IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Critical Analysis of Lakshana Vichar in Hridrog

Author1: Dr Sachinkumar Patil, MD PhD Kayachikitsa, MBA (HR), P.G.D.E.M.S., D.Y.A. Professor & HOD Kayachikitsa, M.A.M. Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune

Author2:Dr Varsha Khot, MD PhD Scholar, Dept of Kayachikitsa, M.A.M. Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune; Assistant Professor, Hon Shri Annasaheb Dange Ayurved Medical College Ashta, Tal. Walwa, Dist Sangli.

ABSTRACT

Hridrog is vital organ disease mentioned as marmagat madhyam margagat vyadhi. This disease shows five types having specific laxanas. It is need to identify specific lakshanas (signs & symptoms) and differentiate type of disease, for early diagnosis and treatment approach. Lakshana indicates knowledge of vyadhi so having its own importance in ayurved science. Vataj hridrog shows hrudshool, hruddrav, hrudshosh, hrudstambh, hrunmoha, hrudbhed; piitaj hridrog shows hruddah, tiktasyata, murcha, bhram, klam; kaphaj hridrog shows hrudbhar pratiti, hrudstambh, tandra, aruchi, nishthivan, jwar and so on. These efforts are made to understand samprapti of each lakshana in different manners of Hridrog mentioned by various acharyas in ayurved. In this paper differential laxanas make disease samprapti which is importance in management of hridrog.

KEYWORDS: Hridrog ,Types Laxana, Samprapti, Chikitsa.

INTRODUCTION

Lakshana indicates knowledge of vyadhi so having its own importance in ayurved science. Synonyms of lakshana's are rup, chinha, sanket, atmaling, doshaling, rogling are categories of lakshans. Atmaling are nomenclature indicators, disease specific, organ specific & dosha specific. Doshling are commonly related with vrudha dosha, prakupit dosha, avrut dosha, sanchit-ling dosha. Rogling are cardinal features of particular disease.

Hridrog is vital organ disease mentioned as marmagat madhyam margagat vyadhi. Laxanas having major role in vyadhi vinichshay (diagnosis) and vyadhi vyavchedak nidan (differential diagnosis) of disease.

Rational of study

Hridrog show five types out of which vataj, pittaj and kaphaj types show various lakshana's which are clinically important. While examining and diagnosing the patients of Hridrog it is need to identify specific lakshanas (signs & symptoms) and differentiate type of disease. So making samprapti and treating the specific patient successfully can be easily possible. These efforts are made to understand samprapti of each lakshana in different manners of Hridrog mentioned by various acharyas in ayurved.

OBJECTIVES OF STUDY:

To review ayurved samhita for lightening lakshana vichar in Hrudrog.

To study the lakshanas of Hridrog in perspective of nidan and chikitsa.

MATERIAL AND METHODS:

This is conceptual study. Ayurved samhitas, allopathy literature, research papers in journals were searched, analysed.

Vataj Hridog Laxana:

Shows various laxanas mentioned in Brihatrayi. Shool is cardinal feature of vataj hridrog but different terminologies are mentioned in Samhitas for Hritshool.

- 1) Hriddrav:- This is feeling of palpitation. May occurs without exercise or curiosity or anxiety. Uneasy feeling leads to palpitation in chest region.² It is due to pranavrit prakupit udan and pittavrit vyan / pran. Ras rakta kshinata found in hriddrav.
- 2) Hritshunyabhav This is feeling of emptyness in hriday. It is caused due to pranavrit vyan and abnormality in manovah stotodushti³.
- 3) Hritstambh -This is feeling of cessation of movement of Hriday. It can be occurs due to raktagat vat and udanavrit vyan⁴. Hrudmanspeshi (muscle of hearts) are seat of sthansanshray for this laxana.
- 4) Hrutshosh Shosh in hriday caused due to pittavrutatva, pran- udan avrutatva and trishnarog.
- 5) Hridbhed Bhedanvat shool in hriday(Breaking pain). Vyanvrit prakupit pran and agantuj hetu mainly causes hrudbhed.
- 6) Hrunmoh: It is mentioned in vataj samanyaj vyadhi⁵. It is caused due to imbalance in pran, udan,vyan and manas bhav.

