

A Review on Kshudraroga with Special Reference to Shalyaja Vyadhi

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ABSTRACT

In Ayurvedic Samhitas various diseases are described, Kshudra Roga is one among those conditions. Acharya Sushruta has explained 44 Kshudra Rogas in Nidanasthana and Chikitsa Sthana. In Charaka Samhita also we get scattered references of Kshudra Roga in different chapters. In this article Susruthoktha Kshudrarogas were more focused with respect to Shalyaja Vyadhis. Shalyaja Vyadhi includes Shastra or Anushastra or both in the management of Kshudraroga. While explaining the treatment it is observed that there are different interventions have been propagated based on the Avasthas like Amavastha and Pakwavastha of each and every conditions. Out of these indications here Shalyaja Vyadhis are enlisted and correlated with conditions as in contemporary science. This condition such as Chippa, Kadara, Sannirudhaguda, Nirrudhprakhsha, Gudabrahmsa, Jatumani, Mashaka, Tilakalaka, Avapatika, etc., along with their contemporary correlations is enumerated in this article. Apart from this, it is also observed that Rakthamokshana is choice of treatment in much variety of Kshudrarogas. Also explained that wherever conservative management fails in that condition to adopt surgical interventions.

KEYWORDS: Kshudra Roga, Shalyaja Vyadhis, Shashtra, Anushashtra

INTRODUCTION

Kshudra Roga is one of the groups of diseases in which Nidana, Lakshan and Chikitsa are described in short or brief. It is consisting of two words wherein Kshudra means Alpa (Less) and Roga means disease. Acharya Sushruta has explained 44 Kshudra Rogas with its Nidana, Samprapti, Lakshanas and Chikitsa in brief. So, in this study it is tried to correlate Kshudraroga with conditions as in contemporary science based on its clinical manifestations. Also this effort is very helpful in understanding the Kshudra Roga with their prognosis.^[1]

Acharya Sushruta says when the Vyadhi does not respond to Beshaja Chikitsa or when it attains Pakwa Avastha then one should go for Shashtra or Anushashtra Karma, hence they are segregated under Shalyaja Vyadhis. Among that few Shalyaja Vyadhis are explained with its correlations such as Chippa, Kadara, Parivartika, Sannirudhaguda, Nirrudhprakhsha and Gudabrahmsa, Jatumani, Mashaka, Tilakalka, Avapatika etc.

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Chippa (Paronychia)

When Vata and Pitta aggravated and getting localized in Nakha Mamsa, produces Ruja, Daha and Paka this condition considered as Chippa.^[2]

Treatment

Acharya Sushruta says Chippa should be treated with Ushna Jala and Mamasa should be excised and drained out and treat like a Vrana and can be treated with Agnikarma.^[3]

Paronychia

Clinical Features

Redness, pain, swelling of the nail fold, Pus beneath the nail.^[4]

Treatment

Radical excision of the nail bed when there is in growing toes.^[5]

Kadara

Sushruta says by placing the Pada on hard or rough stone or by wound caused by thorns etc, or by

aggravated Dosas in Meda and Rakta give rise to Granthi like formation or hard like a bolt in the Pada of the size of kola which is having Ruja, Srava considered as Kadara.^[6]

Treatment

Should be excised followed by Dahana with Sneha.^[7]

Corn

Localized hyperkeratosis of the skin. It is usually occurs at the site of pressure i.e, sole or toes. They are hard in nature, painful when it is rubbed. Treatment Preventive measures such as using soft shoes, soft pads at the pressure points of the sole. Local applications such as cornation cap and excision of the corn.^[8]

Parivartika (Paraphimosis)

By too much of Mardana and Pidana to Medra (penis), Vata gets aggravated and localized, makes the skin rolled over, exposing the Mani (glans penis), it will be painful, burning sensation and forms pus.^[9]

Treatment

Acharya Sushruta says that with help of Ghrita and Upanaha, the skin (prepuce) is pulled forward slowly and the Mani (glans penis) pushed in, after that Upanaha should be tied for 3 to 5 days.^[10]

Paraphimosis

When a phimotic prepuce is forcibly retracted over the glans penis and it is stuck behind the glans penis, this condition is called paraphimosis.

