



Title of Article

## Comparative Study Of *Rajayakshma* and Pulmonary Tuberculosis.

Shinde Kshitija Sanjeev

Asso. Prof. Rognidan Dept., Ayurved College,  
Pethwadgaon, Dist. Kolhapur, maharashtra

\*Author Correspondence: Mobile No. 9860054798; Email: kshitijashinde98@gmail.com

### ABSTRACT:

For comparative study known patients of pulmonary tuberculosis are selected. Which are diagnosed on the basis of x-ray chest, sputum-acid fast bacilli, erythrocyte sedimentation rate. And in the pulmonary tuberculosis patients observed the symptoms of *rajayakshma*. Other findings are observed as per age, sex, economic condition, occupation, habits, *prakruti*, *agni*, *kostha*, *satwa*, *nidan panchak*, *updrava*, *doshadushti*, *dhatudushti*, *maladushti*.

**KEYWORD:** *Rajayakshma*, *pulmonary tuberculosis*, *nidan panchak*, *symptom observation*

#### Cite this article:

Comparative Study Of *Rajayakshma* And Pulmonary Tuberculosis  
Kshitija Shinde

Ayurlog: National Journal of Research in Ayurved Science-2017 ;(5)(5); 1-5

## INTRODUCTION:

In *samhitas* it is said that at first *Chandra* the king of *nakshtra* was suffering from this disease so called *rajayakshma*. It is also called as *shosh*, *kshaya*, *yakshma*, *rograj*, *rog* etc. *Rajayakshma* is a disease of '*pranavaha strotas*' Here *rajayakshma* along with *dhatukshya* is present.

*Rajayakshma* is described in *Madhavidan*<sup>1</sup>, *Bhavprakash*<sup>2</sup>, *Yogratnakar*<sup>3</sup>, *Charak samhita*<sup>4</sup>, *Susruta samhita*<sup>5</sup>, *Astanghridya*<sup>6</sup>. *Vegavrodhaj*, *kshyaj*, *sahasaj*, *veeshamashanaj* these are *hetus*<sup>7</sup> of *rajayakshma*. *Dhatukshya* develops due to these *hetus*. Along with these factors another factor mentioned is '*sankramak rog*'. From ancient time mankind knows about *krimi vidyan*. Mantras about *krimi*, *updrava* (complications) and treatment of these *krimi* are mentioned in '*veda*'. Descriptions about *krimi* are also found in '*atharvaveda*'. These *krimis* are of two types *drishya* and *adrishya*<sup>8</sup>.

In ancient days this disease was known as a very dangerous disease. But now-a-days it is totally curable disease with help of improved science. In modern science causative factor of pulmonary tuberculosis is *mycobacterium tuberculi*

*bacilli*. And there are number of drugs available for the treatment of this bacillus.

Ayurved is an ancient science. Here '*deencharya*' (daily diet and routine) and '*rutucharya*' (seasonal diet and routine) is described for to achieve long healthy life. But now-a-days almost all the people are so busy that they do not able to follow the *deencharya* and *rutucharya*, also do not have proper nutrition and balanced diet. So many of them are malnourished. Such people lose their *sharir bala* and having low immunity power. So they are more prone to infectious disease like pulmonary tuberculosis.

*Rajayakshma* is developed due to *tridosh prakop* caused by *hetus* described above. *Rajayakshma* is a *oupsargic* (contagious) disease described in *susruta samhita*<sup>9</sup>. *Samprapti* is of two types *anuloma* and *pratiloma*<sup>10</sup>.

Most of the signs and symptoms of *rajayakshma* and pulmonary tuberculosis are similar so a comparative study of *rajayakshma* and pulmonary tuberculosis is planned to be undertaken.

**Aim:** To do comparative study of *rajayakshma* and pulmonary tuberculosis with reference to *hetu* (etiological factors), *rupas* (signs and symptoms), *samprapti* (pathogenesis) and diagnostic investigations.

**Objectives:** 1. Comparative study is done on the known patient of pulmonary tuberculosis

2. Symptoms of rajayakshma are observed on the patient of pulmonary tuberculosis on the basis of nidan panchak.

3. Total number of patients taken for study is 80.

**Material and method:** About 80 consecutive untreated cases of pulmonary tuberculosis above 10 years of age are studied. The diagnosis in these cases is done on the basis of clinical findings and supported by investigations like haemogram and ESR, Sputum examination for AFB, X-ray chest etc. A detailed history taking and clinical examination is done in these cases by preparing a separate case paper according to 'nidan panchak'(ayurvedic principles) and other ayurvedic clinical examination methods like agni parikshan, kosta parikshan, prakruti parikshan, dosha-dhatu-mala parikshan, specially pranvaha strotasa parikshana etc.

