्धारणाच्छुक्रं वायुना विहतं पथि।
 कृच्छ्रेण याति ग्रथितमवसादि तथाऽऽष्टमम्॥
 इति दोषाः समाख्याताः शुक्रस्याष्टौ सलक्षणाः।

Cha.Chi. 30/139-145

Foamy, thin, dry, discoloured, foul-smelling, slimy, mixed with other Dhatus, and causing exhaustion — these are eight types of defective semen.

- ✦ Foamy, thin, dry, scanty, and discharged with difficulty due to aggravated Vata results in semen that is incapable of causing conception.
- ✦ When semen is tinged with bluish or yellowish colour, excessively hot, and foul-smelling, and is discharged with a burning sensation, it is vitiated by Pitta.
- ✦ When the passage is obstructed by Kapha, semen becomes excessively slimy.
- ✦ Due to excessive intercourse with women, trauma, or wounds, semen often comes mixed with blood.
- ✦ Due to suppression of natural urges, semen is obstructed in its passage by Vata, becomes solidified, scanty, and causes exhaustion — this is also included as the eighth defect.
- ✦ Thus, the eight types of defects of semen with their features have been described.

Shukradosha and Modern Correlation

S. No.	Shukradosha (Ayurveda)	Features	Modern Correlation
1.	Vataja	Frothy, thin, reddish-black, dry; painful ejaculation	Azoospermia, Hypospermia, Oligospermia, Necrozoospermia, Teratozoospermia
2.	Pittaja	Yellow-/bluish-/green-tinged; burning pain; foul odour	Leucocytospermia and other infective semen changes
3.	Kaphaja	Thick, highly viscous, white; itching during emission	Asthenoazoospermia (marked motility deficit)
4.	Raktaja (Shonitaja)	Large volume; reddish-yellow/black; putrid “corpse” smell; often post-trauma	Presence of blood cells or blood in semen
5.	Granthila (Vata-Kapha)	Shreddy/clotted “lump-like” semen; painful expulsion	Abnormal coagulum/amorphous matter/Anyadhātu Samsrushta
6.	Putipuya (Kapha-Pitta)	Pus-like, foul-smelling semen	Infective semen/pyospermia
7.	Tanu / Sheeta (Vata-Pitta)	Very watery, thinned semen; general fatigue	Hypospermia
8.	Sannipataja (Tri-dosha)	Semen smells of urine or faeces; mixed features	Fistula connecting the rectum and spermatic chord or vesicle

Assessment of Shuddha Shukra

स्निग्धं घनं पिच्छिलं च मधुरं चाविदाहि च॥

रेतः शुद्धं विजानीयाच्छ्रेतं स्फटिकसन्निभम्। Cha.Chi 30/146

Pure semen should be recognised as unctuous, dense, slimy, sweet, non-burning, white, and resembling crystal.

Chikitsa Sutra

1. Agnideepana and Ama Pachana
2. Shodhana Chikitsa
3. Dosha Nashaka Chikitsa
4. Shukraprasadana Chikitsa
5. Shukrajanana Chikitsa

I. Introduction

Sexually Transmitted Diseases (STDs) or Sexually Transmitted Infections (STIs) are infections transmitted through sexual contact — vaginal, anal, or oral — caused by bacteria, viruses, fungi, or parasites.

II. Common STDs

Disease	Causative Organism
Syphilis	<i>Treponema pallidum</i> (bacteria)
Gonorrhoea	<i>Neisseria gonorrhoeae</i>
Chlamydia	<i>Chlamydia trachomatis</i>
Genital Herpes	<i>Herpes simplex virus</i> (HSV-1, 2)
HIV/AIDS	<i>Human Immunodeficiency Virus</i>
Genital Warts (Condyloma)	<i>Human Papillomavirus</i> (HPV)
Trichomoniasis	<i>Trichomonas vaginalis</i> (protozoa)
Candidiasis	<i>Candida albicans</i> (fungus)
Hepatitis B, C	<i>HBV, HCV</i> (viruses)

III. History Taking in STD Cases

1. Chief Complaints

- ✦ Genital ulcers, discharge (urethral/vaginal)
- ✦ Dysuria (painful urination)
- ✦ Itching, burning, rashes
- ✦ Lower abdominal or pelvic pain
- ✦ Painful intercourse (dyspareunia)
- ✦ Swelling or lumps in genital area
- ✦ Infertility
- ✦ **Systemic symptoms:** Fever, malaise, weight loss (HIV, syphilis)

