ISSN : 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE **RESEARCH THOUGHTS (IJCRT)**

An International Open Access, Peer-reviewed, Refereed Journal

A CONCEPTUAL STUDY ON RAJAYAKSHMA WITH SPECIAL REFERENCE TO PULMONARY TUBERCULOSIS THROUGH **AYURVEDA**

Author: Prof. Dr Sachinkumar Patil,, Ph.D. Kayachikitsa, M. D. (Kayachikitsa), M.A. (Sanskrit), M.B.A. (HR), P.G.D.E.M.S.,

D.Y.A., Professor & H.O.D. Kayachikitsa,

M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune, Maharashtra, India

One of the Asthamahagadas described by Acharya Charaka and known as the "king of the disease" is Rajyakshma. Due to its multisystem involvement and syndromic expression, it has traditionally been difficult to identify and treat. Therefore, it is crucial to fully comprehend Nidana and Samprapti prior to making treatment plans. Rajayakshma has been linked to numerous immunodeficiency syndromes. However, a closer look at the symptoms reveals that it more closely resembles a multisystem respiratory disease. As well as being classified as an Aupsargika Vyadhi, the ailment also had a number of predisposing elements or Chaturvidha Nidana. Tridoshas and Sapta Dhatu are induced as a result of Nidana indulgence. In the present period, pulmonary tuberculosis can be linked to Rajyakshma, which affects the Pranavaha Srotasa. Although the pathophysiology of Rajayakshma and pulmonary tuberculosis differ, their clinical profiles are remarkably similar. Western medicine focuses primarily on infectious diseases, how they spread, various diagnostic techniques, and WHO-recommended antibiotics. The paper's main goals are to fully convey the fundamental ideas of Rajayakshma's Hetu and Samprapti and how they affect the Pranavaha Srotasa in relation to pulmonary tuberculosis. Rajayakshma is considered the king of all diseases. It is formed with two words: Raja (king) and Yakshma (decay), which means fraying condition of huge magnitude. The symptoms of Rajayakshma include Sahasa (extreme tension and strain), Vegasandharana (restraining natural impulses), Kshaya (decreasing Dhathu), and Vishamashana (resisting natural urges). It is a Shosha that Madhyama Rogamarga Vyadhi has manifested. The Tridosha and the Sapta Dhatu are impacted by the emergence of Ekadasha Roopa. The Nidana and the Samprapti are given a lot of attention in the classics of Ayurveda, since they are crucial to comprehending Chikitsa. Chikitsa is Nidana Parivarjana and Samprapti Vighatana; it is nothing. Rajayakshma's knowledge was compiled by exhaustively searching the primary Ayurvedic literature. Rajayakshma is a rare illness, and the disease hierarchy is as described by Sahasajanaya Rajayakshma and Vega Sandarana. Janya Rajayakshma, Kshaya Janya Rajayakshma, and Vishamashana Janya Rajayakshma is one of the four categories involved in Nidana. In modern medicine, Rajyakshma may correlate with pulmonary tuberculosis. Though there is a difference in the pathogenesis of tuberculosis and Rajyakshma, the clinical picture of both is quite similar.

Keywords: Rajayakshma, Yakshma, Jwara, Kshaya, Roga, Pulmonary Tuberculosis.

1.Introduction:

Rajayakshma is caused by the vitiation of Tridosha and Sapta Dhatu. Ekadasha Roopa manifests as a result of Sahasa, Vega Sandharana, Kshaya, and Vishamashana indulgences. Rajayakshma is regarded as the most severe illness. As a result, it is referred to as Raja (king) and Yakshma (decay), which denotes a severe state of fraying. Parshwashoola, Jwara, Kasa, and Raktashthiwana are Rajayakshma symptoms. The purpose of the current study, which is titled "Rajayakshma," is to explore and assess the full concept and etiopathogenesis of Rajayakshma using clinical as a whole in the context of contemporary thought and Ayurvedic principles. The diagnosed cases of tuberculosis are used in this study because Rajayakshma is a condition that, in this time period, has a better correlation with pulmonary tuberculosis.

Both system adherents have worked hard to comprehend the pathophysiology of Rajayakshma and pulmonary respectively. Because of this, each pathological occurrence in both of these clinical entities is discussed in great tuberculosis, detail in the relevant literature.

