

## UNDERSTANDING THE ROLE OF KAPHA IN GULMA AND ITS CHIKITSA

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### ABSTRACT

*Gulma* is the disease mainly caused due to *vatapradhana dosha*. It is the disease mainly affects the Gastro intestinal tract. *Shoola* is the predominant symptom of *Gulma*. It is a condition in which a mass of cells is formed within the Thoraco-abdominal cavity. Owing to its complex, organized and its deep - rooted adherent nature, it is termed as *Gulma*. There are many correlations on the disease *Gulma* hence, to a specific disease it cannot be correlated. Here is an attempt made to analyse the role of *kapha* in manifestation of *Gulma* in the body.

**KEYWORDS:** *Gulma, Shoola, Vatapradhana dosha, Kapha.*

### INTRODUCTION

*Gulma* is a *vatapradhana kostagata roga*. The meaning of the word “*Gulma*” is a cluster or clump of trees, thicket, bush or shrub.<sup>[1]</sup> It is a disease characterised with abdominal pain or abdominal mass as cardinal symptom. Acute abdominal pain can represent a spectrum of conditions from benign and self limited diseases to surgical emergencies. Evaluating abdominal pain requires an approach that relies on the patient’s history, physical examination, laboratory tests and imaging studies. The location of the pain is a key point and will guide further evaluation, ex: right lower quadrant pain strongly suggests appendicitis. Certain elements of the history and physical examination are also helpful, ex: constipation and abdominal distension strongly suggests bowel obstruction. Abdominal pain is a common presentation in outpatient setting and is challenging to diagnose

also. Only 10% of outpatient setting have a severe or life threatening cause or many require surgery therefore thorough knowledge and logical approach is to the diagnosis of abdominal pain is necessary.

## AIMS AND OBJECTIVES

To study about the concept of role of *kapha* in *gulma* and its modern interpretation.

## MATERIALS AND METHODS

A conceptual study is made after reviewing *Ayurvedic* text (*Charaka samhita*) and their commentaries, relevant data from articles, periodicals, journal and published articles, internet media.

### Review of literature

*Gulma* is *vedanapradhana vyadhi*,<sup>[2]</sup> which mainly affects the *mahasrotas* or *kosta*<sup>[3]</sup> It is caused mainly due to aggravated *vata dosha*.

### *Samprapthi* of *gulma*

The *nidanas* like excessive secretion of *mala* and *dosha* after drastic purgation therapy, *vegadhaarana*, injury to the body, excessive intake of food which induces dryness in the body, abnormal administration of *panchakarma* therapy and *manasika* factors like grief etc are in general *nidanas* for the manifestation of *gulma*.<sup>[4]</sup> This aggravated *vata dosha* enters the *mahasrotas* and imparts *roukshyata* (dryness), *katinatha* (hardness) to *mahasrotas* and it attains *pinditharoopa*. This *pinditha* (lump/mass) takes *ashraya* in *panchagulmasthan*. By which patient will exhibit with first and foremost symptom of *shola*.<sup>[5]</sup> Here the nature of *gulma* has been explained i.e. the *pinditha* which is formed may be only due to *kevalavata* or due to the involvement of *mamsadhatu*.<sup>[6]</sup> To explain the role of *kapha* here, if *pinditha* is formed due to the involvement of *mamsadhatu* then by the concept of *ashraya ashrayi bhava* we can tell directly that there is involvement of *kaphadosha* also in the manifestation of *gulma*. *Gulma* is also caused due to the *avarana* of *pitta* and *kapha dosha* in *mahasrotas*<sup>7</sup> and the normal movement of *vata* is restricted in *mahasrotas* which causes *vata* to aggravate in *mahasrotas* and *shoola* is the prime symptom that is exhibited by the patient in *panchagulmasthan*. On palpation when u find a mass or lump is said to be *gulma*.<sup>[8]</sup> Here *kapha dosha* along with *pittadosha* causes *avarana* in *mahasrotas* for the *gulma* to manifest.