2. Sexual History

- ✦ Number of partners (past & present)
- ✦ Condom use
- ✦ Type of sexual activity (vaginal, anal, oral)
- ✦ History of sexual contact with high-risk groups
- ✦ Partner's symptoms
- ✦ History of sexual assault (if applicable)

3. Past and Personal History

- ✦ Previous STDs or treatments
- ✦ Menstrual and obstetric history (in females)
- ✦ History of HIV, hepatitis, diabetes
- ✦ Drug abuse or blood transfusion

IV. Clinical Examination

1. General Examination

- ✦ Fever, weight loss, lymphadenopathy
- ✦ Skin rashes (e.g., syphilis), oral ulcers (HIV, herpes)

2. Genital Examination

In males:

- ✦ **Discharge:** Amount, colour, consistency
- ✦ **Ulcers:** Size, number, base (painless = syphilis, painful = herpes)
- ✦ **Swelling:** Testicular tenderness (epididymitis)
- ✦ **Warts:** Cauliflower-like growths (HPV)

In females:

- ✦ **Vaginal discharge:** Nature, smell, associated symptoms
- ✦ Cervical tenderness (PID)
- ✦ Ulcers/warts in vulva/vagina

- ◆ Inguinal lymphadenopathy

V. Diagnostic Investigations

1. Laboratory Tests

- ◆ **Urethral/Vaginal Swab:** Gram stain, culture, PCR
- ◆ **Serology:**
 - VDRL, TPHA – Syphilis
 - HIV I & II ELISA, Western blot
 - HBsAg, Anti-HCV
- ◆ **Urine tests:** For Chlamydia, Gonorrhoea
- ◆ **Pap smear:** HPV-related lesions

2. Rapid Point-of-Care Tests

- ◆ HIV, HBsAg, VDRL card test

3. Special Tests

- ◆ Tzanck smear – Herpes
- ◆ Dark-field microscopy – Syphilis
- ◆ NAAT (Nucleic Acid Amplification Test) – Chlamydia, Gonorrhoea

Samprapti Vighatana, Chikitsa and Aushadha Yoga of Upadamsha (SN30)

Introduction

Upadamsha is a medical condition described in Ayurveda, primarily caused by external predisposing factors, often related to improper sexual practices. The manifestation of the disease is localised, typically affecting the genital area.

Definition

उपदंश संज्ञा च दंशानोपाधिर्मंतरेणापि रूढा बोद्धव्या ।

हस्ताभिघातादन्नखदन्तघातादधावनादत्युपसेवनाद्वा ।

योनिप्रदोषाच्च भवन्ति शिश्रे पञ्चोपदंशा विविधापचारैः ॥

M.N. 47/1, BP Madhyamakhanda 51/1

The term “Upadamsha” implies a bite or gnawing. It traditionally refers to a specific type of boil or ulcer that forms on the genitals, often due to injury or infection.

Causes (Nidana)

Upadamsha is believed to occur due to sexual

intercourse with women exhibiting certain abnormalities or conditions, including:

- ◆ A woman who has abstained from sexual activity for a prolonged time.
- ◆ A spinster.
- ◆ A woman with a very narrow and rough vaginal opening (Suchi Mukhi Yoni).
- ◆ A woman who is menstruating.
- ◆ A woman with coarse, thick, and long pubic hair.
- ◆ A woman suffering from vaginal diseases like Maha Yoni.
- ◆ A woman who is not properly aroused.
- ◆ A woman who has washed her vagina with dirty water.
- ◆ A woman with various other vaginal diseases.

Samprapti

Due to the aforementioned predisposing factors, the vitiated Kapha and Pitta doshas combine with Twak (skin), Rasa (plasma), and Rakta (blood) dhatus, leading to the formation of small boils on the genitals. The disease originates in the Rasa and Rakta dhatus, manifests on the skin, and can spread throughout the body.

According to some scholars like Gayadasa, Upadamsha is a disease that primarily affects males. However, in practice, it is observed in both males and females, affecting the penis in males and the vagina in females.

