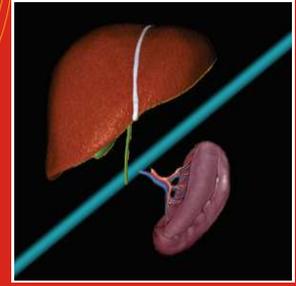


आरोग्यमंदिर

श्रीधर

पत्रिका
January 2011

AROGYAMANDIR PATRIKA



Yakrut-Pleeha Vikar Visheshank

EDITORIAL

For perfect functioning of the body appropriate function of each and every organ is essential. Yet there are some organs which are more important than others. Yakrut (Liver) - though not incorporated by the texts in the Trimarmiya Adhyay - only Shiro, Hruday and Basti have been incorporated - is one such organ.



This issue of Arogyamandir Patrika is dedicated to the discussion of Yakrut.

While covering Yakrut and its related disorders the common diseases afflicting Pleeha have also been covered. Both these have been collectively called Moolasthan of Shonitvaha Srotas.

We, at Shree Dhootapapeshwar, hope that this issue dealing with Yakrut Pleeha diseases and the 'day to day treatment' of Ayurvedic physicians will be appreciated.

As usual the issue is brought out by our team in response to the feedback received from respected Physicians and Post graduate students from all over the country.

We expect to receive your reactions to this issue and valuable suggestions for the topics to be covered in the upcoming issues.

Looking forward to your responses either by snail mail or e-mail on

healthcare@sdlindia.com or
vdshailesh@sdlindia.com

Wishing you a Happy, Healthy and Successful 2011.

Vd. Shailesh Nadkarni

Vishayapravesh

Each Shastra has its own methodologies of grouping the diseases in its own manner & form. Ayurved - undoubtedly an Aadi Science - in existence since times immemorial & practically having evolved with the life on this planet itself, has its own methodology as well as thinking process of grouping the various diseases. Charakacharya has explained the methods of classification of diseases based on Hetus, Sadhyasadhyata, Desha etc. However, when we talk about Ayurved as a Health science that enables all of us - physicians - to treat and cure the ailments and reduce the pain and suffering, the classification according to Srotas is considered to be very important by the physicians.

While classifying the diseases as per Srotas, one of the main point of discussion is the point of reference for classification. Should it be classified on the basis of the site of the symptoms getting exhibited or should it be on the basis of the site of etiopathology (Samprapti) of the disease? Should weightage be given to the Samprapti Ghatak or the Vyakti Sthana?

This is an example of the confusion - not only in the minds of the students of Ayurved today, but also in the minds of many a physicians themselves - an example in point is the Vyadhi - Udara. The confusion is as to whether it should be categorized as an Annavaaha Srotas Vikruti due to Agnimandya being the main cause or as Udakavaaha Srotas Vikruti due to excessive undigested Udaka being the most prominent of the Lakshan.

The Poorvapaksha & Uttarapaksha of both the arguments is extremely strong. However, here we have categorized Udara Vyadhi as an Udakavaaha Srotas Vikruti for the obvious reason that in this disorder, Udakavaaha Srotas is the main srotas what gets afflicted. Yakrut & Pleeha (Liver & Spleen) & the factors associated with them like Ranjak Pitta, Rakta Dhatu, their sites of origin & related disorders will be discussed in brief.

Yakrut Pleeha Utpatti

गर्भस्य यकृत्प्लीहानौ शोणितजौ ।

सु.शा. ४/२५

तृतीये अङ्गप्रत्यङ्गविभागश्च सूक्ष्मो भवति ।

चतुर्थे सर्वाङ्गप्रत्यङ्गविभागः प्रव्यक्तो भवति ॥

सु.शा. ३/१५

सप्तमे सर्वाङ्गप्रत्यङ्गविभागः प्रव्यक्ततरः ।

सु.शा. ३/२८

Ayurveda has explained not only what organs the body consists of, alongwith its role played in the Chayapachaya Kriya but, has also been extremely clear as to which is the substance that is transformed into a particular organ during the embryonic stage, e.g. during Garbhavastha Yakrut & Pleeha are formed from Rakta Dhatu itself during the third to seventh month. The texts of Modern science briefly discussing Intrauterine life also reveal that Liver & Spleen get developed during the second to fifth month.

Yakrut & Pleeha Parichaya -

शोणिताच्च समुत्पन्नं रसरज्जनतत्परम् ।

यकृद् रज्जकपित्तस्य स्थानं रक्तस्य संश्रयः ॥

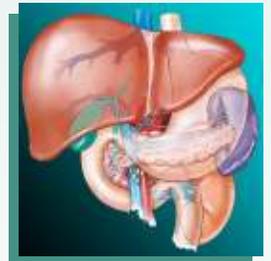
शा.सं. पूर्वखण्ड ५/८२

शोणिताच्च समुत्पन्ना रसरज्जनतत्परा ।

रक्तवाहिसिरामूलं प्लीहाख्याता महर्षिभिः ॥

शा.सं. पूर्वखण्ड ५/८१

During Garbhavastha Yakrut & Pleeha get developed from Rakta Dhatu & as is the Sthana of Ranjak Pitta, it converts Rasa Dhatu into Rakta Dhatu. Due to this function, they are also called as Raktashaya & Raktavaha Srotas Moolasthan.