### ***Gulma sthana***

There are five *gulma sthana* mentioned they are *hridaya*, *nabhi*, *basti* and *dwouparshwa*.<sup>[9]</sup> To understand the concept of *gulma sthana*, as major part of the gastro intestinal tract is located in the abdomen and if the abdomen is divided into nine quadrants, that quadrant of abdomen that which is nearer to *hridaya* is considered as *gulma sthana* here, not exactly *hridaya* as an organ that is involved in the pathology. So we can consider *hridaya* as epigastric region. Same thing applies to other *sthanas* of *gulma* also, i.e. *Nabhi* as umbilical region, *basti* as hypo gastric region and *dwouparshwa* refers to right and left side hypochondriac region, right and left lumbar region & right and left iliac region. This concept of *gulma sthana* can be better understood by applying '*Gobaliwardha nyaya*'.<sup>[10]</sup> In '*Gobaliwardha nyaya*' as per the context, meaning should be taken into consideration. For example: in *chardi*, *hridaya utklehsa* is one of the *poorva roopa* mentioned. Here, *hridaya utklehsa* refers to *utklehsa* that is occurring in stomach not exactly in *hridaya*. Here, *hridaya* is considered as stomach. To highlight the role of *kapha* in *gulma sthana*, *hridaya* is understood as epigastric region which is the location of *amashaya* that is the *sthana* of *kapha*.

### **Role of *kapha* in *vataja gulma***

The role of *kapha* in *vataja gulma* is very less. Because as *gulma* is *vedanapradhana vyadhi* and *shoola* is the prime symptom, *vata dosha* is predominantly involved in the manifestation of *gulma*. But in the *samprapthi* of *gulma*, while explaining the nature of *gulma*, i.e., *kevalavata* or due to the involvement of *mamsa*, if *gulma* is manifested by the involvement of *mamsa* then the concept of *ashraya ahrayi bhava* can be taken into consideration. As the *ashraya* of *mamsa* is *kapha dosha*. The concept of *Avarana* in *mahasrotas* is due to the involvement of *kapha dosha* and also *pittadosha*, which is also the reason for the aggravation of *vata* and *gulma* to manifest. This *samprapthi* of *gulma* is common to all the types of *gulma* explained. As *gulma* is *vata* predominant *vaydhi*, *kapha dosha* is also involved in the manifestation of *gulma*. In the *lakshanas* of *vataja gulma*, as predominant *dosha* that is exhibiting its symptoms, the symptom that is pertaining to *kapha dosha* is absent. In the *chikitsa* of *vataja gulma* there is mentioning of a word '*kaphapittaanurakshina*' which means by treating *vatajagulma* with the administration of repeated *snehana* in different forms and by giving *basti chikitsa* for *vata shamana*, we should take care of *kapha dosha* as well as *pitta dosha*. He has given importance to associated *dosha* also i.e. *kapha dosha* as well as *pitta dosha*. The concept of '*avastha anusara chikitsa*'<sup>[11]</sup> has also been explained which means, when you treat *vataja gulma*, if there is aggravation of *kapha dosha* we can adopt with

*vamana* line of management. If there is aggravation of *pittadosha* and *raktha* we can adopt with *sneha anulomana* and *rakthamokshana* respectively. He has given importance to *kapha dosha* indirectly though the disease is due to predominance of *vata* dosha.

### Role of *kapha* in *pittaja gulma*

The same concept of *samprapthi* applies to *pittaja gulma* also, as the *samprapthi* mentioned is common to all the types of *gulma*. The stages of *gulma* has been explained under *pittaja gulma* i.e. *apakwa gulma*, *pachyamana gulma* and *pakwa gulma*.<sup>[12]</sup> The *lakshanas* mentioned under *apakwa gulma* are *guru*, *Katina*, *samsthana*, *avivarna*, *goodamamasa antarashraya* and *sthira*.<sup>[13]</sup> these *lakshanas* are similar to the *lakshanas* of *kapha dosha*.