Although Rajayakshma and pulmonary tuberculosis have different pathogenetic mechanisms, their clinical profiles are remarkably similar. In the case of *Rajayakshma*, the definition of "*Chikitsa*" provided by *Acharya Charaka* is entirely appropriate. According to Acharya Charaka, the proper treatment for diseases should be administered with the aim of preventing any discordance from arising in the *Dhatus* and preserving their concordance.

Ayurvedic Concept of Rajayakshma:

Ayurveda defines health as "a state of the body, mind, and spirit that is in balance with regard to structure and function." Allof those are in an unbalanced state, or *Dhatu Vaishamya/Vyadhi*. There are several ailments, and Ayurveda has descriptions of them all. One of them is Rajayakshma as well. In Rajayakshama, the seven Dhatu predominantly turned into Mala and died, as opposed to partially converting into ojasa, which is thought to be a carrier of Prana. The causes of Rajayakshma have been categorized by ancient Acharyas into four categories.

Examining the ailment is important for the second purpose of Ayurveda to be accomplished. Without a thorough inspection, an illness cannot becured. It is the cause of the "Trisutra" (Hetu, Linga, and Aushadha) that Ayurveda refers to. The Trisutra wasthe first to mention Hetu, demonstrating the significance of this concept in Ayurvedic treatment.

Rajayakshma is primarily attributable to Dhatukshaya (tissue emaciation or loss). This process universally initiates the process of pathogenesis in Rajayakshma patients. In addition, there is inevitable metabolic dysfunction (Dhatwagninasana), in which Rasa (tissue fluid), Rakta (blood), Mamsa (muscle), Meda (adipose tissue), and Shukra (generative tissue) are lost. This leads to the ultimate deterioration of immunity, or Ojokshaya. As per Ayurvedic concepts, an unusual metabolic change occurs, leading to the loss of various Dhatu (tissues) such as Ojokshaya, Sukra, and Meda Dhatu to Rasa Dhatu preceding each other, which is known as Pratilomakshaya.

2. DEFINITION:

According to Acharya Charaka, obstruction in the Rasavahi Srotasa causes the Rasa Dhatu to build up at its own location, travel higher, and manifest as Kasa and other clinical symptoms. As a result, Shadrupa and Ekadasharupa are created, and the collection of these clinical symptoms is referred to as "Rajayakshma" as a

whole. Shosha is an illness that, in the words of Acharya Sushruta, is both preceded by and presents as a complication of many other ailments. It is extremely challenging to identify and cure.

Conceptual Review

The disease Rajayakshma is described in Brihattrayi and in all successive texts.

Etymology:

On the basis of etiological factors: *Rajyakshma* can beclassified into 4 types

- Sahasaja Rajayakshma
- Sandharanaja Rajayakshma
- Kshayaja Rajayakshma
- Vishmashanaja Rajayakshma

On the basis of *Dosha* predominance: Although *Rajayakshma* is *Sannipataja Vyadhi*, but a few *Acharya* classified it into five types:

- Vataja Rajayakshma
- Pittaja Rajayakshma
- Shleshmaja Rajayakshma
- Sannipataja Rajayakshma
- Urahkshataja Rajayakshma

On the basis of clinical features: According to the clinical picture of the disease, it has been classified into three types:

- Trirupa Rajayakshma
- Shadrupa Rajayakshma
- Ekadasharupa Rajayakshma

On the basis of Pathogenesis: Rajyakshma emerges in two possible ways, and these can be regarded as two sorts of Rajyakshma as said by Acharya Charaka and Sushruta.

- Anuloma Kshaya
- Pratiloma Kshaya

3.NIDANA/ETIOLOGY:

After reviewing all the classics, it is discovered that Rajayakshma has four main causes, which can each cause the ailment on their own or together.

- 1. Sahasa
- 2. Vega Sandharana,
- 3. Kshaya,
- 4. Vishamashana
- 1. Sahasaja Rajayakshma (due to over exertion beyond one's capacity): Sahasa means exerting oneself to the limit through excessive and arduous labour. Fighting between weak and strong people exerting effort, being overly talkative or speaking too much long-distance swimming, vigorous massaging, applying pressure with the feet, running quickly over long distances, indulges in other routines like extreme exercise and prolonged study, fasting, carries a lot of weight and can cause injury. A heavy vehicle raiding down from height and causing any other kind of injury. These excesses vitiate Vata, which affects the Kapha that is typically found in Urha Pradesha, vitiating Pitta, which causes it to move up, sideways, and downward.