Yakrut Pleeha

Sthana Bhed of Ranjak Pitta -

Ranjak Pitta is present in different regions as per different seers, but plays the same role i.e. the Utpatti of Rakta Dhatu or conversion of the Rasa Dhatu into Rakta Dhatu.

आमाशयाश्रयं पित्तं रज्जकं रसरज्जनात् । अ.ह. १२/१३

Vagbhatacharya in Ashtanga Hruday mentions that, Ranjak Pitta resides in the Amashaya & changes the colour of the Rasa Dhatu into Rakta Dhatu.

स खल्वाप्यो रसो यकृत् प्लीहानौ प्राप्य रागमुपैति । सु.सू. १४/४

रज्जितास्तेजसा त्वापः शरीरस्थेन देहिनाम् ।

अव्यापन्नाः प्रसन्नेन रक्तमित्यभिधीयते ॥ सु.सू. १४/५

तेजो रसानां सर्वेषां मनुजानां यदुच्यते ।

पित्तोष्णः स रागेण रसो रक्तत्वमृच्छति ॥ च.चि. १५

When the food gets digested, the first change that occurs is that whatever may be the form of food ingested – Khadya, Peya, Lehya or Choshya gets converted in Aahara Rasa which in turn nourishes Rasa, Rakta & other Dhatus. As per Sushrutacharya & Charakacharya, it is Ranjak Pitta that converts Rasa into Rakta Dhatu in Yakrut & Pleeha. However, Rasa and Rakta travel throughout the body together.

From the above points, it is very clear that every Acharya has mentioned that, the Rasa Dhatu is converted into Rakta Dhatu by Ranjak Pitta, the sites of origin of Ranjak Pitta may be different.

Raktavaha Srotas Moolasthan -

शोणितवहानां स्रोतसां यकृन्मूलं प्लीहा च । च.वि. ५

रक्तवहे द्वे, तयोर्मूलं यकृत्प्लीहानौ रक्तवाहिन्यश्च धमन्यः ॥ सु.शा. ९

Both the seers, Charakacharya in Vimana Sthana Adhyay 5 / 9 & Sushrutacharya in Sharir Sthana Adhyay 9 have explained Yakrut, Pleeha & the Blood vessels as the Moolasthan of Raktavaha Srotas.

Kala Parichaya -

धात्वाशयान्तरस्थस्तु यः क्लेदस्त्वधितिष्ठति ।

देहोष्मा विपक्वश्च सा कलेत्यभिधीयते ॥ शा.सं. पूर्वखण्ड ५/९

Kala is the body component which is present in the internal aspect of Dhatus & Ashayas which get formed due to the Dehoshma or the body temperature, Raktadhara Kala is one of the Kalas in the body.

यकृत् प्लीहोश्चतुर्थिका । शा.सं. पूर्वखण्ड ५/८

द्वितीया रक्तधरा मांसस्याभ्यन्तरतः तस्यां शोणितं विशेषतश्च सिरासु यकृत्प्लीहोश्च भवति । सु.शा. ४/१०

Yakrut & Pleeha are part of the 4th Kala i.e., the Raktadhara Kala out of the seven Kalas of the body as

mentioned by Sharangdharacharya while, Sushrutacharya in Sushrut Samhita Sharir Sthana Adhyay 4/10 has explained, Yakrut, Pleeha & related Sira as those that make up the Raktadhara Kala, i.e. the 2nd Kala which has its distribution in the inner layer of the Mansa Dhatu.

Matruj Bhava -

मांस शोणित मेदो मज्ज हृन्नाभि यकृत् प्लीहान्त्र गुदप्रभृतीनि मृदूनि मातृजानि । सु.शा. ३/३१

तद्यथा त्वक् च लोहितं च मांसं च मेदश्च नाभिश्च हृदयं च क्लोम च यकृच्च प्लीहा च वृक्कौ च बस्तिश्च ... वपावहनं चेति (मातृजानि) ॥

च.शा. ३/६

The meaning of Matruj Bhava with respect to Garbha are those which develop in the Garbha during the embryonic life & have their genetic influence through the Mother. All those organs which are soft (Mrudu) are explained as Matruja. Yakrut & Pleeha are the two Matruj Bhava, the others being Mansa, Shonit, Meda, Majja, Hrudaya, Nabhi, Twacha, Kloma, Vrukka, Basti, Purishadhan, Amashaya, Pakvashaya, Uttarguda, Adharguda, Kshudrantra, Sthoolantra, Vapa & Vapavahan.

Panchadasha Koshtanga -

पञ्चदश कोष्ठङ्गानि तद्यथा नाभिश्च हृदयं च क्लोम च यकृच्च प्लीहा च ... । च.शा. ७/१०

Koshtangas are the body components which have cavities / hollowness through which substances travel further & during this process different metabolisms take place. Out of 15 Koshtangas present in the body, Yakrut & Pleeha are the two Koshtangas responsible for the conversion & metabolism of the Rakta Dhatu as mentioned by Charakacharya.