Samprapti Vighatana:

- Pitta–Kapha shamana
- Rakta shodhana
- Srotoshodhana and local wound healing
- Suppression of Vrana Daurgandhya, Daha, Srava

Chikitsa Sutra

Shodhana, Kapha-Pitta shamana, Raktashodhana, Vrana ropana, Krimighna

स्निग्धस्विन्नशरीरस्य ध्वजमध्ये शिराव्यधः।

जलौकादूपातनं वा स्यार्ध्वाधःशोधनं तथा ॥

सद्योनिर्हतदोषस्य रुक्शोथावुपशाम्यतः।

Principles of Vajikarana (Aphrodisiac Therapy)

Vajikarana Tantra is one of the Ashtanga Ayurveda branches that deals with the promotion of sexual health, fertility, and virility, as well as physical and mental strength.

Key Principles of Vajikarana:

1. Shreshta and Dheerghayu Santana
2. Shodhana before Vrishya Aushadhi Prayoga
3. **Apana Vata Sthapanam:** Ensures proper ejaculation, erection, and semen formation.
4. **Shukra Dhatu Poshana:** Nourishes Shukra through sequential dhatu transformation and Brimhana therapy.
5. **Manasa Chikitsa Integration:** Addresses psychological causes of sexual dysfunction like fear, anxiety, guilt (Klaibya).
6. **Aushadha Yojana (Rational combination of drugs):** Formulation using Vrishya, Balya, Ojovardhaka, and Agnideepana herbs.

Need for Vajikarana:

- ✦ Rising cases of male infertility, erectile dysfunction, premature ejaculation, and loss of libido.
- ✦ **Modern lifestyle:** Overexertion, poor diet, addictions, and psychological stress.
- ✦ To promote healthy progeny (Suputrajanana), as emphasised in Garbha Sanskara.
- ✦ As a preventive Rasayana in aging males (Vriiddhavastha) to sustain vitality and strength.

Benefits of Vajikarana:

Sexual Health

- ✦ Improves libido (sexual desire)

- ✦ Enhances erection and ejaculation control
- ✦ Increases duration and satisfaction in coitus
- ✦ Treats conditions like Klaibya (erectile dysfunction) and Shukraksheena (oligospermia)
- ✦ - Improves semen quality (sperm count, motility, and vitality)

Reproductive Strength

- ✦ Enhances fertility in men and women
- ✦ Promotes healthy progeny (eugenics) through Beejashuddhi
- ✦ Supports ovulation and conception (when used with Garbhasanskara protocols)

Rejuvenation

- ✦ Strengthens Mamsa, Shukra, and Ojas
- ✦ Acts as a Rasayana agent for vigour and strength
- ✦ Delays age-related degeneration and fatigue

Hormonal Regulation

- ✦ Modulates testosterone and androgen levels naturally
- ✦ Maintains endocrine balance

Prevention

- ✦ Prevention of infertility, sexual dysfunction and psychosexual disorders.

Understanding the Concept of Shuddha Shukra and Analyse Its Role in Male Fertility and Reproductive Health

Definition of Shuddha Shukra (Pure Semen)

In Ayurveda, Shuddha Shukra refers to normal, healthy, unvitiated semen that is essential for fertility and reproduction. It is the essence of all seven dhatus,

II. Role of Vajikarana in Management

A. Therapeutic Objectives of Vajikarana

Goal	Relevance to Klaibya/ Shandhatva
Normalising the Apana Vata	Corrects the nervo-muscular mechanism for erection and ejaculation
Shukra Dhatu Vardhana	Enhances semen quality, quantity and fertility potential
Rasayana and Ojasvardhana	Boosts vitality, immunity, and cellular regeneration
Manovaha Srotas Chikitsa	Treats anxiety, fear, and sexual aversion in performance-related Klaibya
Beeja Samarthyha Vardhana	Restores genetic potency and improves the capability for procreation

B. Vajikarana in Klaibya

Aspect	Application
Vajikarana Dravyas	Ashwagandha, Shatavari, Kapikacchu – restore strength and semen production
Medhya Rasayana	Brahmi, Yashtimadhu – treat psychological causes of Klaibya
Vajikara Basti	Normalise the Apana Vata and neuro-endocrinal control
Vajikarana Rasayana	Suvarnamalini Vasant, Makardhwaja – potentiate hormonal and cellular vitality
Classical Formulations	Vrishya Vati, Musali Pak – act as general aphrodisiac