#### Observations:

Factors	Findings
Age	Age group 21yrs to 40yrs are more prone
Sex	Mostly males are

	infected than females
Class	Lower class people
Occupation	Workers, heavy vehicle drivers
Habbits	Smokers, drinkers
Prakruti	<i>Vatpitta, vatkapha, kaphapitta</i>
Hetu	<i>Kshayaj, vishamashanaj, krimi</i>
Purvarupa	<i>Swasa, kasa, agnimandya, aruchi</i>
Rupa	<i>Shadarup</i> type
Samprapti	Anulom type in 98% cases
Upadrava	Cavity formation, <i>parshwashula, abdominal tuberculosis</i>
Agni	<i>Agnidushti</i> more
Dosha	<i>Vata, vatakapha</i>
Dhatu	<i>Rasa, mansa</i>
Mala	<i>Swedamal dushti</i>
Strotasa	<i>Pranvaha, rasavaha, mansavaha, udakavaha, manovaha</i>
Weight	Weight loss found in 46% cases
Sputum-AFB	Positive in 38% cases
BSL	Fasting 80 to 120 mg/100 ml
X-ray chest	Positive in all cases
ESR	Higher in all cases

**Conclusion:** Pulmonary tuberculosis is one of the type of *rajayakshma*; because *rajayakshma* means not only pulmonary tuberculosis; it also includes other types of tuberculosis.

Most of the symptoms of *rajayakshma* and pulmonary tuberculosis are similar like *jwara* (pyrexia), *shwasa* (breathlessness), *kasa* (cough), *raktasthivan* (blood stained sputum), *agnimandya* (dyspepsia), *urrshula* (pain in chest).

*Hastpada daha* (burning hands and feet), *swarbheda* (horseness of voice), *varchobeda* (loose motions), *shirshula* (headache), *kanthavedana* (throat pain), *pratishaya* (rhinitis) such symptoms are not found in the pulmonary tuberculosis.

AFB are the main cause of pulmonary tuberculosis but *vishamashan* is main hetu of *rajayakshma*.

*Purvarupa* (early signs and symptoms) described in *ayurved samhita* related with *swapna* are not found in the pulmonary tuberculosis.

This study is helpful for the physicians in treating the *rajayakshma* cases.

#### **Acknowledgement:**

I am very thankful to Dr. Doiphode V. V; Principal, Tilak Ayurved Mahavidyalaya, Pune.

I am also very thankful to my guide Dr. S. Y. Wagh.

I am very thankful to Dean and H.O.D. of Sasoon Hospital, Pune.

I am very thankful to my friends and family members for their encouragement.

#### **References:**

1. Madhav nidan—10/1  
Shri Madhavkar with Madhukosh Sanskrit commentary by Shri Vijayaraksita and Shri kunthadutta  
Edited by Prof. Yadunandan Upadhyaya , published by Chaukhambha publication, Varanasi.
2. Bhavprakash—11/8, 11/10-11, 11/14-15  
Vidyotini hindi commentary by Bhishagratna pandit Shri Brahma Sankora Misra.  
Published by Chaukhambha Sanskrit Sansthan, Varanasi.
3. Yogartnakar  
By Vd. Shri Laxmipati Shastri.  
Published by Chaukhambha Sanskrit Sansthan, Varanasi.
4. Charak samhita, Chikista sthan 8/13, Chakrapanidatta.  
Edited by Vaidya Jadavaji Trikamji Acharya
5. Sushruta samhita uttar sthan 41/11, Dalhan.
6. Astang hridayam. Nidan sthan 5/5,5/6  
Vidwanmanoranjini hindi commentary by Kashinath Shastri, edited by Dr. Indradev Tripathi,

- Dr. Shrikant Tripathi. I<sup>st</sup> edition.
7. Charak samhita, Nidan sthan 6/3 and Madhav nidan 10/1
  8. Atharva veda—24/31/1
  9. Sushruta samhita, Nidan sthan 5/32,33
  10. Madav nidan 10/2 and Sushruta uttar sthan 41/14.
  11. Chamberlain's sign and symptoms in clinical practice.
  12. Davidson's principles and practice of medicine; edition 1991.
  13. Textbook of pathology; Boyd, 9<sup>th</sup> edition.
  14. API- Textbook of medicine 5<sup>th</sup> edition 1992.
  15. Textbook of preventive and social medicine; J. E. Park, 13<sup>th</sup> edition 1991
  16. Medical bacteriology; N. C. Dey 16<sup>th</sup> edition.
  17. Vedome Ayurved- Ramgopal Shastri Joshi.
  18. Ayurvedic shabdakosha- Pandit Venimadhav Shastri.
  19. Kayachikista- Vd. Y. G. Joshi.