Sharir Kriya of Yakrut and Pleeha -

Rakta Nirman Prakriya :

रसस्तु हृदयं याति समानमरुत्तेरितः ।

रज्जितः पाचितस्तत्र पित्तेनायाति रक्तताम् ॥ शा.सं. पूर्वखण्ड ६/१३

यदा रसो यकृद् याति तत्र रज्जकपित्ततः ।

रागं पाकं च सम्प्राप्य स भवेद् रक्तसंज्ञकः ॥ शा.सं. पूर्वखण्ड ५/१९

Saman Vayu plays a major role in the digestion of ingested food & the transfer of the essential factors to the regions or organs for further metabolism. Sharangdhar in his Samhita has mentioned that, Saman Vayu brings the Aahar Rasa into the Hrudaya where it is converted into Rasa Dhatu which when reaches the Yakrut & Pleeha gets converted into Rakta Dhatu due to the presence of Ranjak Pitta.

As mentioned earlier, Sushrutacharya has also mentioned the same details about Rakta Nirmiti in Yakrut & Pleeha.

Yakrut Rachana and Kriya -

Shree Gananath Sen in his book Pratyaksha Shariram mentions that, Yakrut is a Bruhat (Big in size), Ghana Komala Granthi (Liver being a Solid but Soft Organ) situated in the Udara Guha (Abdominal cavity) in the Dakshin Anuparshvika Pradesh (Right Hypochondriac region) near the Hrudayadharik Pradesh (Pericardial region).

The Yakrut has 2 Tala (Surfaces) – Upper & Lower, 2 Dhara (Borders) – Anterior & Posterior, 2 Pinda (Big Lobes) – Right & Left, 2 Pindika (Small Lobes), 5 Sita (Blood Vessels), 5 Prabandhan (Ligaments) & 5 Aashaya (Cavities). The Yakrut has smooth & soft surfaces, is triangular in shape, big in size & resembles a Pakva Taala Phala.

The Liver also comprises of the Biliary Tree which is a combination of the Hepatic ducts & Bile ducts which eventually form the Common Hepatic duct. The Bile prepared in the Liver flows through these ducts & meets the Cystic duct emerging from the Gall bladder & after this junction it is known as the Common Bile Duct. The Bile eventually flows to the Duodenum where it is required for digestion of food.

The Liver has numerous functions out of which production of Bile is the topmost priority & the others being Amino acid synthesis, Carbohydrate metabolism, Protein metabolism, Lipid metabolism, Thrombopoetin production, Production of Coagulation factors etc. The Liver also plays a Major role in Insulin break down, Conversion of Ammonia into Urea, Storage of Vitamins, Glucose, Iron, Copper etc.

Pittashaya (Pittakosha) Rachana and Kriya -

The Pittashaya (Pittakosha) resembles a Kshudra Tumbi Phala, located at the Yakrut Tala (Lower surface of the liver) & is Urdhwa Mukhee in nature (Has its opening facing upwards).

It stores around 50 ml of Bile which enters the Duodenum when food containing Fats enters the digestive tract.

The major function of Gall Bladder is to concentrate the consistency of Bile by storing it within, thus intensifying its action of breakdown of the Fats present in food.

Rachana & Kriya of Pleeha -

The Pleeha is a Bruhat Granthi (Big organ) located in the Udara Guha in the Vama Anuparshvika Pradesh (Left Hypochondriac region).

The Pleeha is about 7 to 8 Angula in length, 4 Angula in breadth, 2 Angula in thickness, slightly oval & flat in shape, Blackish in colour resembling a Pakva Jambu Phala & is around Panchadasha (Fifteen) Tola in weight (150 - 165 gm in weight).

The Spleen of a normal adult human being lies in the Left quadrant below the 9th to 12th Thoracic ribs.

The Spleen is a part of the Lymphatic system & is necessary for mechanical filtration of Red blood cells. It is also necessary for Active Immune response. Storage of Red blood cells is also a major function of the Spleen.

Pittashmari

Pittashmari – an Ashmari or a stone from Pittashaya i.e. gall bladder. Though there is no specific Samprapti of Pittashmari mentioned in the text, it can be considered similar to the Samprapti of Mootrashmari.

Increased Ushna Guna of Sanchita Pitta from Pittashaya reduces Drava Guna of Pitta. This Pitta further gets Styantatva due to Sansarga of Kapha, which again solidifies with the influence of Vata leading to formation of Ashmari.

Sometimes due to Pittashmari, symptoms like severe pain, vomiting, fever etc. get exhibited but most of the times, the Pittashmari remains silent without showing any clear indications. Its usually detected best with radiological findings such as Sonography or X-rays.