C. Vajikarana in Vandhyatva (Infertility)

Role	Mode of action
Shukravardhaka	Enhances the quality and quantity of Shukra
Beeja Vardhaka Rasayana	Enhances Bija-bhaga and Bija-bhagavayava quality
Long-term Rasayana and Vrishya treatment Protocols	Useful in improving outcomes in mild hypogonadism
Suputrajanana Rasayana	Ensures quality progeny when conception is possible
Ajatashukra Vikara management	May support partial reversal of acquired Shandhatva (non-congenital)

Role	Mode of action
Psychosexual Rehabilitation	Important in partial functional impotence (with congenital inferiority complex)

Note: In absolute congenital Shandhatva (absence of testes or irreversible genetic defects), Vajikarana may serve only palliative or supportive roles.

Conclusion

- ✦ Vajikarana Chikitsa is the cornerstone in Ayurvedic management of male infertility and impotency.
- ✦ In Klaibya, it works through Apana Vata regulation, Shukra Brimhana, and Manasa chikitsa.
- ✦ In Shandhatva, it works through spermatogenesis through HPA and HPG axis.
- ✦ Integration of Rasayana, Panchakarma, and psychosexual counselling with Vajikarana leads to holistic recovery.

Therapeutic Benefits of Individual Herbs in Shukra Janana Mahakashaya & Shukra Shodhaka Mahakashaya for the Treatment of Male/Female Infertility

I. Shukrajanana Mahakashaya

(Promoters of Shukra dhatu – useful in infertility due to Shukrakshaya or Shukralpata)

I. Shukrajanana Mahakashaya

(Promoters of Shukra Dhatu — for Shukrakshaya or Shukralpata)

Herb	Botanical Name	Therapeutic Benefits in Infertility
Jivaka	<i>Malaxis acuminata</i>	Rasayana, promotes vitality, nourishes Shukra dhatu, enhances fertility in both sexes
Rishabhaka	<i>Microstylis muscifera</i>	Vrishya, enhances libido, promotes spermatogenesis and ovulation
Kakoli	<i>Fritillaria roylei</i> / <i>Roscoea purpurea</i>	Promotes tissue regeneration, Shukra dhatu vardhana, improves reproductive tissue function

Introduction

Keeping pace with the advancing world—the so-called *modern* or *scientific age*—is no longer merely a challenge but a deeply engaging and exhaustive endeavour. To move forward with this profoundly rewarding mission calls for both clarity of vision and sustained effort.

The desire to live, one of the most primal instincts, has been inherent to all living beings since the evolution of the first unicellular organism on this magnificent planet, Earth. This innate urge—the *elan vital*—has been the driving force behind the evolutionary journey from simple unicellular to complex multicellular organisms. *Man*, considered the most evolved and intellectually sophisticated among them, is not exempt from this instinct. In fact, he aspires not merely to live but to live long, healthy, and disease-free—a step beyond the mere instinct for survival.

Times have changed since the revered sages first articulated the philosophy of healthy living through Swasthavritta, Sadvritta, and the avoidance of Prajnaparadha—the root of all diseases. In today's complex human civilisation, dominated by indulgence, disordered lifestyles, and constant stress, it is no surprise that a large proportion of the population suffers from chronic and degenerative diseases, leading to premature decline in quality and span of life.

This eventuality was foreseen by our ancient Acharyas, who—through intense observation and introspection—developed the concept of Rasayana. This science not only offers tools for Hitayu (beneficial life), Sukhayu (comfortable life), and Dirghayu (longevity), but also provides effective

means for the prevention and management of many chronic and degenerative disorders.

Rasayana, extensively practiced since antiquity, comprises a class of medicinal formulations and regimens that function as immunomodulators, antioxidants, and rejuvenates. These therapies have proven effective in promoting tissue regeneration, delaying premature aging, enhancing vitality, and preventing the onset of various chronic diseases.

Definition

1. According to *Charaka Samhita*, Rasayana is that which facilitates the production of *Rasa*, *Rakta*, and other *Dhatus* of optimal quality, thereby promoting systemic nourishment and vitality (Ca. Chi. 1/1/8).
2. *Sushruta* defines Rasayana as a therapeutic modality that promotes youthfulness (Vayasthapana), longevity (Ayushkaram), intellect (Medha), strength (Bala), and the prevention of diseases (Rogapaharanam Smartham) (Su.Su.1/15).

