# Study of Hetu of Rajayakshma

Kumar Anish

Dept. of Rog Nidan, Shaheed Kartar Singh Sarabha Ayurvedic Medical College, Ludhiana, Punjab

**ABSTRACT**

Ayurveda - "science of life and longevity" is considered as the traditional system of medicine of India. The aim of this system is to prevent illness, heal the sick and preserve life.For the fulfillment of second aim of Ayurveda, it is necessary to diagnose the disease or vyadhi. It is not possible to cure a disease without proper diagnose. That is why Ayurveda has been described "Trisutra Ayurveda i.e. Hetu, Linga and Aushadha".The knowledge of Hetuor Nidana (causative factor of disease) is most important to cure a disease. In other words, Hetu is the first step towards the treatment. That is why it was described first in Trisutra, which also indicates its significance in Ayurvedic system of medicine.According to Ayurvedic classics, evade the cause (hetu) of disease is also a part of treatment of that particular disease because evading the cause of disease can also prevent the pathogenesis of that disease. That is why the detail and complete knowledge of nidana of that particular disease is necessaryfor prevention as well as effective management.Therefore the present study has been designed to analyse and evaluate the complete concept and etiopathogenesis of Rajayakshma based on clinical survey, as a whole in light of Ayurvedic concepts.

**Key words:**Rajayakshma, Hetu of Rajayakshma.

**INTRODUCTION**

According to Ayurveda, health is defined as the state where physical body, senses, and psyche are in original or natural state with respect to body and function[1]. The imbalance state of all those are known as Dhatu Vaishamya/Vyadhi. There are so many diseases (Vyadhi) have been described in Ayurveda. Rajayakshma is also one of them.  Rajayakshma is considered as king of all diseases[2]. Thus it being termed as Raja(king) Yakshma(decay), which means of frailing condition of huge magnitude. Symptoms of Rajayakshma are parshwashoola, jwara, kasa and raktashthiwana[3,4]. In such case all seven Dhatu convert primarily in to Mala and passed away rather than being partly converted to Ojas, which considered as carrier of Prana.

Ancient Acharya have classified causes of Rajayakshma into four Categories[5-9]-

1. Sahasa
2. Sandharana
3. Vishamashana
4. Kshaya.

For the fulfillment of second aim[10] of Ayurveda, it is necessary to examine the disease or vyadhi. It is not possible to cure a disease without proper examination. That is why Ayurveda has been described "Trisutra Ayurveda i.e. Hetu, Linga and Aushada". Hetu was said first in Trisutra, which shows its importance in Ayurvedic system of medicine. Hetu or Nidana (causative factor of disease) is also known as "Vyadhi vinishchaya karanam". It is stated in Ayurvedic classics that avoiding cause (nidana/hetu) of disease is known as a part of treatment of that particular disease[11]. So by using this concept, samprapti (pathogenesis) of disease can also prevent. Thus, a great emphasis is laid on nidana of a disease to understand it completely for prevention as well as effective management.

Therefore the present study entitled "Study of Hetu of Rajayakshma" has been designed to analyze and evaluate the complete concept and etiopathogenesis of Rajayakshma based on clinical survey, as a whole in light of Ayurvedic concepts.

**AIM**

> To study the Hetu of Rajayakshma.

**OBJECTIVES**

1. Detail Study of Kshaya in relation to the Rajayakshma.
2. Study of Vishamashana, Sandharana, Sahasa and Kshaya as Hetu using its effect on Dosha, Dhatu, Srotas etc.
3. Study of the Hetu and Samprapti of Rajayakshma Roga.
4. Study of Tuberculosis according to modern science.

**MATERIAL**

1. References of Rajayakshma from various Samhita like Charaka, Sushruta, Vagbhatta etc.
2. Compilation of information about Rajayakshma from Samhita, relevant books, journals, and modern science has been made.
3. 100 volunteer has been taken for this research project.

**METHODS**

1. *Type of study*-Clinical survey.
2. Separate case paper Performa and questionnaires has been prepared as per need.
3. Effect of Vishamashana, Sandharana, Sahasa and kshaya on volunteers has been recorded through survey and clinical examination.
4. Analysis of information has been done with the help of clinical survey.
5. No. of Hetu and severity of Hetu has been studied.
6. Study in relation with different types of Rajayakshma has been explained.
7. *Statistical test*-Percentage and Proportion test.

