

RAJAYAKSHMA – A MADHYAMA ROGA MARGA VYADHIShashirekha H. K. Bargale Sushant Sukumar¹Department of Basic Principles, ¹Department of Swasthavritta
S. D. M. College of Ayurveda and Hospital, Hassan, Karnataka, India**ABSTRACT**

In modern era *Rajayakshma* can be correlated to Tuberculosis. Though there is a difference in the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis, the clinical picture of both is quite similar. It is a major public health problem in India due to the environmental changes, changes in behavioural, diet habits, poor quality of life, population explosion, under nutrition, and lack of awareness about cause of disease and modern life style. *Ayurveda* can provide the satisfactory health service due to its comprehensive capacity of attaining all types of Pathological changes. To fulfil the applied aspect of these basic principles the symptoms of *Rajayakshma* have been under taken for study. Aims and Objectives: Assessment of involved *Dosha* and *Dushya* in *Rajayakshma*. Methods and Materials: An observational study was conducted on 30 patients selected from Tuberculosis Section of Civil Hospital, Bijapur, irrespective of sex, religion, etc, who had presented with the clinical symptoms of tuberculosis. Information on demography, symptoms, and lifestyle factors was collected by standard questionnaires. Results: In 16 patients (53.33%) *Vata Vruddhi*, 13 patients (43.33%) *Kapha Vruddhi*, 8 patients (26.66%) are having *Pitta Vruddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients (56.66%) are having *Pitta Kshaya* symptoms. *Dathu Kshaya Lakshana* was more reported in this study. *Majja Kshaya* (73.33%), *Asti Kshaya* (66.66%), *Mamsa Kshaya* (%), *Meda Kshaya* and *Rasa Kshaya* (60%), *Rakta* (43%) and *Shukra Kshaya* (26.66%). Conclusion: After examination of *Vruddhi* and *Kshaya* of *Dosha*, the *Vata Kapha Vruddhi* is found in maximum number of patients along with *Pitta Kshaya*. Thus on the basis of assessment of maximum patients seen in the study were *Vata Pradhana Tridosha* and *Kapha Vata Pradhana Tridosha Samprapti* was found.

Keywords: *Tridosha, Saptadathu, Vriddi, Kshaya, Rajayakshma, Nidana, Lakshana*

INTRODUCTION

Rajayakshma is a group of symptoms manifests by indulging *Sahasa* (by excessive stress and strain) *Vegasandara* (suppressing the natural urges), *Kshaya* (diminishing if dathu) *Vishamashana* (opposite to dietary regimen). Thus there is the manifestation of *Ekadasharupa* which involves *Tridosha* and *Sapta Dhatu*.¹ In this research work the diagnosed cases of tuberculosis are taken because *Rajayakshma* is a disease can better correlated with pulmonary tuberculosis in this era. Much effort has been done by the

followers of both pathies to understand the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis respectively. Therefore each event of pathology of both these clinical entities is described very precisely in their concerned treatises. In *Ayurveda* common as well as specific pathogenesis of each etiological factor has been described and in modern literature immune pathogenesis along with histopathology of the disease has been illustrated. But it is very difficult to compare these two due to a wide difference in the fundamental principles of both pathies i.e. *Tridosha sid-*

danta and infection by micro-organisms. Though there is a difference in the pathogenesis of *Rajayakshma* and Pulmonary Tuberculosis but the outcome i.e. clinical picture of both is quite similar. Maximum numbers of patients are in between 35-55 years of age group² and Males as compared with females because of their leaving style. Main causes for the disease are improper diet, habits, stress, stale food, spicy irritant food, oily foods, bakery products, some fast foods, wine, cigarette smoking, chemical medicines during meal, habit to take Pan, Tobacco and Tea or Coffee frequently³. It may be due to periodic or chronic intoxication detrimental to the individual and society produced by repeated intake of habit forming drugs etc. Chronic diet-related diseases are on rise around the world due to new lifestyles and eating habits.⁴ Occupational environment is meant the sum of external factors, influence of working population and nature of work. Overcrowding is health problem in human it may promotes the spread of Tuberculosis. It is mainly the disease of the poor; the majority of those are migrant Laborers. The prevalence of Tuberculosis diminishes on social and economic conditions improve, poor housing with associated over or re-infection if one of the occupants suffer from infection Tuberculosis. Illiteracy will increase the prevalence rate may be lack of awareness regarding the spreading of disease⁵. For any type of disease manifestation *Dosha* is the main cause⁶. *Rajayakshma* is manifested by the vitiation of *Vata* and *Kapha Pradana Tri-dosha*. *Madhyama Roga Marga* constitutes the Head, Heart, Bladder and such other *Marma Sthana*, *Asti Sandi* etc. *Vata* and *Kapha Dosha* gets aggravated with *Pitta dosha* and spreads all over the joints of the body and other *Marma Sthana*, *Urdwa*, *Adha* and *Tiryak Bhaga* and obstruct the