Treatment

1ml of isotonic saline and 150 units of hyaluronidase is injected into each lateral aspect of the swollen ring of the prepuce. Multiple puncture may be made in the edematous prepuce in the idea to drain the fluid out. If all these measures are failed then patient to be general anaesthetized and the constricting band is dorsally slit. Thereafter the narrow cuff of skin which forms the constricting band is excised. Also circumcision can also be done according to circumstances.^[11]

Sanniruddha Guda (Anal Stricture)

Due to Vata Dosa Prakopa Mala does not come out and blocking the alimentary tract and makes the Guda narrow, because of narrowing the Guda Marga the mala will passed with difficulties, this disease is called Sannirudhaguda.^[12]

Treatment

It should be treated by a Nadi with opening at both ends from iron, wood or lac and smeared with ghee should be introduced into the urethra. Thicker tube should be inserted after every three days thereby widening the urethral passage or the Sevani should be cut open and then treated like a wound.^[13]

Anal Stricture

Due to post operative – Haemorrhoidectomy, pull through operations, repeated diathermy fulguration of polyps, inflammatory bowel diseases – both ulcerative as well as the crohns disease result in anal stricture, due to congenital, endometriosis, tuberculosis also leads to anal stricture. There will be increasing constipation is the characteristic feature of stricture, associated with hard stools, bleeding and pain in some cases.

Treatment

Bulk purgatives, vegetable diet, regular dilatation may be necessary for the strictures situated low in the rectum and anal canal, Intractable strictures need to be resected.^[14]

Niruddha Prakasha (Phimosis)

When Vata gets aggravated and becomes localized in the skin over the glans penis, makes it thick and block the Mutra Marga then the glans becomes concealed, stream of Mutra is slow and painless or painful, the glans is not cracked (ulcerated), this is known as Niruddha Prakasha.^[15]

Treatment

According to Acharya Sushruta, atube with opening at both ends made from either iron, wood and smeared with ghee should be introduced in to urethra for every 3 days thereby widening the Mutramarga or the Sevani (raphae under the penis) should be cut open and treated like a Vrana.^[16]

Phimosis

When the orifice of the prepuce (foreskin) is too small to permit its normal retraction over the glans penis, the condition is called phimosis. It is due to congenital, acquired i.e, inflammatory, traumatic, neoplastic(underlying carcinoma may leads to narrowing of prepuce orifice). There will be difficulty in micturition. In congenital phimosis mother complains that when the child micturates the prepuce balloons out and urine comes out in thin stream. In case of old phimosis patient complains of recurrent balanitis causing pain and purulent discharge coming out through the prepuce orifice.

Treatment

Circumcision; when phimosis is associated with considerable inflammation of the prepuce, a dorsal slit of the prepuce is performed, which is followed by circumcision at a later date when infection has subsided.^[17]

Gudabrahmsa (Rectal Prolapse)

Due to the severe straining of Mala and due to severe Atisara, the Guda comes out ,this is known as Gudabrahmsa. Acharya Sushruta says this conditions occurs in Ruksha and Durbaladehi.^[18]

Treatment

In Gudabrahmsa with the help of Snehana and Swedana the prolapsed portion of Guda is pushed slowly then Gophana Bandha with a hole in its centre for expulsion of Vayu should be tied and Swedana should be given frequently. Mushika Taila used for drinking as well as external application.^[19]

Rectal Prolapse

Partial prolapse – mucosa and submucosa of the rectum comes out through the anus.^[20] (It is due to whooping cough or excessive straining, Diarrhoea, common in females due to torn perineum)^[21] Complete prolapse – rectum comes out through the anus and the protrusion consists of all the layers of the rectal wall.^[22]

Treatment

Partial Prolapse - Digital repositioning, injection of ethanalamine oleate into the submucosa of rectum and Excision after applying Goodsalls ligature.^[23]

Complete Prolapse - Fixation operation

- A. Ivalon Sponge Wrap Operation,
- B. Rectopexy,
- C. Rectal Sling Operation,
- D. Perineal Approach,
- E. Lahauts Operation. Resection operations - A. Anterior Resection of the Rectum, B. Perineal Rectosigmoidectomy.^[24]

Jatamani, Mashaka, Tilakalaka (Mole, Warts)

In Jatamani: Ruja, slightly elevated, red in colour, Slakshanavat Sparsha.