Arogyavardhani

Indications - Yakrut Pleeha Vruddhi, Kamala, Pandu, Sthoulya, Malavibandha, Ekakushtha, Vicharchika, Vipadika, Shwitra, Kshudra Kushtha, Jwara

Dosage & Anupan – 2 - 4 tabs twice or thrice a day with Mahamanjishthadi Kadha, Khadirarishta, Kumari Asava No.1, Amrutarishta, Mahasudarshan Kadha, Punarnavasava or lukewarm water

Availability – 25 tabs, 50 tabs, 100 tabs, 1000 tabs



Punarnava Mandoora

Indications - Shotha, Pandu, Kamala, Yakrut Pleeha Vruddhi, Jalodara, Yakrutodara, Pleehodara, Krumi, Shwasa, Kasa

Dosage & Anupan – 2 – 4 tabs twice or thrice a day with Punarnavasava, Kumari Asava No. 1, Lohasava, Amrutarishta, Mahasudarshan Kadha or lukewarm water

Availability – 30 tabs, 60 tabs, 500 tabs, 1000 tabs



Yakrut Pleeha Vikar

Perhaps due to the similarity of origin from Rakta Dhatu, their functions, Dushti Lakshan etc. the diseases too developed due to Vikruti in these two organs are clubbed under one name, i.e. Yakrut Pleeha Vikar. A number of diseases are mentioned in the texts related to the Yakrut & Pleeha right from their Enlargement upto Bleeding disorders, but some major diseases which will be discussed in brief from the Ayurvedic point of view are as follows :-

1. Udara (Ascitis)
2. Kamala (Jaundice)
3. Vidradhi (Abscess)
4. Pleeha Vruddhi (Enlargement of Spleen)
5. Bhasmak



1. Udara (Ascitis) -

उदरोत्सेधाद्भवति, उदरगुहायां जायमान उदकसञ्चयपर्यवसायी शोथयुक्तो विकारः ।

र.३,१३७

The name 'Udara' reveals the disease which is seen in the Udara Pradesh i.e. the Abdominal cavity & the classical sign of this disease is the Shotha or Utsedha of the Udara Pradesh due to accumulation of Jala. This accumulated Jala is not similar to the Jala which we ingest, but is Pichil in consistency due to its Apachit character, which makes it very difficult to be thrown outside the body.

Nidan -

रोगाः सर्वेऽपि मंदेश्चो सुतरामुदराणि च ।
अजीर्णान्मलिनाश्चात्रैर्जायन्ते मलसंचयात् ॥

अ.ह.नि. १२/१

The major cause of Udara is Agnimandya leading to Jala Mahabhutagnimandya which further causes excess Apachit Jala Sanchiti in the Udara Pradesh. Udara is also caused due to Ajeerna, Vikrut Anna Sevan & Malasanchaya as mentioned by Vagbhatacharya.

Sadhya sadhyatva of Udara -

अन्ते सलिलभावं हि भजन्ते जठराणि तु ।
सर्वाण्येव परीपाकात्तदा तानि विवर्जयेत् ॥

सु. नि. ८/२६

All types of Udara ultimately get converted into Jalodara and at that stage its treatment is very difficult.

जन्मनैवोदरं सर्वं प्रायः कृच्छ्रतमं मतम् ।
बलिनस्तदजाताम्बु यत्नसाध्यं नवोत्थितम् ॥

च.चि. १३/५२

Udara is one of the diseases mentioned in Ashtamahagada & is Darun in nature. Hence it is Kashta Sadhya in character. But it can be treated successfully with appropriate efforts if the Rugna Bala is good & disease has newly occurred with minimum presence of Fluid. The role of the Vaidya in treating Udara is of utmost importance, as it is not just the medicines but also the strict diet for the patient needs to be explained & impressed upon the mind of the patient that, during treatment strict following of the restrictions & directions prescribed to the patient is a must.

Udara Chikitsa -

दोषातिमात्रोपचयात् स्रोतोमार्गनिरोधनात् ।

संभवत्युदरं तस्मान्नित्यमेव विरेचयेत् ॥

च.चि. १३/५९

उदराणां मलाढ्यत्वात् बहुशो शोधनं हितम् ।

योगरत्नाकर

Excessive Dosha Sanchaya & Srotorodha are the two basic factors for the Samprapti of Udara. For the Samprapti Bhanga, Shodhan, especially Virechan, is very useful and needs to be employed by the physician in the form of Nitya Virechan taking into consideration the Bala of the patient. Due to Virechan, excessive amount of Jala is expelled from the body & the procedure of formation & accumulation of Picchil Jala in the Udara Pradesh also reduces.

A] Jalodara -

The most common type of Udara which effects around 90% of the suffering patients is Jalodara. It is characterised by the presence of Fluid or Jala in the abdominal cavity, more precisely in the Layers of Peritoneum.

Atiyoga of Vaman, Virechan, Basti Chikitsa, Atiyoga of Snehan, Atiyoga of Langhan or suffering from different diseases leading to Agnimandya, Mansa – Meda Ksheenata, Drinking excess quantity of water especially Cold water are the most commonly found causes of Jalodara.

Teekshna Virechan, Gomootrayukta & Ksharayukta Aushadha should be used. Jayapalayukta Kalpa like Ichchhabhedi Rasa or Snuhiksheer are used for Virechan. All liquids are considered as Apathya for the patient except Milk, as milk is known for its laxative property as well as Bala Vruddhikar, Dhatu Poshak properties.