Srotas thus leading to an improper *Dhatu-paka*. So there is *Dhatu Kshaya* found in *Shosha* disease. In *Madhyama Rogamarga vyadhi* the disease affected in *Hridaya*, *Basti*, *Shira Pradesha*, *Marma* and *Asti*. In *Shosha*, these sites affected simultaneously, so this *Rajayakshma* is the best example for *Madhyama Roga Marga*⁷. The aim of this study was to evaluate the involved *Dosha* and *dathu* in the manifestation of *Rajayakshma*.

MATERIALS AND METHODS

Study design and patient selection

The present study was an observational study conducted on 30 patients, irrespective of sex, religion etc., who had presented with the clinical symptoms of tuberculosis and admitted in civil hospital. The patients were selected from Tuberculosis Section of Civil government Hospital Bijapur between September 2009 and December 2009. A detailed proforma was specially designed for the purpose of incorporating all aspects of the demography, dietary intake, lifestyle factors, and disease on *Ayurvedic* parlance. Informed consent was taken from the patients before including them in the study.

Methodology

Patients were eligible for the study if they were between 35-55years devoid of any other systemic disorders like viral infection, HIV, cancer, ext. *Rajayaksma* is a disease can better correlated with pulmonary tuberculosis in this era. Because of the clinical picture of both is quite similar viz. *Jwara* (fever), *Kasa* (cough), *Pratishyaya* (cold), *Arochaka* (anorexia) and *Shosha* (loss of weight), *Kapha Nishthivana* (Sputum Production) and *Rakta Nishthivana* (Haemoptysis) in adults having cavitatory disease. Once again the diagnosis has been conformed through *Ayurvedic* fundamentals like examination of *Dosha*, and *Dhatu* involved in the

manifestation of *Rajayakshma*. Patients were subjected for thorough history taking by using specially prepared case proforma where special concentration on Symptoms involved in the disease manifestation. Where history taking is followed to assess the involved *Dosha* and *Dathu* in the

Generalized observation

manifestation of *Rajayakshma* and study was carried out without follow up. Observational result mean is calculated by using Arythematic mean method.

OBSERVATIONS AND RESULTS

1. Generalized observation
2. Specific observation

Table 1: Showing generalized observation 30 subjects

Parameters		%		%		%		%
Age	35-45year	33.33	46-55year	66.66				
Sex	Male	76.66	Female	23.33				
Occupation	House wife	20.00	Agriculturist	56.66	Employee	20.0	Retired	3.33
Marital status	Married	96.66	Unmarried	03.33				
Economic status	Poor	80.00	Middle class	10.00	Higher class	00.00		
Education	Literates	33.33	Illiterates	66.66				
Appetite	Good	00.00	Reduced	73.33	Completely Reduce	27.00		
Diet	Vegetarian	13.33	Mixed	86.66				
Sleep	Disturbed	100.0	Sound	00.00				
<i>Mala pravrutti</i>	Regular	20.00	Constipation	16.66	Loose stool	63.33		
<i>MalaPravrutti</i>	Prakruta	73.00	Alpa	13.33	Athi	10.00		
Habits	Pan/Tobacc	40.00	Smoking	66.66	Alcohol	73.33	Other	30.00
Built	Ill nourished	56.66	Moderately nourished	43.33	Well nourished	00.00		
BMI	Under weight(<18)	73.00	Normal (18.5-24.9)	03.33	Over weight (25-29.9)	00.00		
<i>Nadi</i> (pulse)	70 & below	00.00	71-79/min	20.00	80-89/ min	70.00	90-99/min	10
Temperature	Normal (97-98°F)	23.33	Mild (99-100°F)	66.66	Severe (> 100°F)	10.00		
Strength	Good	00.00	Moderate	23.33	Less	73.33		