- 7) Hriday udveshtan:- Feeling of twisting in chest region seated in mansa dhatu, pran-udan- vyan vikriti & udanavrut-vyan leading to udveshtan⁶.
- 8) Hruday daran: splitting or tearing feeling in Hriday. This is emergency condition due to ativyayam, atiadvagaman, aghat.
- 9) Hrid tod: Pricking pain in Hriday. It is related to aam, rasdhatu, rakta dhatu, mans dhatu dushti.
- 10) Hrutshool- Sushrut explained vat getting obstructed by kapha and pitta present in the chest and combining with rasa present in the heart, gives rise to pain which causes obstruction to breathing; this is called hrutshul produced by rasa and vat.⁷
- 11)Aksmat Deenata, 12) kshay, 13) shok -The laxnas occurs instantly due to vatdosha mainly all laxnas are related with manas bhav vikruti. Hriday is seat of man so it affects each other.
- 14) Shabd-Asahishnuta: Unpleasant feeling on listening anything. This symptom occurs due to Ras-kshaya⁸ and Pran-vayu Prakop. Shabda- asahishnuta means a person feels unpleasant when he listens anything and even if by chance he listens something; he becomes restless. This stage occurs due to Pranvayudushti and Manodushti.
- 15) Vepathu: Patient having tremors to the whole body and feels involuntarily his body moving slightly that lakshana is called vepathu. This symptorn mainly occurs due to vyanvayu vikruti. In vepathu manovaha strotodushti & panchavidh vatkshobh occurs. This symptom increases after doing exertion. Along with this raktadhatu vikruti lakshana and raktavaha vikruti lakshanas are also seen. The lakshana vepathu occurs due to alpabal 'snayus'. It can also consider as snayugata vat-avastha.
- 16) Shwasrodh: Inhalation and exhalation both are considered under the word 'shwas'. The detailed description of shwasrodha is done under kaphavrutta Pran, Udan and Pronodana Paraspar Avaranas.
- 17) Alpanidrata: Having interrupted or less sleep. This lakshana is seen due to manodushti and bhaya in hrudrog. This lakshana is seen in jirna hrudroga. According to hetu-bheda classification it is of 2 types.
- 18) Hrud Aayam: Increase in the size of heart. In this samprapti kapha, rasa, rakta, mansa and vata are the key factors. Vatdosha involvement is prominant. 'vyas' or 'vistara' avastha of prakupita vata is hrud-Ayam or 'hrud-vyas' only. Because visphar is quality of pranvayu in Hrud aayam.
- 19) Jirne-ch-Atyarthavedana: Hrid vedana occurs after complete digestion of food. This pain increases in vat kala. It is observed that pain occurs due to udan after digestion of afternoons food; pain due to Saman vat 2-3 hrs after digestion of food; & pain due to Apan at early morning / down after digestion of dinner.