2. Vegasandharanaja Rajayakshma (due tosuppression of natural urges)

Vega Sandharana is the term for the repression of natural inclinations to urinate, defecate, or urinate in front of a female while a person is in front of the monarch during a conference with wise people. Once Vata becomes inflamed, it will vitiate Pitta and Kapha. According to Vijayarakshita, the term "Vegas" in this context only refers to the desires to flatus, defecate, and urinate- not to all the other Vegas that are addressed in the "Navegandharniya" chapter of the Charaka Samhita.

3. Kshayaja Rajayakshma (due to depletion of tissues)

Kshaya means depletion or discretion. It is characterized by Acharya Sushruta as a synonym for "Shosha," and he says that the loss of a body's capacity for work is known as "Kshaya". Yogendranath claims that Rajayakshma relates to the depletion of Shukra, Oja, and Sneha, whereas Gangadhara thinks it refers to the depletion of Rasa Dhatu and Shukra. This could be a result of Rasa and Oja being used interchangeably. Both Acharya Charaka and Acharya Sushruta claimed that there are two methods for the depletion of Dhatu to occur:

1)Anuloma Kshaya

2)Pratiloma Kshaya

Anuloma Kshaya denotes that the depletion of *Dhatu* occurs in the order of their sustenance, i.e., *Rasa*, *Rakta*, *Mamsa*, and so forth followed by *Majja*, followed by *Asthi*, and so on, is the direction in which *Dhatu* are depleted according to the *Pratiloma Kshaya* theory. According to *Acharya Charaka*, they fall into two categories:

- I. Psychological (such as Bhaya, Shoka, Chinta, Udvega, etc.)
- II. Nutritional (such as *Ruksha Anna Pana*, which is consumed when one consumes a small amount of food, fasting when one has a weak body, and *Ativyavaya Anahara*), both of which, despite providing nourishment for the body, deplete the *Dhatus* by increasing *Vata Dosha*.

4. Vishamashanaja Rajayakshma (due to irregular dietary habits)

Vishamashana refers to eating without taking Ashtavidhi Vishesha Ayatanani into account. As an example, Prakruti (food's nature), Karana (wrong preparation), Samyoga (food combination), Matra (amount), Deha and Kala (opposite of Desha and place and time), not partaking in Shadrasayukta Bhojana, and not adhering to Aharavidhi Vidhana. All of these factors cause the intake of Viruddha Aahara to become tainted. These Doshas spread throughout the body and get into the bloodstream. Instead of the Dhatus, the full amount of food consumed by the person is transformed into stool and urine.

4. **POORVA-ROOPA** (PREM<mark>ONITORY SYMPTOMS</mark>):

1.	Pratisyayo (Coryza)					
2.	Dorbalyam (Debility)					
3.	Doshadarshnam adosheshu api bhaveshu (not picking or an inclination to find faults where there is noreason to)					
4.	Kaaye bibhatsdarshnam (Morbid appearances on the body)					
5.	Gharnitvam (Feeling of disgust)					
6.	Balmansaparichhaya (Loss of strength and flesh, in spite of consuming adequate food)					
7.	Streemadhyamansa priyata (Craving for women, wine and meat)					
8.	Priyata ch avgunthne (Desire to be always covered by something (Feeling of cold)					
9.	Makshikaghunkeshanama trinanaam patani ch praayo annpaane (Imagined feeling of one's food beinginfested with insects, flies, hair)					
10.	Keshanaama Nakhanaam ch abhivardhnama (Rapid growth of hairs and finger nails)					
11.	Patrryebhi patengyesh ch shavpadyesch abhigharshnam (Imagined feeling of being attacked by birds, wasps and animals)					
12.	Swapne keshasthirashinaam bhashmn se ch adhirohnam (Seeing dreams of climbing heaps of hair, bonesand ashes					
13.	Jalashyanaam shailanaam vananaam jyotishamapi shushyataam (Dreaming of dried or withered pondsmountains, and forests)					

5.SAMPRAPTI (PATHOGENESIS)

Acharya Charaka has mentioned the pathogenesis of all four types of Rajayakshma in detail in Nidana Sthana. However, a common pathogenesis has been described in Chikitsa Sthana. The Samanya Samprapti of Rajayakshma has been very precisely defined by Acharya Charaka. According to him, a properly formed Agni results in a properly formed Dhatus. These Dhatus continue to exist in their own Srotasa and with Agni's assistance, help form further Dhatu. However, when the Srotamsi is blocked, it causes the Dhatus, particularly Rakta, to become depleted. Dhatvagni was reduced as a result, and all of these factors added up to Rajayakshma.