Specific Observation: Assessment of involved *Dosha* and *dathu* in *rajayakshma*

Table 2: Showing number of subjects having *Vata Dosha Vruddhi* and *kshaya Lakshana*

Sl. No	<i>Vruddhi lakshana</i>	Patients	%	<i>Kshaya lakshana</i>	Patients	%
1	<i>Karshya</i>	25	83.33	<i>Praseka</i>	02	06.66
2	<i>Karshnya</i>	17	56.66	<i>Aruchi</i>	29	96.66
3	<i>Ushna Kamita</i>	13	43.33	<i>Hrillasa</i>	27	90.00
4	<i>Kampa</i>	18	60.00	<i>Alpa chesta</i>	11	36.66
5	<i>Anaha</i>	08	26.66	<i>Alpa vak</i>	00	00.00
6	<i>Shakrit Graha</i>	05	16.66	<i>Praharsha</i>	00	00.00
7	<i>Bala Bramasha</i>	29	96.66	<i>Angasada</i>	16	53.33
8	<i>Nidra Bramsha</i>	19	63.33	<i>Agni vaishamy</i>	19	63.33
9	<i>Brama</i>	13	43.33			
10	<i>Dainya</i>	17	56.66			
11	<i>Bhaya</i>	16	53.33			
12	<i>Pralapa</i>	11	36.66			
13	<i>Asthishula</i>	24	80.00			

Table 3: Showing number of subjects having Pitta Dosh Vruddhi and kshaya Lakshana

Sl. No	Vruddhi lakshana	Patients	%	Kshaya lakshana	Patients	%
1	Peeta- mala	00	00.00	Aniyata toda	04	13.33
2	Peeta-mutra	02	06.66	Arochaka	28	93.33
3	Peeta- netra	05	16.66	Avipaka	12	40.00
4	Peeta – twaka	02	06.66	Netra shuklata	23	76.66
5	Kshudadikya	00	00.00	Netra shuklata	20	66.66
6	Trishna	20	66.66			
7	Daha	23	76.66			
8	Murcha	02	06.66			
9	Alpa Nidra	10	33.33			

Table 4: Showing number of subjects having Kapha Dosh Vruddhi and kshaya Lakshana

Sl. No	Vruddhi lakshana	Patients	%	Kshaya lakshana	Patients	%
1	Sthoulya	00	00.00	Brama	10	33.33
2	Alasya	09	30.00	Hridrava	05	16.66
3	Gourava	02	06.66	Anidra	11	36.66
4	Atinidra	00	00.00	Sleshmasaya shunyata	02	06.66
5	Shwasa	30	100.0	Vepana	17	56.66
6	Kasa	30	100.0	Dhumayana	00	00.00
7	Praseka	05	16.66	Sandhi – slata	02	06.66
8	Swaitya	16	53.33	Daha	13	43.33
9	Slatangata	00	00.00			
10	Agnimandya	28	93.33			
11	Sitata	15	50.00			

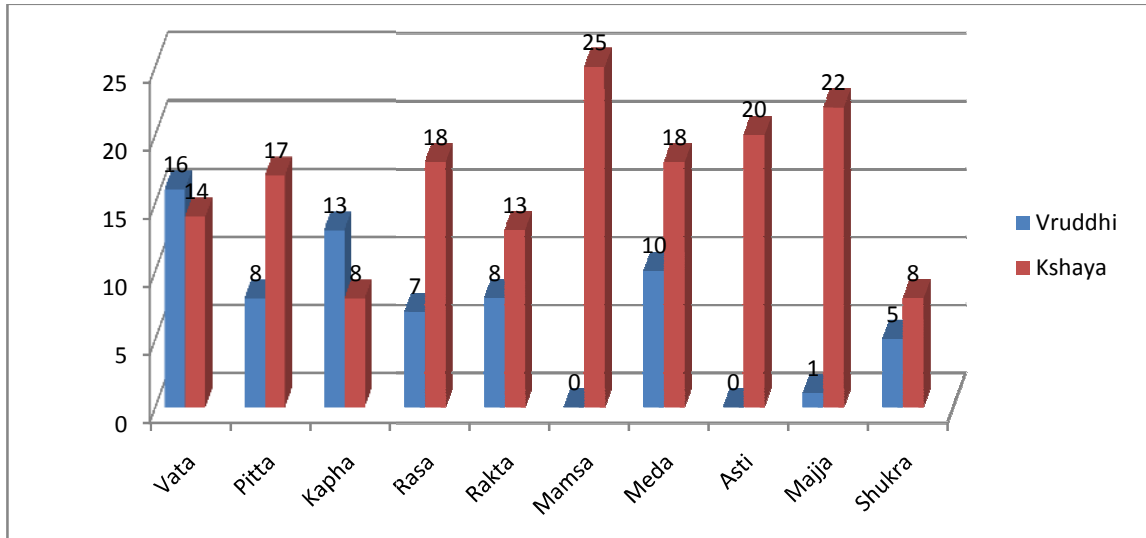
Table 5: Showing number of subjects having Sapta DathuVruddhi and kshaya Lakshana