Pittaj-Hridrog Lakshana

- 1) Hrid-Daha: Daha is common lakshan of pittaj hridrog given in bruhattrayi⁹. Osha and chosh are types of daha and sthansanshrsay is hriday itself. This lakshana is seen in amlapitta and madatyaya.
- 2) Tikta-Asyata: Bitterness of mouth. Tikta asyata occurs due to prakupit Pittavrut Pran, Amashay dushti and Pittadushta Rasadhatu.
- 3) Amlodgar: Sampitta, prikupit pranodan and aamashay dushti.
- 4) Klam: Pitaavrutta udan¹⁰, Pittavrutta vyan.
- 5) Trushna: pittavrutta vata, rasakshay.
- 6) Murcha: Pran udan vat and tamogun vruddhi.
- 7) Bhrama: pittavrutta pranodan.
- 8) Sweda: Pittavrutta prakupit vyan or vyonavrutta pran.
- 9) Amla-chardi: pittavrut pran-udan, pitta-samata
- 10) Dhumat: In this lakshana patient feels burning sensation in chest as if smoke is coming out of fire. (Su.27/20) This lakshana is seen due to pittavrutta pran udan. Dryness & burning sensation is present with hot exhalation. Kapha-ksheenata is seen in dhumat.
- 11) Peetata: Due to Atiprakupit pitta; yellowness is seen at different parts of the body. In this lakshana eyes, tongue, urine and stool are seen yellow. This symptom is particularly seen in Partantra hrudrog.
- 12) Mukhshosh: This lakshana is seen in pittavrut vat, pranavrutta udanvayu. Kapha & Rasa-dhatu kshay are seen in this lakshana.
- 13) Tama-Pravesh: Experiencing black-outs. This lakshana is seen due to pittavrutta kshin pranvayu. Ras, rakta & manadushti is found.
- 14) Duyan: To be sad or having extreme pain. 11
- 15) Hrinmoh: This can be classified into hrinmoha or swatantra moh. Hrunmoha is also seen in vataj lakshana. In swatantra moha buddhi & mana vikruti is seen. According to aacharya vagbhat moh is seen due to pitta prokop in madatyaya.
- 16) Santap: Here mana santap is expected along with increased body temperature. Vaichitya and arati are pittavataj and vatapittaj symptoms respectively. Glani occurs due to kapha or Kapha-vata. Here rasadi saumya dhatukshay and mana-santap are are also related. Pittavrutta vata & hridyastha mana santap found in hridrog.

17) Jwar: In jwara body temp increases and similarly manasantap and indrivasantap also occurs. Jwar can be occurs due to atirikta (excessive) sampitta or nirampitta - prakop. Rasadushti and raktavidah occurs in this jwar.

Kaphaj Hridrog Lakshana:

Hriday is an avayav (organ) which is situated in kaphasthan. Gurutva, shitatva, snighadhtva, sthiratva and mandatva of kapha gives rise to this different vikrutis.

- 1) Hrid bharpratiti: Feeling of heaviness in the chest and sometimes it feels like that heaviness is due to heart itself. Feeling of heaviness of any body part is itself known as pratham lakshan of a disease. Kaphasanchay at hrid-pradesh; leads to gaurav. This cough gets dry & becomes stony hard further patient feels heavynees of heart while standing and while sleeping at left lateral position.
- 4) Hritstambha: Hritstambha is seen in vataj-hrudrog. Here in this lakshana sthirguna of kapha predominates over chala-guna of vaya and guru-guna of Kapha predominates over laghu-guna of vayu.
- 5) Tandra: The lakshana tandra is caused due to in kaphavrutta vata and manodushti. Due to kaphavrutta prana prakupit indriya-indryarth sannikarsha does not occurs. Kapha avarana leads to manodushti that ultimately leads to aalasya, jrumbha & klam.¹²
- 6) Aruchi: kaphavrutta Prana.
- 7) kasa: kaphavrutta pran udan.
- 8) Agnisad: kaphavrutta saman pran.
- 9) Nishthivan: kaphavrutta pran. ¹³
- 10) Aatinidra: kaphavruddhi and tamogunvruddhi. 14
- 11) Aalasya: kaphavikruti or kaphavrutta kshinvata.
- 12) Jwara: kapha ativruddhi leads to agnimandya that leads to jwara, hrud-gaurav, mand jwar, glani, atinidra and angsad rasadushti occurs predominantly.
- 13) Aasyamadhurya: Sweet taste perception in mouth is called aasyamadhurya. This lakshana occurs due to prakupit kapha and niram kaphavrutta pran.

DISCUSSION

Laxana vichar is essential concept in ayurved disease diagnosis and treatment. Considering this importance here study of samprapti of each laxana of hridrog is carried out. By this study each laxana of hridrog is explained according to dosha vikruti. Avaran concept having major role in samprapti of hridrog. Avaran of vat dosha with

self and other doshas need to study for treating the patients of hridrog. Treatment of hridrog is needed to do by understanding deep concept of ayurved laxanas and samprapti. While treating hridrog detail history taking of complaints is necessary.