Samprapti Ghataka:

caused by vitiated three Doshas, hence the physician

Dosha (humur) – Vata Pradhana Tridosha-Janya Vyadhi			
Dushya – Rakta, Twaka, M	lamsa		
Srotasa (channel)–	Raktavaha,	Asthivaha, Majjavaha	
Srotodusti – Sanga, Vimargagamana			
Agni – Agnimandhya			
Udhbhavasthana – Pakvas	hya		
Vyaktasthana – Sandhi (Visheshata Kara Pada Sandhi)			
Rogamarga – Madhya			

6.CHIKITSA:

Despite the availability of extremely effective treatment, tuberculosis remains the world's worst infectious killer, posing a severe health danger. Ayurveda is a living science that promotes a healthy lifestyle and provides treatment based on universal principles. It's past time to perform more systematic research on *Trirupa*, *Shadrupa*, and *Ekadashrupa Rajyakshma*, which can help with TB management and increase quality of life. All types of *Rajayakshma* are

- (i) Snehana evama Swedna
- (ii) Balwana evama Ahhika-
- (iii) Mridu Vamana evama
- (iv) Anuvasana Va<mark>sti</mark>
- (v) Nasya karma

Snehana: During this procedure, heated therapeuticoils loaded with herbal components are massaged into the agitated *Dosha*. It helps to liquefy and expel *Ama* (toxins) from the body's finest channels.

Swedana: Uses a number of methods to get you toperspire. Additionally, it assists in balancing the Dosha and eradicating Ama.

Vamana: It is a technique to cause vomiting, which helps to eliminate Ama and balance the *Dosha*. In case, if patient is strengthfull and *Doshas* are in intensively aggravated condition, then emesis (Vamana) should beinduced. Additionally, it helps to clear mucus from the chest and Naadi (channels). Only Mridu Vamana is advised in Rajayakshma when Dosha are more prominent.

7.PATHYA – APATHYA:

Pathya	Apathya
Aahara- Cereals like the old Barley, wheat, Mugda, Saali as well as Shashtika Rice, wine and meat of wild animals and birds, soup prepared from Mulaka and Kulattha, Goat's milk, meat, ghee with sugar. Vihara- Living with goats and sleeping in the midst of them.	Aahara- Brinjal, bitter guard, Bilva Phala, Rajika etc. Vihara- Sexual intercourse, excessive exercise, anger, sleep during day time etc.

8.CONCLUSION:

Rajayaksma is a prime example of Madhyama Roga Marga since it is a Tridoshaja Vyadhi with Vata and Kapha Dosha dominance. In contrast to Kshayavasta, where all Dhatus are present, all Sapta Dhatus are involved in this manifestation of Rajayaksma. According to the involvement of Sahasa (by excessive stress and strain), Vegasandarana (suppressing the natural impulses), Kshaya (diminishing of dathu), and Vishamashana, the symptoms of Rajayakshma vary (opposite to dietary regimen). Depending on the way the Dhatus are depleted, Kshaya manifests Rajayakshma through one of two possible channels. Understanding the role of causes in diseases and the pathogenesis process is crucial before designing a treatment plan. Avoid therefore all Nidana that are accountable to produce Rajyakshma. There are a number of Rajyashma treatments that Ayurveda has provided for us that have proven to be effective and promising. In addition to reducing symptoms without jeopardizing the person's health, they must avoid such problems with effective results. A number of natural herbs and pharmaceuticals have been shown to have promising anti-tubercular actions, to help alleviate the disease's unpleasant symptoms, and to function as immune boosters; these discoveries may have a significant impact on the allopathic drug industry.

9.CONFLICTS OF INTEREST:

This work is not published anywhere. The authors declare no conflict of interest.