Dalhana, in his commentary, elaborates on the term *Vayasthapana* in two ways:

- Firstly, it allows a person to live a full natural life span.
 - Secondly, quoting another authority, he interprets *Vayasthapana* as the capacity to delay aging (*Jara*), thereby preserving youthful characteristics for an extended period. *Ayushkaram* is further explained as the enhancement of life span (Su. Su. 1/15).
3. *Vagbhata*, in *Ashtanga Hridaya*, presents a definition similar to that of *Charaka*, emphasising the rejuvenative and nourishing nature of Rasayana (As. H. Utt. 39/1).

IV. Rasayana in different diseases explained in modern medicine

Formulation / Herb	Condition
Ashwagandha Rasayana	Chronic fatigue, infertility, muscle wasting
Suvarnamalini Vasant	Autoimmune conditions, chronic bronchitis, pulmonary tuberculosis, female infertility
Pippali Rasayana	Respiratory infections, Asthma, Bronchitis, allergies, tuberculosis
Mandura Rasayana	Iron-deficiency anaemia
Guduchi Rasayana	Immunosuppression, RA, recurrent fever, Hepatitis, Hepatic failure
Chyavanaprasha Avaleha	Respiratory weakness, neurological disorders, post-illness debility, bleeding disorders
Narasimha Rasayana	Geriatric weakness, hair fall, sexual debility
Medhya Rasayana	Psychiatric disorders
Shatavari Guda	Perimenopausal syndrome, post-menopausal syndrome, female infertility

Conclusion

Naimittika Rasayana is a versatile and integrative approach that complements disease-specific treatment by:

- ◆ **Dhatu Poshana and Sthapana:** Rejuvenates the important tissues
- ◆ **Vyadhikshamatva Vardhana:** Enhances immune responses
- ◆ **Chaya-apachaya Kriya Vardhana :** Enhances metabolic activity
- ◆ Improves tolerance to therapies and stress
- ◆ **Sheeghra Svasthya Prapti :** Facilitates quicker recovery and sustainable wellness

Chikitsa Karmukatva, Matra, Aushadha Sevana Kala & Anupana of Following Vyadhihara Rasayana

1. Amalaki Rasayana

अनेन प्रयोगेणर्षयः पुनर्युवत्वमवापुर्बभूवुश्चानेकवर्षशतजीविनो निर्विकाराः परं शरीरबुद्धीन्द्रियबलसमुदिताश्चेरुश्चात्यन्तनिष्ठया तपः॥

Cha.Chi. Sthana 1/1/75

By this treatment, the sages regained youthfulness and attained disease-free life of many hundreds of years, and endowed with the strength of physique, intellect and senses practiced penance with utmost devotion:

- ◆ Rasayana, Tridosahara, Raktaprasadana, Medhya, Chakshushya
- ◆ Useful in immune deficiency, hyperacidity, skin disorders, anaemia, ageing, recurrent infections.

Chikitsa Karmukatva: Amalaki Rasayana, prepared from *Emblica officinalis* (Amalaki), is a potent Rasayana that rejuvenates Rasa and Rakta Dhatus, strengthens Agni, and enhances Ojas. Rich in vitamin C, antioxidants, and polyphenols, it exerts free radical scavenging, anti-aging, hepatoprotective, and immunomodulatory effects. It balances all three Doshas, especially Pitta, making it beneficial in gastritis, bleeding disorders, skin diseases, and premature aging. Amalaki Rasayana improves digestion, absorption, and tissue nourishment, supports cognitive functions, and promotes longevity. Its cooling and rejuvenating properties also help in managing stress, fatigue, debility, and visual impairment, establishing systemic harmony and vitality.

Matra: 3–6 grams powder or 10–15 grams avaleha

Sevana Kala: Morning on empty stomach, or after food (based on Agni)

Anupana: Warm water, milk, or honey depending on condition

Special Note: Can be used as daily Rasayana (Nitya Sevaniya Dravya).