Hridrog having doshaj laxana like vataj, pittaj and kaphaj according to that we need to do differential diagnosis. Vataj hridrog shows hrudshool, hruddrav, hrudshosh, hrudstambh, hrunmoha, hrudbhed; piitaj hridrog shows hruddah, tiktasyata, murcha, bhram, klam; kaphaj hridrog shows hrudbhar pratiti, hrudstambh, tandra, aruchi, nishthivan, jwar and so on.

So diagnosis of specific type of hridrog is possible easily and need to do treatment of specific type of hridrog is possible. Need to apply chikitsa dravy and kalpas according to samprapti of disease. It is easy to treat the patient if samprapti of disease according to symptoms is well known. Choice of specific drugs and kalpa having specific ras veerya vipak and karm is depends upon samprapti of specific disease. Identifying drug of choice is necessity of treatment. For this purpose such samprapti making according to laxanas is necessity.

CONCLUSION

Various types hridrog and samprapti is mentioned by various acharyas in ayurved. By this review it is easy to understand samprapti of each lakshana of hridrog in different manners. So it can be more accessible to treat the patients of hridrog according to specifying samprapti of patients. In this paper differential laxanas make disease samprapti which is importance in management of hridrog.

REFERENCES

- 1) M.M. Shri Vijayrakshit & shrikanthadatta Madhav-Nidana, Chaukhamba Publications 2012, Panchanidanlakshanam-Adhyay 7th shloka; Page No -9.
- 2) Chakrapanidatta edited by vaidya Jadavaji trikamaji Acharya, charak samhita, Chaukhamba publications New delhi,2020, sutrasthan 20/11,pg.No 114.
- 3) Brahmanand Tripathi, charak samhita, chaukhamba surbharati prakashan varanasi 2007 | chikitsa sthan, 28 /202, Page No. 974.
- 4) Dr. Brahmanand Tripathi, Charak-samhita ; chaukhamba Sur bharati prakashan Varanasi, 2007, Chikitsasthan 28/214 page no 976.
- 5) Brahmanand Tripathi, charak samhita charak subharati prakashan varanasi 2006, Sutrasthan 20/11, Page no 390.
- 6) Dr. Brahmanand Tripathi, Charak-samhita; chaukhamba Sur bharati prakashan Varanasi, 2007, Chikitsasthan 28/214 page no 976.
- 7) Ambikadatta Shastri, Sushrutsamhita, chaukhamba Sanskrit Sansthan varanasi, 1997, sutrasthan 15/13, page no 58.

- 8) Dr. Anna Moreshwar Kunte, Ashtanghrudaya ,Chaukhamba Sanskrit sansthan Varanasi , 2011,Sutrasthan 11/17 page no 185.
- 9) Brahmanand Tripathi, charak samhita, Chaukhmba Surtharti prakashan Varanasi, 2016 Sutrasthan 17/33 page no 340.
- 10) Brahmanand Tripathi, charak samhita, chaukhamba Surtharti prarashan varasasi 2007 Chikitsasthan, 28/223, Page No 978
- 11) Dr. Bhaskar Govind Ghanekar, Sushrut Samhita, Motilal Banarasidas Delhi, 2007 Uttartentram, 41/25, Page no 713
- 12) Dr. Brahmanand Tripathi ,charak Samhita, chaukhamba Surbhasati pratashan Varanasi, 2002 chikitsathan, 28/213, page no 976.
- 13) Dr. Brahmanand Tripathi, Charak samhita chaukhamba Surbharati prakashan varanasi, 2007, chikitsasthan, 28/222 Page no 978.
- 14) Dr. Anna Moreshwar kunte, Ashtanghrudaya of vaghat,chaukhamba Sanskrit sansthan Varanasi 2011 Sutrasthan 11/7 Page no 183.