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The Conceptual & Clinical Exploration of Bahudosha Avastha in Tamakshwas

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Abstract

Texts have described different types of *chikitsa*. General indications for *Arhataa* of *Shodhan* and specific indications for specific *Shodhan* are also described while describing the general principles of the line of treatment. Texts give due importance to *Shodhan Chikitsa* while describing treatment of nearly every disease in detail except [some exceptional diseases such as *Urustambha* where *Shodhan* is contradicted, *Amavastha*, *Shakhashrita Dosha* are some other situations where we cannot go for *Shodhan* directly. It is contraindicated when *Rugnabala* is *Heena* otherwise excluding these conditions description of treatment of any disease begins with the *Shodhan Chikitsa Sutra*. One or more than one type of *Shodhan Chikitsa* in every disease as per their indication is described. After *Shodhan*, texts go into the details of *Shamana chikitsa*. In every disease while prescribing *Shodhan Chikitsa Bahudoshaavastha* and *samyak Rugnabala* are the basic criteria's. There are many criteria's described to decide the *Rugnabal* and it is practiced accordingly. Basic general signs and symptoms and a few guidelines to conclude *Bahudoshaavastha* are described in *Charaksamhita* as "*Bahudoshalingani*".

Keywords : *Shodhan chikitsa, Shaman Chikitsa, Bahudosha Lingani, Tamakshwas, Bronchial asthma*

Introduction :

Shodhan Chikitsa is unique feature of *Ayurveda*. It is superior to *Shaman Chikitsa* as it minimizes the chances of recurrence of the disease. While indicating one or more *shodhan* in any disease, *Bahudoshaavastha* in that specific disease is not described. Practically in day to day practice before deciding the line of treatment initially either *Shodhan* or *Shamana* is to be adopted, no criteria is established or used. Actually our treatment format should consist of this. Every patient of any disease is bound to be

initially assessed for *Bahudoshaavastha* on some specific format or criteria's and the decision or line of treatment *Shodhan* or *Shamana* should be primarily taken. Visualizing this factual situation about textual description for the basis to conclude *Bahudoshaavastha*, it is our responsibility to explore the area. We should explore "*Bahudoshalingani*" we should search for other criteria's and compile. We should elaborate basically as well as from specific disease point of view.

Aims & Objectives-

1. To Compile Criteria's of *Bahu dosha avastha*.
2. To detail, explore and elaborate "*Bahu dosha Lingani*" described in *Charaksamhita* and other compiled criteria's of *Bahu dosha avastha*.
3. To suggest a general format for conclusion of *Bahu dosha avastha* in any disease.
4. To suggest specific format for conclusion of *Bahu dosha avastha* in *Tamakshwas*

Methodology :

1) Inclusion Criteria >

1. Age - 5 to 60 yrs.
2. Sex - Both Male & Female.
3. Patients having history of short duration i.e. maximum 5 years.
4. Patients diagnosed as *Tamakshwas* on the basis of *Granthokta Nidanpanchak*

2) Exclusion Criteria >

1. Patients having history of more than 5 years of onset.
2. Patients having complications such as Bronchiectasis , Pleural Effusion, superimposed infection, Malignancy.

Plan of Work :

- a) Thorough literature review of *Tamak shwasa*, *shodhan chikitsa* and *Bahudosha lingani* is done in details and compiled in systematic manner.
- b) Total 30 patients are included in the study who had fulfilled the criteria of diagnosis of *tamak shwasa*.
- c) The detailed history of *Tamak shwasa* patients was reviewed and throughout clinical examination is carried out. Accordingly the case record form was prepared and the criteria of *bahudosha avastha* were prepared; which are later subjected to the *tamak shwasa* patients.
- d) Conceptual exploration of *Bahudosha lingani* is done in terms of gradation of *Bahudosha*

Lingani along with their *Doshik* score.

