

Assesment of Shotha as a Lakshana of Kumbhakamala with special Reference to Liver Cirrhosis

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Abstract

Shotha explained in the classics in different ways as a lakshana of many diseases and sometimes as a disease. In such condition it should be studied as a separate disease only not as considering as a lakshana. In ayurvedic classics, synonyms of Shotha are Shopha and Shwayathu. According Acharya Sushuta, Shotha is one of the lakshana of kumbhakamala. The lakshana of shotha that are explains in classics can be correlate with oedema.

Oedema can be caused by a variety of factors, including hypoproteinemia, which a lowered concentration of plasma proteins decreases the osmotic pressure, Thereby permitting passage of abnormal amounts of fluid out of the blood vessels and into the tissue spaces. Hence the oedema occurs when the small blood vessels (capillaries) leak fluid into the surrounding body tissue. This may happen as a result of increased pressure in (or damage to) the capillaries. The oedema maybe unilateral, bilateral, pitting and non-pitting or it may be localized or generalized etc. Depending upon these features the co-relation can be made in understanding the Etiopathogenesis of Shotha with special reference to liver cirrhosis. So the study has been taken on Shotha explained in the classics in relation with the liver cirrhosis.

Keywords : Hypoalbuminemia, Kumbhakamala, Liver cirrhosis, Oedema, Shotha

Introduction:

Ayurveda, the science of life is a unique gift of Lord Brahma to the mankind. The primary aim of ayurveda is to maintain physical, mental, social and spiritual well-being of the humanity. According to Ayurveda, the entire human body is made by various types of srotas. In this Regard Maharshi Charaka has described that; all the nutrients which are responsible for the growth of the body are canalized through.

Kamaan lati iti kamala means unwillingness or giving up the Shoth the bo Acco Kumb kumb kricch O subcut urges. Kumbhakamala is based on location of the disease that is Kumbha means kostha. Kamala located in kostha-belly being established firmly due to chronicity becomes which is difficult to cure. Improper treatment or delay in management of kamala leads to chronicity of the disease and it becomes difficult to cure because of its deep seated nature. The stage of kamala develops, when jaundice continues for more than one month and the symptoms become serious with dark yellow coloured in urine, faeces, eyes also become deep yellow coloured with oedema on the body and joints pain. Kumbhakamla is mentioned by Acharya Chakrapani as a bheda of koshtashrita kamala, in which patient may present with condition of oedema associated

with ascites and bleeding tendencies.

According to Madhavanidan, any elevated part other than normal body texture is called as Shotha. According to ayurvedic classics, it is balhyamargagat vyadhi. In many diseases Shotha is present as symptoms. It can be found independent disease also. When vayu reaching the external channels affects Kapha, Rakta, Pitta and becomes obstructed by them in the way, then the while spreading it causes swelling with the character of protuberance. Shotha are of three types i.e. Vataja, Pittaja, Kaphaja, Nija and Agantuja. Both Nija and Agantuja shotha are three types according to their location whole body (Sarvavyapi), half portion of the body (ardha-sharirvyapi) and organ.^[6] According to Acharya Kashyapa, Shotha are again of two types- Nija-due to internal causes within the body and Agantuja - due to external causes, such as injury^[7], According to Acharya Sushruta, shopha is lakshana of Kumbhakamala^[8] If kamala not treated properly, it turns to kumbhakamala. There is development of shopha and it is kricchrasadhya that is very difficult to cure^[9]

Oedema is the chronic effusion of fluid into the skin and the subcutaneous tissues or into a serous cavity. Anasarca' is a form of generalized oedema and is a very constant feature of some forms of

cardiac diseases. Generalized edema is due to an increase in the volume of extracellular fluid.^[10] The presence of abnormal collections of fluid within the cell called hydropic degeneration. In edema fluid lies freely in between interstitial space of cells and can be displaced from one place to another. The plasma oncotic pressure exerted by the total amount of plasma proteins tends to draw fluid into the vessels normally.^[11] Peripheral edema, which is usually seen as pitting edema of the legs and feet, also occurs in cirrhosis. Edema is a swelling, usually of the legs, due to the accumulation of excessive fluid in the tissues. The edema that occurs in diseases of the heart, liver, and kidneys is mainly caused by salt retention, which holds the excess fluid in the body. In certain liver diseases, low levels of albumin in the blood can contribute to fluid retention. Low level of the protein albumin in the blood called as hypoalbuminemia. Albumin, which is the predominant protein in the blood and which helps maintain blood volume, is reduced in cirrhosis primarily because the damaged liver is not able to produce enough of it. Albumin is synthesized in the liver and low serum albumin may be indicative of liver failure or diseases such as cirrhosis or chronic hepatitis. Hypoalbuminemia may cause generalized edema (swelling) via decrease in oncotic pressure.^[12]

Aim

To Assess Shotha as a lakshana of Kumbhakamala with special reference to liver cirrhosis of vata laks.

Objective

Study of the Shotha as a lakshana of Kumbhakamala with special reference to liver cirrhosis.

Material

- 1) Review of literature was collected from Ayurvedic textbook group pradh modern textbook and various internet websites.
- 2) 30 patients were registered with the help of research proforma prepared for the study. Prior, informed written consent whenever it was necessary taken from patient.
- 3) History and local clinical examination of all the

patient was done thoroughly with the help special case paper format. Clinical observation was noted according to case record format

Methodology:

Selection of 30 Diagnosed patients of liver cirrhosis was selected for the study with history of lakshana of shotha was studied with the help of special case proforma.

Inclusion Criteria :

Patients of all age groups of both the sexes fulfilling the criteria of Shotha are selected for study.

Exclusion Criteria

Pregnant women, multiple organ failure, patient on ventilator, other liver diseases like hepatitis, fatty liver were excluded

Observation and Result :

The observations seen in the study, Shotha was present in 27 out of 30 patients, Gender wise distribution presented in 3 female and 24 male, Occupation wise most of patients was labour, Vyasan of Madyapana mostly found in the patients, Pitta pradhan vatanubandhi prakruti and Mandagni observed in shotha as a special lakshana of kumbhakamala.

Discussion:

Various aspects such as age, gender, occupation, prakruti, vyasan and agni were assessed, It was found that mostly males were affected. Dominance of the disease was seen in middle age group, persons belonging to the labour class, those having pitta pradhan vatanubandhi prakruti, those belonging to lower socio- economic class, those having alcohol addiction, those having mandagni and those consuming katu-ushna-ruksha etc. gunatmaka pitta prakopaka ahara-vihar were seen in maximum number of patients. The shareera kleda is derived from the sarabhaga of the ahara is present all over the body. Mainly in the dhatus like the rasa, rakta, mamsa, meda etc, this maintains the klinnata in them and also helps for the transformation of the nourishment to the body. Pedal oedema present in liver cirrhosis because of loss of albumin-protein. Albumin which is the predominant protein in the blood which helps maintains blood volume.

Conclusion:

In this study, it was seen that there is a predominance of Shotha as a Lakshana in Kumbhakamala patients. In the above case study of 30 patients 27 i.e. 90 % patients have shotha as lakshana in kumbhakamala.

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