The Kalpa used in Jalodara are -

The Virechan Kalpas effective in Jalodara with Shuddha Jayapala as the content are Jalodarari Rasa (50 % Jayapala), Ichchhabhedi Rasa (50 % Jayapala), Udarari Rasa (16.66 % Jayapala), Vatavidhwansa (Maha) Rasa (10 % Jayapala), Narach Rasa (9 % Jayapala), Ashwakanchuki Rasa (8 % Jayapala), the other Kalpas being Abhayadi Modak, Gomootra Haritaki, Arogyavardhani, Punarnavasava, Kumari Asava No.1 etc. Parpati Kalpa like Suvarna Parpati, Panchamrut Parpati & Rasa Parpati are used for Apunarbhava Chikitsa.

Though Jalodarari Rasa & Ashtamootra Prayog are also mentioned in Bhaishajya Ratnavali – Udara Rogadhikar, it is found that in today's situation & the Bala of the patient being in a compromised state, a product like Vatavidhwansa (Maha) Rasa is most suited.

B] Yakrutodara & Pleehodara -

Mere enlargement of Yakrut or Pleeha is not known as Yakrutodara or Pleehodara. All the other signs & symptoms of Jalodara should be present along with Yakrut & Pleeha Vruddhi, Panduta, Mandajwara etc.

According to Vagbhatacharya, the causes of Yakruta - Pleehodara are travelling after excessive eating, Ativyavaya, Ativyayam, excessive Karshan due to Vamanadi Karma, Raktadushti due to any cause etc.

In Yakrutodara & Pleehodara along with Tridosha vitiation,

Yakrut Pleeha Vikar

the factors of Raktadushti have to be taken into account. Naturally its treatment should include Snehana, Swedana, Virechan & further Niruh, Anuvasan Basti etc. Raktamokshan through Siravedha through the Left hand is done in Pleehodara & Siravedha through the Right hand is done in Yakrutodara as mentioned by Charakacharya in Chikitsa Sthana 13/77 – 78.

The Kalpa used in Yakrutodara & Pleehodara are - Arogyavardhani, Bhoomyamalaki, Sharapunkha, Rohitak (Rakta), Rohitakarishtha & Punarnavasava are used with good effect along with other Kalpas as mentioned in Jalodara Chikitsa.

Pathyapathya in Udara -

Virechan, Langhan, intake of Jeerna Kulathi, Moong, Rakta Shali, Jau, Jangal Pashu – Pakshi Mansa, buttermilk, castor oil, garlic, ginger, Parwar, bitter gourd, use of Abdominal Belt, Agnikarma etc. are termed as Pathya in Udara Roga. Raktamokshan being a characteristic procedure in Yakrutodara & Pleehodara.



Snehana, Dhoompaan, Jalpan, Vaman, Divaswap, excessive travelling, excessive exercise, Pishtanna Sevan, intake of fish, Anoop Pashu Pakshi Mansa, Til, salty – spicy foodstuff, Viruddha Anna, Swedana Karma etc. are termed as Apathya in Udara Roga.

Jalavisravan in Udara (Sushrut Samhita Chikitsa Sthana 14/18) -

Tapping of Ascitic fluid which is done with the help of a Brihi Mukha Yantra (Trocar & Cannula) or Lumbar Puncture needle. This procedure is done in the site below the Umbilicus & 4 Angula (inch) towards the left. The complete amount of accumulated fluid should not be drained at one time, as it could lead to Trushna, Jwara, Atisar, Shwasa, Padadaha etc. Hence it is advised to perform this procedure with a gap of 3 to 16 days & fluid should be drained in lesser quantity.

Tapping is done only when the Fluid quantity is more, otherwise the above mentioned treatment can reduce the quantity of fluid accumulated in the Peritoneal layers. The tapped fluid is checked for any source of infection & levels of proteins, i.e. whether the fluid is Transudate or Exudate. Excessive tapping of fluid can lead to Hypovolemic Shock.

2. Kamala (Jaundice) -

विविधान् कामान् लाति इति कामला ।

According to the texts of Ayurved, the disease in which all the desires are lost is called as Kamala.



हारिद्रनेत्रः स भृशं

हारिद्रत्वङ्गखाननः । रक्तपीतशकृन्मूत्रो भेकवर्णो हतेन्द्रियः ॥

च.चि. १६/३५-३६

शाखा रक्तादयः त्वक् च ।

अ.ह. १२/४४

The person suffering from Kamala exhibits Yellowish discoloration of eyes, skin, nails, face & the colour of Mala & Mootra too becomes Reddish Yellow. The person also suffers from Daha, Apachan, Dourbalya, Shithilata, Aruchi, Krushata etc.

Charakacharya in Chikitsa Sthana Adhyay 16 - Kamala Prakaran mentioned that, Kamala is the further stage of Pandu which occurs due to Pittakar Aahar Sevan by the person suffering from Pandu causing vitiation of Pitta. The vitiated Pitta burns or damages the Rakta & Mansa Dhātu & causes Kamala. Haarit has also mentioned Kamala as a stage of Pandu. Hence such type of Kamala is also known as Pandupoorvika Kamala.