10.REFERENCES:

- 1. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 6, verse no.4. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008
- 2. Vagbhata, Ashtanga Hridaya Nidana 5/3, In K R Shrikantha Murthy, Ashtanga Sangraha of (text book with english translation) Vol I, Third edition, Varanasi.
- 3. Sushruta, Sushruta Uttara Tantra 41/11, In Sharma PV. Sushruta Samhita (with English translation of text and Dalhan's commentary along with critical notes) Vol II, Reprint edition, Varanasi, Chaukhambha Visvabharti, 2005.
- 4. Agnivesh, Charak Chikitsa 8/44, In K R Srikantha Murthy Charak Samhita (text book with English translation) Vol II, reprint edition, Varanasi, Chaukhambha Orientalia, 2009
- 5. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 8, verse no.22. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008
- 6. Global Tuberculosis Report: Executive Summary, 2019.
- 7. Agnivesh, Charak Chikitsa 8/13, In K R Srikantha Murthy Charak Samhita (text book with English translation) Vol-II, reprint edition, Varanasi, Chaukhambha Orientalia, 2009.
- 8. Sushruta, Sushruta Uttara Tantra 41/8, In Sharma PV. Sushruta Samhita (with English translation of text and Dalhan's commentary along with critical notes) Vol-II, Reprint edition, Varanasi, Chaukhambha Visvabharti, 2005.
- Vagbhata, Ashtanga Hridaya Nidana 5/4, In K R Shrikantha Murthy, Ashtanga Sangraha of (text book with english translation) Vol-I, Third edition, Varanasi.
- 10. Madhavakara, Madhava Nidanam 10/1, In Vijayarakshita and Srikantha Datta, Madhukosha (Sanskrit Commentary) and Vidyotini (Hindi Commentary along with critical notes) on Madhava Nidanam, Vol-I, reprint edition, Varanasi, Chaukhambha Sanskrit Sansthan, 2005.
- 11. Sushruta, Sushruta Uttara Tantra 1/25, In Sharma PV. Sushruta Samhita (with English translation of text and Dalhan's commentary along with critical notes) Vol-II, Reprint edition, Varanasi, Chaukhambha Visvabharti, 2005.
- 12. Yogaratnakara Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 6, verse no. 5. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008
- 13. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 6, verse no.6. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008
- 14. Charak A. In: Shastri K, Chaturyedi GN, Vidyatini Hindi Commentary, editors. Charak Samhita. Part I and II. Varanasi: Chaukhamba Sanskrit Series, 1969.
- 15. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Chikitsa Sthana, chapter 8, verse no. 39-40. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008.
- 16. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Chikitsa Sthana, chapter 15, verse no.4. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008.
- 17. K.R. Srikantha Murthy, editor. Astanga Sangraha Nidana Sthana, chaper 5, verse no 7 Chaukhambha Orientalia, Varanasi, Vol. I reprint edition, 2012.
- 18. Brahmananda Tripathi, editor. Madhavanidanam of Sri Madhavakara with the Sanskrit Comm. Madukosa by Vijayaraksita and Srikanthdatta. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 6, verse no.4. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008
- 19. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 6, verse no.6. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008.
- 20. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Nidana Sthana, chapter 6, verse no.8. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008.
- 21. Yadavaji Trikamaji, editor. Charaka Samhita of Charaka, Chikitsa Sthana, chapter 8, verse no.14-19. reprinted, Varanasi; Chowkhambha Sanskrit Series, 2008.



Dr.Sachinkumar Sahebrao Patil M.D. (Kayachikitsa) Medicine, Ph.D. (Kayachikitsa) Medicine, M.B.A. (H.R.), M.A. (Sanskrit), P.G.D.E.M.S., D.Y.A. Professor and H.O.D., Ph.D. Guide, M.D. Guide, Department of Kayachikitsa, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune - 411028, Maharashtra State, India. He is working as an Ayurved Physician and Panchakarma Specialist since last 18 Years. He is a BOARD OF STUDIES MEMBER for Paraclinical Ayurved Board of Maharashtra University of Health Sciences (M.U.H.S.), Nashik. He is a FACULTY MEMBER for Post Graduate Paraclinical Ayurved Board of M.U.H.S., Nashik. He is working as a Research Faculty for Research Methodology and Medical Statistics for M.U.H.S., Nashik. He is a Ph.D. GUIDE for 08 Ph.D. Kayachikitsa (Medicine) students and M.D. GUIDE for 30 M.D. Kayachikitsa (Medicine) students out of which 21 M.D. Kayachikitsa (Medicine) students have been already passed out. His research experience is 15 Years. His research interests in Anxiety disorder, Diabetes Mellitus, Obesity, Hyperacidity, Diarrhoea, Anaemia, infertility etc.