**RESULT**

According to present study based on clinical survey we found that in maximum number of volunteer i.e. 48%, the main hetu of Rajayakshma were Sahasa & Vishamashana combined (Table No. 1). Among all the seven dhatu, Rasa dhatu (in 100% volunteers) and Mansa dhatu (in 72% volunteers) were mostly affected (Table No. 2). Most commonly Pranavaha (in 100% volunteers), Rasavaha (in 100% volunteers), Annavaha (in 78% volunteers) and Mansavaha (in 72% volunteers) srotodushti lakshan were found (Table No. 3).

**DISCUSSION**

This study shows that Sahasa & Vishamashana combined (48%) were the main hetu of Rajayakshma. It may be because some people work beyond their capacity along with having irregular and imbalanced diet.

According to present study, Vishamashana was the main hetu of Rajayakshma in 29% volunteer. Akala bhojan, Alpa bhojan and Akala+Alpa bhojan were the reasons of Vishamashana in most of the volunteers. A person who has not followed rules of diet and took irregular diet, then it leads to the vitiation of vata dosha, which further aggravates the other two dosha. Imbalanced dosha obstruct the channels, by which dhatu are not nourished properly and produce Rajayakshma due to irregular diet (vishamashana).

On the basis of Dhatu kshaya lakshan, this study shows that Rasa and Mansa Dhatu were mainly affected in Rajayakshma. Rakta, Meda, Asthi, Majja and Shukra kshaya were not found in so much cases, because patients were came during the initial stage of Rajayakshma.

On the basis of sorotodushti lakshan, this study shows that Pranavaha, Rasavaha and Annavaha srotas were mainly affected in Rajayakshma.

## CONCLUSION

The present study is an effort to understand the leading cause of Rajayakshma. This work provides the scientific data to validate the Ayurvedic concept of different causative factors of Rajayakshma.

 The highlights of the study are as follows-

- Sahasa & Vishamashana combined are the main hetu of Rajayakshma.

- Vishamashan is the 2nd most predominant cause of Rajayakshma.

- Among all the different types of Rajayakshma, "anuloma kshaya janya Rajayakshma" is predominant.

- Sandharana janya Rajayakshma was not found in this study.

- Among all seven Dhatu, mostly Rasa, Mansa, Meda and Majja dhatu kshaya has been seen in volunteers.

- Majority of Pranavaha, Rasavaha, Annavaha and Mansavaha srotodushti lakshan has been found in volunteers.

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11. Vaidyak Shabda Sindhu.

**TABLES**

*Table No.1*-PERCENTAGE OF HETU OBSERVED IN THE VOLUNTEERS:-

| S. No. | Hetu | No.of Volunteer | Percentage |
|--------|------|-----------------|------------|
| 1. | Sahasa | 19 | 19% |
| 2. | Sandharana | 00 | 00% |
| 3. | Kshaya | 04 | 04% |
| 4. | Vishamashana | **29** | **29%** |
| 5. | Sahasa+Vishamashana | **48** | **48%** |

*Table No.2*-PERCENTAGE OF DHATUKSHAYA OBSERVED IN THE VOLUNTEERS:-

| S.No. | Dhatu | No. of Volunteer | Percentage |
|-------|-------|------------------|------------|
| 1. | Rasa | **100** | **100%** |
| 2. | Rakta | 28 | 28% |
| 3. | Mansa | **72** | **72%** |
| 4. | Meda | 20 | 20% |
| 5. | Asthi | 03 | 03% |
| 6. | Majja | 27 | 27% |
| 7. | Shukra | 03 | 03% |

*Table No.3*-PERCENTAGE OF SROTODUSHTI OBSERVED IN THE VOLUNTEERS:-

| S.No. | Srotas | No.of Volunteer | Percentage |
|-------|--------|-----------------|------------|
| 1. | Pranavaha | **100** | **100%** |
| 2. | Annavaha | **78** | **78%** |
| 3. | Udakavaha | 10 | 10% |
| 4. | Rasavaha | **100** | **100%** |
| 5. | Raktavaha | 28 | 28% |
| 6. | Mansavaha | **72** | **72%** |
| 7. | Medovaha | 20 | 20% |
| 8. | Asthivaha | 03 | 03% |
| 9. | Majjavaha | 27 | 27% |
| 10. | Shukravaha | 03 | 03% |
| 11. | Artavavaha | 01 | 01% |
| 12. | Purishavaha | 13 | 13% |
| 13. | Mutravaha | 04 | 04% |
| 14. | Swedavaha | 25 | 25% |