Vruddha Vagbhat in Ashtanga Sangraha Nidana Sthana Adhyay 13 / 18 mentions that, Kamala can be caused without the presence of Pandu Roga. Vagbhat & Sushrut have also accepted this statement made by Vruddha Vagbhat. According to them, during any disease if the patient intakes Pittakar Aahar Vihar, he may further suffer from Kamala.

Modern science states that, there are 3 types of Jaundice, i.e. Hepatocellular, Obstructive & Haemolytic, but according to Ayurved 2 types of Kamala are noted which are Bahupitta Kamala (Pandupoorvika Kamala) or Koshthashakhashrita Kamala & Ruddhaphath Kamala or Shakhashrita Kamala.

If we concise all the points together regarding the origin or cause of Kamala as explained above, we can come to a conclusion that, 2 types of Kamala exist. One is termed as Pandupoorvika Kamala or Koshthashakhashrita Kamala & the other is termed as Kaphavaruddha Kamala or Shakhashrita Kamala.

A] Bahupitta Kamala -

Charakacharya has mentioned in Chikitsa Sthana Adhyay 16, that Bahupitta Kamala has all the symptoms of Kamala as mentioned above & is caused due to vitiation of Pitta Dosha due to excessive intake of Ushna Teekshna Aahar by a patient suffering from Pandu. In this form of Kamala, the Yakrut produces & expels a large amount of Vikrut Pitta which further spreads in both Koshtha & Shakha, which is responsible for the Yellowish discoloration. Hence it is termed as Pandupoorvika Kamala.

Sootashekhar Rasa

Indications – Amlapitta, Agnimandya, Chhardi, Udarashoola, Hikka, Grahani, Bhrama, Shirahshoola

Dosage & Anupan – 1 – 2 tabs twice or thrice a day with Honey, Ardrak Swarasa, lukewarm water or as per the condition of the patient

Availability – 10 tabs, 30 tabs, 60 tabs, 300 tabs



Yakrut Pleeha Vikar

... कामली तु विरेचनैः ।
रेचनं कामलार्तस्य स्निग्धस्यादौ प्रयोजयेत् ।
ततः प्रशमनी कार्या क्रिया वैधेन जानता ॥

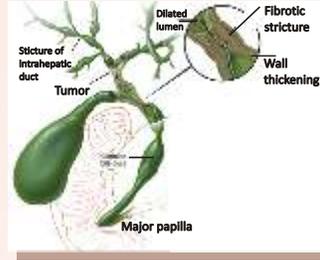
च.चि. १६/३८
वंगसेन

The treatment in Bahupitta Kamala includes Snehan followed by Mrudu Virechan with Aragwadh, Draksha, Amalaki, Nishottar, Kutki etc.

Further medicines containing Tamra Bhasma like Arogyavardhani, Sootashekhar Rasa, Kumari Asava No. 1 can be used. In conditions of excessive Daha, Kamadugha (Mouktikyukta), Pravala Panchamrut, Chandrakala, Usheerasava, Chandanasava etc. also play a major role.

B] Ruddhaphath Kamala -

Ruddhaphath Kamala, as the name suggests is due to Obstruction of the path of bile or Avarodha of Pitta from the Yakrut to the Antra.



It can be further classified as Nija Avarodha i.e., Kaphavarodha & Agantuja Avarodha i.e., due to Physical obstruction due to Pittashmari (Calculi), Polyp, Tumour etc. The physical obstruction can be from either sides, i.e. from within – Calculi, Polyp or from outside – Tumour causing compression of Pitta Nalika.

Due to intake of Ruksha, Sheeta, Guru, Madhur Dravya, excessive exercise, Vegavidharan etc. vitiation of Vata & Kapha Dosh occurs. The vitiated Vata Dosh due to its Ruksha Guna causes Rukshata of Kapha Dosh & obstructs the path of Pitta in the Pitta Nalika flowing from the Yakrut to the Intestine. Due to this obstruction, Pitta cannot come in the intestine for digestion of food & hence the colour of the stool becomes White (Tila Pishtha) & the stool appears to be indigested etc.

The obstructed Pitta then enters the Shakha Pradesh & causes Yellowish discolouration of the Skin, Eyes, Nails etc., hence it is also called as Shakhashrita Kamala. It can be compared with Obstructive Jaundice.

In simple words the treatment of Ruddhaphath Kamala initiates with clearing the obstruction first & once the obstruction is cleared, it is necessary to direct the vitiated Pitta from the Shakha to the Koshttha which is also the treatment for Bahupitta Kamala.

वृद्ध्या विष्यन्दनात् पाकात् स्रोतोमुखविशोधनात् ।

शाखा मुक्त्वा मलाः कोष्ठं यान्ति वायोश्च निग्रहात् ॥ च.सू. २८/३३

Due to Vriddhi of vitiated Doshas, the Vishyandan Karma of Doshas (the tendency to move or flow), Paripaka of Doshas (digestion of Doshas), Srotomukha Shodhan (clearing the openings of the Srotas Mukha) & due to Vayu Nigraha, the vitiated Doshas leave the Shakha Pradesh &

come to the Koshttha from where it is easier to remove the vitiated Doshas from the body.