Sl. No	Vruddhi lakshana	Patients	%	Kshaya lakshana	Patients	%
Rasa Dathu						
1.	Praseka	04	13.33	Rukshata	25	83.33
2.	Alasya	09	30.00	Srama	30	100.0
3.	Sitata	16	53.33	Shosa	30	100.0
4.	Slathangata	00	00.00	Glani	26	86.66
5.	Nidradhikya	00	00.00	Shabdasahisnuata	07	23.33
6.				Hritpida	05	16.66
7.				Trisna	20	66.66
8.				Kampa	16	53.33
Rakta Dathu						
1.	Visarpa	13	43.33	Amla pitta	06	20.00
2.	Pliha	04	13.33	Sisira preeti	20	66.66
3.	vidradi	00	00.00	Rukshata	25	83.33
4.				Sira shaitilya	07	23.33
Mamsa Dathu						
1.	Ganda	00	0.00	Sphik grivodara sushk	24	80.0
2.	Arbuda	00	0.00	Sandi vedana	30	100
3.	Granti	00	0.00	Glani	26	86.6
Meda Dathu						
1.	Sphik stanaudara lamban	00	0.00	Pliha vridhhi	04	13.33
2.	Ayasa	18	60.0	Kati shoola	28	93.33
3.				Sandi sputana	25	83.33
4.				Udara tanutwa	18	60.00
Asti Dathu						
1.	Adi danta asthi	00	00	Kesha danta nakha loma smashru patana	15	50.00
2.				Sandhi shaitilya	28	93.33
Majja Dathu						
1.	Netra ang gawrava	02	6.66	Asthi sushiratha	21	70.00
2.				Brama	10	33.33
Shukra Dathu						
1.	Atistri kamata	07	23.33	Chirat aprasichayata	02	06.66
2.	Sukra ashmari	03	10.00	Shukra shonitameva	02	06.66
3.				Toda	13	43.33
4.				Vrushanaya medrodumayana	00	0.00

Table 6: Showing total number of subjects having *Dosha* and *Dathu Vruddhi kshayaLakshan*

Sl.No	Dosha	Vruddhi	%	Kshaya	%
1.	Vata	16	53.33	14	46.66
2.	Pitta	08	26.66	17	56.66
3.	Kapha	13	43.33	08	26.66
Sl.No	Dhatu	Vruddhi	%	Kshaya	%
1.	Rasa	07	23.33	18	60.00
2.	Rakta	08	26.66	13	43.33
3.	Mamsa	00	00.00	25	80.00
4.	Meda	10	33.33	18	60.00
5.	Asti	00	0.000	20	66.66
6.	Majja	01	03.33	22	73.33
7.	Shukra	05	16.66	08	26.66

Figure 1: Total number of subjects having *Dosha* and *dathu Vruddhi* and *kshaya Lakshan*



1. Generalized observation
2. Specific observation. The collected data is as follows

Generalized observation

Among 30 patients, 10 patients (33.33%) are comes in between 35-45yrs, 20 patients (66.66%) are comes in between 45-55yrs. Among 30 patients 23 patients (76.67%) are male and remaining 7 patients (23.33%) are females. Among 30 patients, 6 patients (20%) are house wife, 17 patients (56.66%) are agriculturists, 6 patients (20%) are working in other field, and 1 patient (3.33%) is in retired life. Among 30 patients, 29 patients (96.66%) are married, and 1 patient (3.33%) is not married. There is no patient comes under Divorced and Widow. Among 30 patients, 28 patients (93.33%) are Hindu, and 2 patients (6.66%) are belongs to Muslim. Out of 30 patient 24 patients (80%) are from

poor family 6 patients (20%) are from middle class, no patient belongs to higher class. Out of 30 patient 20 patients (66.66%) are illiterates, remaining 10 patients (33.33%) are having their education between 10th to 12th class and below 10th class.