### Role of *kapha* in *kaphaja gulma*

The *nidanas* for the manifestation of *kaphaja gulma* are *atiashana*, intake of *atisnigdha*, *atimadhura*, *atiguru*, *pishata ahara sevana* and *atisheetahara sevana*, intake of *masha*, *tila*, *ikshu*, *ksheera*, *gudavikruthi* or different formulations of *guda*, *mandaka dadhi*, *ati madya sevana*, *gramya avdaka anupa mamsa sevana*, *ati haritashaaka sevana*, *ati udaka pana*. *Vihara* like *vegadharana*, and *diwaswapna*. By analysing these *nidana* there is aggravation *kapha* more predominantly along with the aggravation of *vata dosha*. The aggravated *vata* dosha initially localises in particular part of the stomach or *amashaya* and the prime symptom exhibited by the patient is *shoola* or pain abdomen. The *lakshana* seen are *sheetajwara*, *arochaka*, *avipaka*, *angamarda*, *harsha*, *hridroga*, *chardi*, *nidra*, *aalasya*, *staimitya*, *gaurava* and *shiroabhitapa*. The nature of *gulma* in *kaphaja* is *sthairya* i.e. *gulma* appears to be stable, *guru* or heavy, *kaatinya* or hard, *avaghadha* or deeply seated and *suptata* or numbness. The associated disorders are *kasa*, *shwasa*, *pratishayaya* and *rajayakshma*. Whitish discoloration of *twak*, *nakha*, *nayana*, *vadana*, *mootra* and *pureesha*.<sup>[14]</sup> The *chikitsa* adopted are, initially *agni* should be corrected in all the types of *gulma*.<sup>[15]</sup> If *agni* is normal *gulma* gets subsided and if *agni* is hampered *gulma* will be worsened. *Nidana parimarjana* i.e. The *nidana* which are involved in the manifestation of *gulma* should be completely avoided. To correct *agni* of the patient, *langhana* is done. The *langhana* is indicated if the patient is not fit for *vamana*, if the person is having *alpa kaaya agni* and if there is association of *ama*. *Vamana* is indicated by considering the *bala* of the patient. If patient is having *mandagni*, *manda vedana*, *gurusthimitha koshta*, *utklesha* and *aruchi* can adopt only with *mrudu vamana* line of management. *Ushnopachara* is done after *langhana* and *vamana* by administering *katutiktha dravya sadhita ahara* and *aushadha*.

*Swedana* is indicated when there is the symptom of *anaha*, *vibandha*, if *gulma* is *Katina* or hard and *unnatha* or elevated. By adopting *swedana* therapy the hardness of the *gulma* will be lost or there will be *vilayana* of *gulma*. *Gruthapana* is indicated only when the *agni* of the patient has become normal or when there is attainment of *deepta agni*. At this point of time we can go with *grutha prayoga* processed with *kshara katu dravya*. Indication of *virechana* and *basti* is when the *gulma* has attained *apasrutha* stage or when *gulma* has attained mobility then can go with *virechana* and *snehayuktha dashamoola nirooha basti* only by considering the *bala* of the patient. By adopting all these measures, there will be *vata anulomana*, *snigdhata* in *kosta* and *deepta agni*, at this point of time we can administer with *shamana prayoga*. If the symptoms of *gulma* have not reduced by adopting the above *chikitsa*, we can go with *kshara prayoga*, *agnikarma* and *shastra karma*. After all these treatments can go with *shamanaushadhi prayoga*.<sup>[16]</sup>

## DISCUSSION AND CONCLUSION

As *gulma* is *vatapradha kostagata roga* with pain and localised lump as the cardinal feature. In contemporary science it covers group of disorders ranging from single gaseous obstruction to an incurable malignant condition. Though *gulma* is *vatapradhana vyadhi*, *kapha* is invariably involved in the manifestation of *gulma*.

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