Snehan is contraindicated in Ruddhaphath Kamala, but for removing the obstruction of Kapha, Teekshna Virechan is administered. For Virechan, Kalpa including Trivrut, Danti, Kutki & Jayapala are used.

In the treatment of Ruddhaphath Kamala, Ushna, Teekshna, Lekhan & Katu Rasatmak Dravya are used. Tamra Bhasma & its Kalpa like Arogyavardhani, Sootashekhar Rasa, Kumari Asava No. 1 are preferred.

The combination of Nimbu Swarasa, Trikatu & Saindhav is also beneficial in Ruddhaphath Kamala. Nimbu Swarasa increases the Amla Gunadharm, Trikatu increases the Ushna Gunadharm & helps for Bhedan Karma & Saindhav increases the Snigdhatva being a Lavana & helps in Agnideepan. All these collectively act to remove the obstruction of Kapha in Ruddhaphath Kamala.

If the obstruction of Pitta Nalika is due to Arbuda (Tumour or Polyp) or Krumi, respective treatment should be given.

According to Modern science, this obstruction is due to Calculus / Polyp / Tumour in the Biliary tree & treatment of Lithiasis both Medicinal & Surgical can be given depending upon the condition of the patient.

Pathyapathya in Kamala -

In Bahupitta Kamala, Ganderi (Sugarcane) is given to chew, Goghrita, cow's milk, Draksha, Anjeer, Kohala (Ash gourd) etc. Madhur Rasatmak & Pittashamak dravya are used.

In Ruddhaphath Kamala (Kaphavaruddha), Papaya etc. Ushna Gunatmak dravya are used. Madhur Rasatmak, Snigdha & Guru Dravya are contraindicated in Ruddhaphath Kamala.

3. Vidradhi (Abscess) -

वृक्कयोः पार्श्वसङ्कोचः प्लीह्युच्छ्वासावरोधनम् ।

श्वासो यकृति तृष्णा च पिपासा क्लोमजेऽधिका ॥ सु.नि. ९/२२-२३

Yakrut & Pleeha are sites of Abhyantar Vidradhi, as mentioned in Madhav Nidan Adhyay 40, Ashtanga Hruday Nidana Sthana Adhyay 11 & Sushrut Samhita Nidana Sthana 9/22 – 23.

Due to Pleeha Vidradhi the process of respiration can get vitiated leading to Shwasakrucchata. Shwasa and Trushna are also noticed due to Yakrut Vidradhi.

The treatment of Yakrut & Pleeha Vidradhi in Apakvavastha has to be done with Ushakadi Gana Kwatha & Varunadi Gana Kwatha following intake of Virechak Ghrita. Then Anuvasan & Asthapan Basti of Ushakadi Gana Kwatha & Varunadi Gana Kwatha are administered along with oil for further management. Surgical assessment has to be done during Pakvavastha of Yakrut & Pleeha Vidradhi.

Yakrut Pleeha Vikar

4. Pleeha Vruddhi / Pleeha Roga (Enlargement of Spleen) -

वातः प्लीहानमुद्भूय कुपितो यस्य तिष्ठति ।
शनैः परितुदन् पार्श्वे प्लीहा तस्याभिवर्धते ॥

च.सू. १८/२८

Pleeha Roga or Pleeha Vruddhi occurs due to Vishamajwara, Jeerna Jwara, Medakshaya & other Vata Prakopak & Rakta Dushtikar reasons. Shoola at the site of Pleeha is the characteristic sign of Pleeha Vruddhi. There are 5 types of Pleeha Vruddhi mentioned in the texts, namely Vataj, Pittaj, Kaphaj, Sannipatik & Raktaj.

Yakrut Roga or Yakrut Vruddhi should be also understood in the same way as like Pleeha Roga or Pleeha Vruddhi including the Treatment & Pathyapathya.

The texts of modern science clearly indicate, that whenever there is any kind of infection along with signs like Fever, there is mild to moderate enlargement of the Liver & Spleen.

Charakacharya has also mentioned Pleeha Shotha (Splentitis) in Chikitsa Sthana which is as follows :-

वामपार्श्वे स्थितः प्लीहा च्युतः स्थानात् प्रवर्धते ।

च.चि. १३

Due to vitiated Vata, the Pleeha situated in the Vama Parshwa (Left quadrant) is enlarged & displaced from its original site which causes excessive Pain.

The treatment of Pleeha Vruddhi is similar to Pleehodara in which specifically medicines like Arogyavardhani, Rohitakarishtha, Sharapunkha, Tamra Bhasma, Gomootra Haritaki, Kumari Asava No. 1 are beneficial. Raktamokshan especially Siravedha through Vama Bahu Sira is also effective.

Pathya includes all the measures taken for Pitta Shaman & Rakta Prasadana, Milk being one of the important Pathya.