Personal history

Maximum patient i.e. 23 patients (76.66%) are having reduced appetite and 7 patients (23.33%) are having completely reduce appetite. Among 30 patients, 26 patients (86.66%) are uses to take mixed diet remaining 4 patients (13.33%) are taking vegetarian diet Almost all patients are having disturbed sleep. 6 patients (20 %) are having regular stool, i.e. once daily without problem.5 patients (16.6%) are

having constipation and 19 patients (63.33%) are having loose and frequent stool. Out of patients, 23 patients (76.66%) having no complaints, 4 patients (13.33%) are having less frequency and 3 patients (10%) are having increased frequency of micturation. Among 30 patients, 22 patients (73.33%) are having habit of alcohol, 20 patients (66.66%) are having habit of smoking and 12 patients (40%) are having habit pan and tobacco, remaining 9 patients (30%) are having habit to take tea frequently. Out of 30 patients maximum patients i.e. 17 patients (56.66%), are ill nourished and 13 patients (43.33%) are moderately nourished.

Among 30 patients, 21 patients (70%) are having under weight, 8 patients (26.66%) are having normal weight and 1 patient (3.33%) is having over weight. Among 30 pts, 6 patients (20%) are having pulse in between 71-79, 21 patients (70%) are having pulse in between 80-89 and 3 patients (10%) are pulse in between 90-99/minute. Among 30 patients, 3 patients (10%) are having severe degree, 20 patients (66.66%) are having mild degree temperature and 7 patients (23.33%) there are no significant degree of rising temperature is observed. Among 30 patients no patient are having good strength and 7 patients (23.33%) are having moderate strength, 23 patients (76.66%) are having less strength.

Assessment of Dosh

Out of 30 patients 29 patients (96.66%) are having *Bala Bramsha*, 25 patients (83.33%) are having *Karshyata*, 24 patients (80%) are having *Asthishula*, 19 patients (63.33%) are having *Nidra Bramsha*, 17 patients (56.66%) are having *Dainya* and *Karshnya*, 18 patients (60%) are having *Kampa*, 16 patients (60%) are having *Bhaya*, 13 patients (43.33%) are having *Brama* and *Ushna kamita*, 11 patients (36.66%) are having *Pralapa*, 8 pa-

tients (26.66%) are having *Anaha*, 5 patients (16.66%) are having *Shakrita Graha*. Maximum patients i.e. 29 (96.66%) are having *Aruchi*, 27 patients (90%) are having *Hrillasa*, 19 patients (63.33%) are having *Agni Vaishamyata*, 16 patients (53.33%) are having *Agnisada*, 11 patients (36.66%) are having *Alpa chesta*, 2 patients (6.66%) are having *Praseka*.

Among 30 patients no patients are having *Kshudadiyata* and *Peeta mala*, 2 patients (6.66%) each having *Peeta-mutra*, *Peeta- twaka* and *Murcha*, 5 patients are having *Peeta netra*, 10 patients (33.33%) are having *Alpa Nidra*, 20 patients (66.66%) are having *Trishana*, 23 patients (76.66%) are having *Daha*. Among 30 patients, 28 patients (93.33%) are having *Arochaka*, 23 patients (76.66%) are having *Naka shuklata*, 12 patients (40%) are having *Avipaka* and 4 patients (13.33%) are having *Aniyata toda*.

Almost all 30 patients having *Shwasa* and *kasa*, 28 patients (93.33%) are having *Agnimandya*, 16 patients (53.33%) are having *Swaitya*, 9 patients (30%) are having *Alasya*, 15 patients (50%) are having *Sitata*, 5 patients (16.66%) are having *Praseka*, 2 patients (6.66%) are having *Gouravata* and no patients found under *sthoulya*, *Atinidra* and *Slatangata*.