2. Bhallataka Rasayana

Phalashruti:

कफजो न स रोगोऽस्ति न विबन्धोऽस्ति कश्चन।

यं न भल्लातकं हन्याच्छीघ्रं मेधाग्निवर्धनम्॥

There is no disorder of Kapha and obstructive condition which is not ameliorated by bhallataka quickly. Moreover, it promotes intellect and agni.

Amapacana, Rasayana, Kaphahara, Lekhana, Granthihara, Deepana, Medoghna

Indicated in Kushṭha (skin diseases), Arsha (piles), Grahani, Amavata, Autoimmune disorders, infertility.

Chikitsa Karmukatva: Bhallataka (Semecarpus anacardium) acts as a powerful Deepana, Pachana, and Rasayana with potent Kapha-Kapha-vata shamak properties. It stimulates Agni, digests Ama, and clears metabolic blockages, making it effective in autoimmune, skin, and metabolic disorders. Its Ushna and Tikshna properties help in breaking down chronic Srotorodha, enhancing absorption and tissue metabolism. Bhallataka has anti-inflammatory, immunomodulatory, and anti-arthritis action, useful in Kushtha (skin diseases), Amavata (rheumatoid arthritis), Gulma, and Udara rogas. It enhances cellular detoxification, strengthens Majja and Asthi Dhatus, and promotes Shukra Dhatu. When processed correctly, it serves as a potent Rasayana in chronic degenerative disorders:

Matra: Taila- 3-5 drops with milk; Leha- 6gm to 24gm

Sevana Kala: Morning on empty stomach or after Samsarjana Krama

Anupana: Ghrita, milk, or butter — essential to counter tikshnatva

Special Note: To be used under supervision due to its potential irritant effect

Precaution:

वातातपविधानेऽपि विशेषेण विवर्जयेत्।

कुलत्थदधिशुक्तानि तैलाभ्यङ्गाग्निसेवनम्॥ A.H.Utt. 39/83

3. Vardhamana Pippali Rasayana

बृंहणं स्वर्यमायुष्यं प्लीहोदरविनाशनम् ।

वयसः स्थापनं मेध्यं पिप्पलीनां रसायनम् ॥ Cha.Chi.1/2/40

The rasayana use of pippali is bulk-promoting, beneficial for voice and life-span, alleviates spleen enlargement, sustains age and promotes intellect.

Agnidipana, Rasayana, Srotoshodhaka, Kaphahara, Pranavaha Srotasobalya

Effective in Tamaka Shvasa, Kasaroga, Kshaya, Chronic respiratory illness, digestive debility

Chikitsa Karmukatva: Pippali Rasayana acts through Agnideepana, Rasayana, and Vata-Kapha shamaka mechanisms. It enhances digestive and metabolic fire, promoting proper digestion and assimilation while removing Ama. Its bio-enhancing

property (Yogavahi) increases the efficacy of co-administered drugs and nutrients. Pippali stimulates Rasa and Rakta Dhatu formation, rejuvenates the lungs, and improves Pranavaha Srotas function, making it highly effective in Kasa, Shwasa, Rajayakshma, and IBS. It modulates immune responses, supports Ojas, and improves resistance to chronic infections. Its rejuvenating effect strengthens vitality, nourishes Shukra Dhatu, and delays tissue degeneration, especially in respiratory and digestive disorders.

Matra (Vardhamana Krama)

Start with 1 fruit/day → increase daily up to 10–12 fruits → reduce in reverse order (10–1)

Sevana Kala: Niranna Koshta

Anupana: milk

Special Note: Administered as 21-day regimen, preferably after shodhana

Chikitsa Karmukatva, Matra, Aushadha Sevana Kala & Anupana of the Following Vyadhihara Rasayana

1. Tugaraka Rasayana

Phala Shruti:

तेनास्योर्ध्वमधस्ताच्च दोषा यान्त्यसकृत्ततः।

सायमस्नेहलवणां यवागूं शीतलां पिबेत्॥

पञ्चाहानि पिबेत्तैलमित्थं वर्ज्यान् विवर्जयन्।

पक्षं मुद्गरसान्नाशी सर्वकुष्ठैर्विमुच्यते॥ A.H.Utt. 39/90-91

Because of this (taila-pana), the doshas move upwards and downwards repeatedly.

Therefore, in the evening, the patient should drink a cold Yavagu (thin gruel) prepared without oil and salt. He should continue taking medicated oil in this manner for five days, avoiding all contraindicated substances. For the next fortnight (15 days), he should take green gram (mudga) soup and rice.