In Mashaka: Avedanam, Sthira, Krishna Varna called as Mashaka.

In Tilakalaka: Krishna Varna, Tila Akara, Niruja, Samaani (without elevated) called as Tilakalaka.^[25]

Treatment

Acharya Sushruta says Jatamani Mashaka and Tilakalka should cut or with the help of Kshara and Agnikarma it can be treated.^[26]

Mole

A mole consists of localized aggrevation of various cells. These cells may arise as a proliferation of melanocytes in which they remain at the dermo – epidermal region.

Treatment

Excision, cauterization or use of salicylic acid and lactic acid solution can be helpful.^[27]

Warts

They are patches of hyperkeratotic over grown skin. Often common in young adults, they are pigmented, irregular lesions.

Treatment

Fulguration with diathermy, Excision, Cauterisation.^[28]

Avapatika (Tear In Prepuce)

This condition occurs due to indulgence of sexual activity with immature female or due to Abhighata by Hasta or Shukra Vegadharana.^[29]

Treatment

Acharya Sushruta says Avapatika should be treated as like Parivartika.^[30]

Tear In Prepuce

Here small ridge of tissue that connects the head of the penis to the shaft. A minor tear leads to many problems like difficulty in pulling the skin back, wound etc.

Treatment

Antibiotics, Topical Applications and Circumcision is the treatment choice.^[31]

DISCUSSION

Acharya Sushruta has well explained all Shalyaja vyadhis with respect to kshudra rogas. He has clearly bifurcates that which all conditions we can go for Beshaja, Anushashtra and Shashtra Karma, also explains Pakwa and Apakwa avastha of vyadhis which inturn related with Ama, Pachyamana and Pakwa avastha as explained in the context of Vranashotha and Vidradhi in Amapakweshniya Adhyaya.

Beshaja Sadhya Vyadhis

When the Vyadhis are Apakwa Avastha then one should adopt Beshaja such as In

- A. Masurika Pitta Shleshmavat Chikitsa should be adopted or Kushtaghna Lepa should be given
- B. Yovana Pidaka Acharya Sushruta told Lepana of Lodhra, Vacha etc should be adopted.
- C. Padmini Kantaka – Udwartana as well Vamana has advised.
- D. Vrashana Kachu,
- E. Ahiputana– Ghritapana, Lepa has been advised.
- F. Kachu, Vicharchika And Pama – Kushtavat Chikitsa should be adopted.
- G. Padadari is also comes in Aushadha Sadhya Vyadhis.
- H. Vivrata, Indravradha, Gardbhi, Jalagardhba, Irrivelli, Gandhanama, Visphotaka, Andhalaji, Yavaprakhya, Panasi, Kachapi, and Pashanagardhaba all these are also Aushadha Sadhya until they attains Pakwatha.

Anushastra Sadhya Vyadhis: (Raktamokshana, Jalaukavacharna, Prachanna etc.)

Such as Apakwa Vidarika Pracchana or Raktamokshana is adopted, In Pakwa Alasa and Arumshika, Nyacha, Vyanga, Nilika, Darunaka in all these Vyadhis Rakta Mokshana is adopted. Pracchanna should be adopted for Indralupta.

Shashtra Sadhya Vyadhis:

Bhedana is adopted in Pakwa Avastha (supporative stage) of Vivratta, Indravradha, Kaksha, Visphotaka. In Pakwa Vidarika Vidarana should be done with the help of Shashtra. Kadara, Chippa, Parivartika, Mashaka, Nirrudhaprakasha, Snnirudha Guda, Avapatika these all conditions come in Shashtravat Chikitsa. Acharya Sushruta told that Agnirohini cannot be treated by Beshaja, Anushashtra and by Shashtra i.e, Asadhya.

CONCLUSION

In the management of Kshudra Rogas Beshaja, Anushashtra and Shashtra Karma were indicated based on Ama, Pachyamana and Pakwa Avastha of the conditions. This approach of correlating conditions of Kshudra Rogas with contemporary science is very helpful in treating the Kshudra Roga and prognosis of these conditions may vary from Asadhya to Kashtasadhya or Sashtrasadhya. This study will also be helpful in the field of clinical research to take new initiations pertaining with Nidana Panchakas as well as Chikitsa.

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