Suvarna Vasant Malati

Indications – Jeerna Vikar, Jeerna Jwara, Yakrut Pleeha Vruddhi, Shotha, Dhatukshaya, Dourbalya, Dhatvagnimandya, Shukraksheenata, Shwetapradar, Pratishtyaya

Dosage & Anupan – 1 – 2 tabs once or twice a day with buttermilk or as per the condition of the patient

Availability – 10 tabs, 30 tabs, 60 tabs, 300 tabs



Myrolax Forte

Indications - Teevra Malavibandha, Udara, Shotha, Kamala, Kushtha, Pandu, Grudhrasi

Dosage & Anupan - 1 tablet early morning or at night with lukewarm water

Availability – 10 Tabs (Blister pack)



Agnikumar Rasa

Indications – Ajeerna, Visuchika, Adhman, Udarashoola, Atisara, Chhardi developed due to Ajeerna & Kamala

Dosage & Anupan – 1 – 2 tabs twice a day with honey, buttermilk or lukewarm water

Availability – 25 tabs, 50 tabs, 1000 tabs



Ichchhabhedhi Rasa

Indications – Udara, Shotha, Kamala, Kushtha, Malavarodha

Special Precaution – Not to be used in Jeerna Adhman & Pregnancy

Dose – 1 tab early morning or at night with water.

Availability – 40 tabs, 500 tabs, 1000 tabs



- Liver Transplantation -

Liver Transplantation or Hepatic Transplantation is the replacement of the diseased liver with a healthy liver. The commonest procedure used is Orthotopic transplantation in which the diseased liver is removed & a healthy donor liver or its part is placed in the exact anatomic position. It is a well accepted surgery for end stage of Liver disease or Acute Liver Failure involving numerous sutures & anastomosis.

In children, living liver donor transplantations have become very accepted. The accessibility of adult parents who want to donate a piece of the liver for their children / infants has reduced the number of children who would have otherwise died waiting for a transplant. Having a parent as a donor also has made it a lot easier for children - because both patients are in the same hospital and can help boost each other's morale.

The Total expenses occurring during this procedure in India goes to around 2 – 3 lacs, while in other nations it is even higher.

Vatavidhwansa (Maha) Rasa

Indications – Pakshaghat, Vatavyadhi, Udara, Grudhrasi, Avabahuka, Amavata, Tamakshwasa, Unmad, Apasmar



Dosage & Anupan – 1/2 – 1 tab in the morning or in acute condition once as & when required with ghee, honey or water
Availability – 60 tabs, 1000 tabs

Is it not necessary to think?

In today's era, "Tonic" resembles a product which protects & enhances the function of a specific organ of the body. Liver Tonic is one such concept which is randomly used by all medical practitioners, just to assure that the functions of the Liver are improved & they stay intact.

Most of the Liver tonics come with an advertisement mentioning "Protection against all types of Hepatitis". But such Tonics are usually sweet in taste, i.e. they have ample amount of Madhur Rasa in them. Is it right to give such Liver tonics in conditions of Kaphavaruddha Kamala or Ruddhapath Kamala ?

An ideal medicine or Kalpa for the Yakrut Pleeha Vikar should be one which increases production & flow of Prakrut Yakrut Pitta Srava to the desired sites for proper digestion in which Dravyas like Kutki, Bhrungaraj, Bhoomyamalaki, Triphala, Guduchi, Daruharidra, Parpata etc. play a major role.

Is there any point in using a formulation with Dravyas increasing as well as decreasing the Yakrut Pitta Srava, as like formulations present in the market today? Should we as Ayurvedic Physicians come under the influence of such advertisements, without considering the Avasthas of the Vyadhis suffered by the patient?

Is it not necessary for us to think about the Agni & Bala of the patients before giving such medicines to them?

Is it not essential for us physicians to think about the basics of Ayurved like Bhaishajya Kalpana?

Kumari Asava No. 1

Indications – Kamala, Yakrut Vikar, Shotha, Pandu, Sthoulya, Udara, Malavibandha, Arsha, Sakapha Kasa, Nashtartava, Agnimandya



Kamala, Yakrut Vikar – Kumari Asava No. 1 + Arogyavardhani + Punarnava Mandoora

Shotha, Udara - Kumari Asava No. 1 + Punarnavadi Guggul / Myrolax Forte

Dosage & Anupan – 10 to 20 ml (2 – 4 tsf) twice or thrice a day after meals with equal quantity of lukewarm water

Availability – 200 ml, 450 ml, 5 ltr.

Punarnavasava

Indications – Yakrut Pleeha Vriddhi, Udara, Shotha, Pandujanya Shotha, Vrukkavikrutijanya Shotha, Hrudvikrutijanya Shotha, Mootrakurchra, Mootrighat

Yakrut Pleeha Vriddhi – Punarnavasava + Arogyavardhani + Punarnava Mandoora

Udara – Punarnavasava + Ichchhabhedhi Rasa

Dosage & Anupan – 10 to 20 ml (2 – 4 tsf) twice or thrice a day with equal quantity of lukewarm water

Availability – 200 ml, 450 ml, 5 ltr



For more details please contact:
Health Care Services

Shree Dhootapapeshwar Ltd.

135, Nanubhai Desai Rd., Khetwadi, Mumbai - 400 004
Tel. No: 91-22-3003 6300 Fax: 91-22-2388 1308
e-mail: healthcare@sdindia.com
website: www.sdindia.com

For the use only of a registered Medical Practitioner, Hospital or a Laboratory
© All Copy Rights Reserved