By following this regimen, one becomes free from all types of Kushtha (skin disorders).

Does srotoshodhana, Dosha Shodhana, Kushtanashaka, Shvitranashaka, Kaphahara, Pramehahara, Shothahara.

Chikitsa of Jarajanya Vikara and Indriyapradoshaja Vikara

Introduction

Geriatrics is the branch of medicine that focuses on health care of elderly individuals, typically those aged 60 years and above. Aging leads to progressive decline in physiological reserves, increasing vulnerability to chronic, degenerative, metabolic, and neuropsychiatric disorders.

Common Geriatric Conditions

System	Common Disorders
Musculoskeletal	Osteoarthritis, Osteoporosis, Sarcopenia
Neurological	Dementia, Parkinson's disease, Stroke
Cardiovascular	Hypertension, Heart failure, Atherosclerosis
Endocrine/ Metabolic	Type 2 Diabetes, Hypothyroidism
GIT	Constipation, GERD, Malabsorption
Psychiatric	Depression, Insomnia, Anxiety
Genitourinary	BPH, Incontinence, Chronic kidney disease
Sensory	Cataract, Hearing loss
Nutritional	Protein-energy malnutrition, anemia

I. History Taking in Geriatric Patients

1. Chief Complaints

- ✦ Fatigue, body ache
- ✦ Memory loss, confusion
- ✦ Joint pain, stiffness
- ✦ Urinary issues (frequency, dribbling)
- ✦ Sleep disturbances
- ✦ Constipation
- ✦ Falls or balance issues
- ✦ Decreased appetite or weight loss

2. Functional Assessment

- ✦ **Activities of daily living (ADL):** Bathing, dressing, eating
- ✦ **Instrumental ADLs:** Cooking, managing money, shopping

3. Drug History

- ✦ Multiple medicine intake

4. Psychosocial History

- ✦ Living conditions, caregiver support
- ✦ Financial dependency
- ✦ Emotional wellbeing, social isolation

5. Past Medical History

- ✦ Chronic diseases (DM, HTN, COPD, CAD, CKD)
- ✦ Surgeries, hospitalisations

II. Clinical Examination

1. General Exam

- ✦ BMI, signs of malnutrition, dehydration
- ✦ Pallor, pedal edema
- ✦ Gait and posture abnormalities
- ✦ Skin changes (wrinkles, ulcers, dryness)

2. Systemic Exam

- ✦ **CVS:** Murmurs, peripheral pulses, BP in supine & standing (orthostatic hypotension)
- ✦ **Respiratory:** Breath sounds, capacity
- ✦ **Neurological:** Cognitive function, tremors, reflexes, sensory deficits
- ✦ **Musculoskeletal:** Joint deformity, movement restriction
- ✦ **Genital:** Prostate enlargement, prolapse

2. Aushadha Kalpa Prayoga

Kalpa	Matra	Anupana	Sevana Kala	Actions / Benefits
Yashtimadhu Churna	3–6 g	warm milk	Morning, on empty stomach	Rasayana, anti-ulcer, voice, skin support
Guduchi Swarasa	20 ml	Ghrita+Madhu	Morning, before food	Immunomodulator, Tridoshaghna, Rasayana
Ashwagandha Churna	3–6 g	Pippali churn and warm milk	At bedtime or morning	Strength, stamina, neuromuscular degeneration
Shatavaryadi Churna	3–6 g	warm milk	After meals (twice daily)	Anti-aging, hormonal balance
Vidradyadi Churna	3–6 g	warm milk	Morning or evening	Tissue rejuvenation, Vata-Kapha balance

3. Naimittika Rasayana for Jarajanya Vikara

Rasayana Name	Action
Chyavanaprasha	Anti-aging tonic; Respiratory system stabiliser, boosts Ojas, immunity, stamina
Ashwagandhadi Lehya	Promotes strength, sexual vigour, neuromuscular tonic
Brahma Rasayana	Cognitive enhancement, stress reduction
Amalaki Rasayana	Antioxidant, enhances vision, hair, skin, and immunity
Shilajatu Rasayana	Adaptogen, enhances Majja, Shukra, and vitality
Pippali Rasayana	Agnideepana, strengthens metabolism in aging
Guduchi	Rasayana specific for Brain and nerve