Among 30 patients, 17 patients (56.66%) are having *Vepana*, 13 patients (43.33%) are having *Daha*, 11 patients (36.66%) are having *Brama*, 5 patients (16.66%) are having *Hridrava*, 2 patients (6.66%) each are having *Sleshmasaya shunyata* and *Sandhi –slata*, no patients found under *Dhumayana*. In 16 patients (53.33%) *Vata Vruddhi*, 13 patients (43.33%) *Kapha Vruddhi*, 8 patients (26.66%) are having *Pitta Vruddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients

(56.66%) are having *Pitta Kshaya* symptoms.

Assessment of *Dathu*

Among 30 patients, 16 patients (53.33%) are having *Sitata*, 9 patients (30.00%) are having *Alasyata*, 4 patients (13.33%) are having *Praseka* and no patients found in *Slathangata* and *Nidradhikya*. Almost all patients are having *Srama* and *Shosha*, 26 patients (86.66%) are having *Glani*, 25 patients (83.33%) are having *Rukshata*, 20 patients (66.66%) are having *Trishana*, 16 patients (53.33%) are having *Kampa*, 7 patients (23.33%) are having *Shadasahianuta*, and 5 patients (16.66%) are having *Hritpada*. Among 30 patients, 13 patients (43.33%) are having *visarpa*, 4 patients (13.33%) are having *Vridhhi*, no patients found under *Vidradi*.

Among 30 patients, 25 patients (83.33%) are having *Rukshata*, 20 patients (66.66%) are having *Sisirapreeti*, 7 patients (23.33%) are having *Sira shaitilya*, 6 patients (20%) are having *Amlapitta*. Among 30 patients almost all patients are having *Sandhivedana*, 24 patients (80%) are having *Sphika griva udara shushata*, and 26 patients (86.66%) are having *Glani*. 18 patients (60%) are having *Ayasa*, remaining symptom are not found in other patients. 28 patients (93.33%) are having *Katishoola*, 25 patients (83.33%) are having *Sandhisputana*, 18 patients (60%) are having *Udaratanutwa* and 4 patients (13.33%) are having *Pliha Vridhhi*. 28 patients (93.33%) are having *Sandhi Shaitilya* and 15 patients (50%) are having *Kesha Danta Nakha Loma Smashru Patina Lakshana*. only 2 patients (6.66%) are having *Netra Anga Gawrava*. 21 patients (70%) are having *Asti Sushirata*, 23 patients (76.66%) are having *Timira Darshana* and 11 patients (33.33%) are having *Brama*. 7 patients (23.33%) is having *Ati Strikamata*, 3 patients (10%) is having

Shukra Ashmari. 2 patients (6.66%) are having *Chirat Aprasichayata* and *Shukra Shonitameva*, 13 patients (43.33%) are having *Toda*, no patient reported under *Vrushanaya Medrodumayana*. In 16 patients (53.33%) *Vata Vruddhi*, 13 patients (43.33%) *Kapha Vruddhi*, 8 patients (26.66%) are having *Pitta Vruddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients (56.66%) are having *Pitta Kshaya* symptoms.

DISCUSSION

During alteration of *dosha* is caused by its causative factor its property gets exaggerated. This exaggeration may be of its single property, more than one property or all the properties. The alteration of dose according to alteration of property in proportional way is called *vikalp samprapti*. '*Vikalpa Samprapti*' or '*Anshansha Kalpana*' suggests the physician to understand each and every point of patient understanding. *Vagbhata* mentioned these according to *Ahara*, *Vihara*, etc. for the future thinking of *Dosha* and *Dhatu* and their *Samurchhana* in a proper way. The first thing is to learn, then understand and lastly the knowledge has to be applied. However, without understanding, proper application of text will not be done. So, the first need is to study and understand an individual and then to administer the medicine. Without this, no medicine is to be administered. Prior to starting of treatment, all the following factors about a patient should be considered.

In this research work the diagnosed cases of tuberculosis are taken because *Rajyakshma* is a disease can better correlated with pulmonary tuberculosis in this era. Maximum Number of patients found in between 40-55 years of age group. Maximum sufferers are Males as com-

pared with females because of their leaving style and also by the habit to take alcohol and smoking. Many patients are having habit to take Pan, Tobacco and Tea or Coffee frequently. It may be due to periodic or chronic intoxication detrimental to the individual and society produced by repeated intake of habit forming drugs. Tuberculosis is mainly the disease of the poor, majority of subjects are migrant Labourers, from middle class and no patient found in higher class. The prevalence of Tuberculosis diminishes on social and economic conditions improve, poor housing with associated over or re infection if one of the occupants suffer from infection Tuberculosis. Nearly 66% of patients are illiterate it may increase the prevalence rate may be lack of awareness regarding the spreading of disease.