Ekala Aushadha Prayoga, Aushadha Kalpa, Rasayana in Indriyapradoshaja Vikara

1. Ekala Aushadha Yoga (Single Drug Therapy) for Indriyapradoshaja Vikara

Dravya	Guna / Karma	Matra	Anupana	Primary Indriya Targeted
Daruharidra	Chakshushya, Pittahara, Raktaprasadaka	3–5 g churna	Warm water	Chakshu (vision), Twak (skin)
Haritaki	Rasayana, Vatahara, Chakshushya	3–6 g churna	Warm water at bedtime	Chakshu, Jihva, Tvak
Vibhitaki	Kapha-Hara, Kanthya, Chakshushya	3–6 g churna	Warm water	Shrotra (hearing), Kantha
Amalaki	Chakshushya, Rasayana, Pittahara	3–6 g churna	Honey or Ghrita	Chakshu, Twak, Rasa Indriya
Pippali	Medhya, Rasayana, Deepana, Pranavaha Shodhaka	0.5–1 g powder	Honey or milk	Shrotra, Vak, Prana-Karmendriya

2. Aushadha Kalpa Prayoga

Kalpa	Matra	Anupana/Mode	Sevana Kala	Actions/Indriyaprabhava
Ksheerabala Taila 101	2–5 ml orally/ Abhyanga	Warm milk (oral)/ external	At bedtime/ morning	Balya, Chakshushya, Vatahara, Karnya
Sarivadi Vati	250–500 mg twice daily	Warm water	After meals	Useful in ear diseases
Chyavanprash	6–12 g twice daily	Warm milk	Morning and evening	General Rasayana, improves voice and vision
Triphala Churna	3–6 g powder	Warm water	At bedtime	Netra Prasadaka, Chakshushya, Anulomana

- ✦ **Matra:** 12-24gm/day.
- ✦ **Aushadha Sevana Kaala:** Pragbhakta.
- ✦ **Anupana:** warm milk.

Bilva taila

- ✦ **Phala Shruti:** Karna shola, Karna Naada.
- ✦ **Matra:** Q.S.
- ✦ **External as Karnapoorana**

Triiphala churna

- ✦ **Phala Shruti:** Chakshushya, Keshya, Tvachya, Anulomaka, Malavishodhana, Medohara, Rasayana, Kaphahara.
- ✦ **Matra:** ½-1 Tsf/Day.
- ✦ **Aushadha Sevana Kaala:** Pragbhakta
- ✦ **Anupana:** Madhu and Ghrita

MULTIPLE CHOICE QUESTIONS (MCQS)

Correct answers marked in bold

1. Which is the predominant Dosha in old age according to Ayurveda?
(A) Pitta
(B) Vata
(C) Kapha
(D) Rakta
2. Smritilopa in Ayurveda is correlated to which modern condition?
(A) Parkinsonism
(B) Alzheimer's disease
(C) Stroke
(D) Mania
3. Chyavanaprasha is primarily used in geriatrics as:
(A) Deepana
(B) Rasayana
(C) Raktashodhana
(D) Lekhana
4. The Ayurvedic term for progressive degeneration of tissues in aging is:
(A) Ojakshaya
(B) Dhatu Kshaya
(C) Srotorodha
(D) Agnimandya
5. Bilvadi Taila is primarily used for:
(A) Netra Tarpana (B) Sneha Pana
(C) Karna Purana (D) Shirodhara
6. Which of the following Rasayanas is best for Majja Dhatu Poshana?
(A) Shatavari
(B) Shilajatu
(C) Haridra
(D) Musta
7. Ksheerabala Taila is useful in:
(A) Hyperacidity
(B) Skin diseases
(C) Neurodegenerative conditions
(D) Liver disorders
8. Which of the following is a Medhya Rasayana?
(A) Shatavari
(B) Brahmi
(C) Haritaki
(D) Daruharidra
9. Aushadha indicated in cognitive dysfunction with gold as an ingredient:
(A) Saraswatarishta
(B) Drakshasava
(C) Arjunarishta
(D) Dashamularishta
10. MMSE and MoCA are tools for assessing:
(A) Agni (B) Manasika Prakriti
(C) Cognitive function (D) Dosha vitiation