No patient is having good Appetite due to the involvement of *Agni* in *Rajayakshma*. The patients are having reduced Appetite, Hunger is aroused by the physical need of the food, where as Appetite is the emotional desire to which may or may not be associated with need of food. Maximum patients are comes under Ill-nourished and moderately nourished because of their living style and economic status. In present study Maximum patients are having less strength. *Bala* is most important factor in adopting *Rajayakshma chikitsa*, Even in the presence of all the symptoms but if *Bala* is good then disease is Curable by treatment but if *Bala* is not good then disease is difficult to cure because the patients who are having good strength they can withstand the severity of medicine⁸.

Rajayakshma is the chronic condition where the involved prime *Dosha* is *Tridosha* and *Dathu* is *Rasa, Rakta. Srotodushti Prakara* is *Sanga Vimargagamana*⁹. *Pratishyaya* and *Kasa* are considered as *Nidanartakara Rogas* for *Rajayakshma*

and these will accompany the disease throughout the pathogenesis¹⁰. A small shift in the *Dosha, Dushya, Srotodusti Prakara* it can give rise to manifest other disease. This shift may be due to some etiological trigger or susceptibility of specific bodily elements. If the original disease doesn't subside after producing another disease, it gives *Vyadhi Sankara. Kasa* or cough with sputum is the cardinal feature of *Rajayakshma* as well as in pulmonary tuberculosis¹¹.

Acharya Charaka has mentioned the pathogenesis of *Rajayakshma* in four aspects in *Nidana sthana*¹². A common pathogenesis has been described in *Chikitsa Sthana*¹³. *Sushruta Acharyas* have mentioned pathogenesis of two types viz. *Anuloma Kshaya* and *Pratiloma Kshaya*.¹⁴ In *Sahasaja, Kshayaja* and *Vega Sandaranaja Doshic* involvement will be *Vata Pradhana Tridosha* and *Srotodushti prakara* is *Vimargagamana* and *Sanga*. In *Visamashanaja Rajayakshma Doshic* involvement will be *Kapha Pradhana Tridosha* and *Srotodushti Prakara* is *Atipravrutti, Sanga, Vimargagamana*¹⁵.

As per obtained result in 16 patients (53.33%) *Vata Vruddhi*, 13 patients (43.33%) *Kapha Vruddhi*, 8 patients (26.66%) are having *Pitta Vruddhikara Lakshana*, 14 patients (46.66%) *Vata Kshaya*, 8 patients (26.66%) *Kapha Kshaya Lakshana* and 17 patients (56.66%) are having *Pitta Kshaya* symptoms. After examination of *Vruddhi* and *Kshaya* of *Dosha*, the *Vata Kapha Vruddhi* is found in maximum number of patients along with *Pitta Kshaya*. Thus on the basis of assessment of maximum patients seen in the study were *Vata Pradhana Tridosha* and *Kapha Vata Pradhana Tridosha Sampapti* was found. *Dhatu Dusti* symptoms are seen maximum in *Rasa* (50%), *Majja* (36.66%) and *Asti* (33.33%), *Vruddhi Lak-*

shana were seen maximum in Meda (33.33%) and the remaining Dhatu Vrud-dhi Lakshana were not significantly found. Kshaya Lakshana was more reported in this study. Majja Kshaya (73.33%), Asti Kshaya (66.66%), Mamsa Kshaya (%), Meda Kshaya and Rasa Kshaya (60%), Rakta Kshaya (43%) and Shukra Kshaya (26.66%).

CONCLUSION

Shosha is a Tridoshaja Vyadhi with the dominance of Vata and Kapha Dosha and it is an ideal example for Madhyama Roga Marga. By indulging in Sahasa, Vegasandarana, Kshaya, Vishamashana thus Ekadasharupa gets manifest. Samprapti puts light over complete pathogenesis process of the disease. As per obtained result the maximum patients seen in the study were Vata Pradhana Tridosha and Kapha Vata Pradhana Tridosha Samprapti was found. Here all the Sapta Dhatus are involved in the manifestation of Shosha, where all Dhatu are in Kshayavasta.

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