- e) The following is the Prepared Specific Format of Criteria of

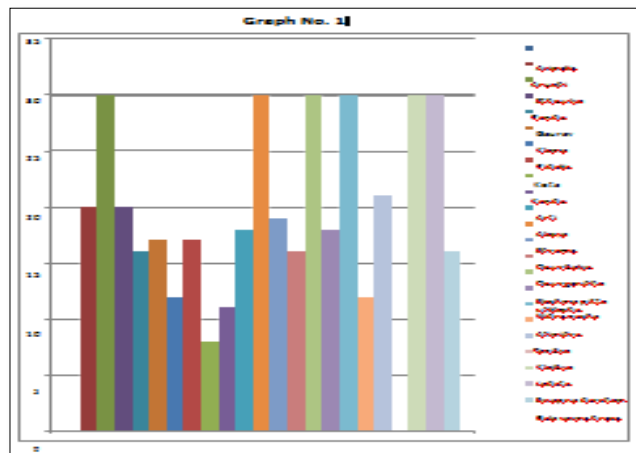
Assessment for *Bahudosha avastha* in *Tamakshwasa*

<i>Nidanpanchak</i> of <i>Tamakshwasa</i>	<i>Bahudosha Lingani</i> Gradation	<i>Doshik</i> Score of <i>Bahudosha Lingani</i>
Dosha Dushya Strotas(Dustha)	Grade 0 1-5 <i>Bahudosha Linga</i>	<i>Vatika</i> - 1, 2, 3
	Grade 1 6-10 <i>Bahudosha Linga</i>	<i>Paittika</i> - 1, 2, 3
	Grade 2 11-15 <i>Bahudosha Linga</i>	<i>Kaphaja</i> - 1, 2, 3
	Grade 3 16-20 <i>Bahudosha Linga</i>	

Observations and Results:

Bahudosh linga wise distribution of patient's data:

The Majority of *Bahudosha Linga* observed as 100% in the patients of *Tamakshwasa* are *Aruchi*, *Arati*, *Dourbalya*, *Shleshma pitta utklesha*, *Klaibya* and *Jadata*. Frequency calculation table is as below:
Table No. 1



<i>Bahudosh lingani</i>	No of patient	%Patients
<i>Avipaka</i>	20	66.66
<i>Aruchi</i>	30	100
<i>Sthoulya</i>	20	66.66
<i>Pandu</i>	16	53.33
<i>Gaurav</i>	17	56.33
<i>Klama</i>	12	40
<i>Pidaka</i>	17	73.33
<i>Kotha</i>	08	26.66
<i>Kandu</i>	11	36.66
<i>Arati</i>	18	60
<i>Alasya</i>	30	100
<i>Shrama</i>	19	63.33
<i>Dourbalya</i>	16	53.33
<i>Dourgandha</i>	30	60
<i>Shleshma pitta utklesha</i>	18	60
<i>Nidra nasha</i>	30	100
<i>Atinidra</i>	12	40
<i>Tandra</i>	21	70
<i>Klaibya</i>	0	00
<i>Jadata</i>	30	100
<i>Swapna darshan</i>	30	100
<i>Bala varna Rhasa</i>	16	53.33

Statistical Analysis: Hypothesis Testing-

Objective: To verify the presence of various *Bahudosh lingani* criteria in *Tamakshwas* patients across the sample population.

Null Hypothesis: H0: *Bahudosh Lingani* criteria are not distributed normally across the sample population of *Tamakshwas* patients.

Alternative Hypothesis: H1: *Bahudosh Lingani* criteria are distributed normally across the sample population of *Tamakshwas* patients.

Significance Threshold: $P < 0.05$

Statistical Test: The objective of this analysis is to test the mean distribution of the sample set of patients for various *Bahudosh Lingani* criteria. Since the variables being studied are ordinal and time-based values have not been recorded, we would be using the One-sample t test to verify whether our sample mean differs significantly from the hypothesized value.

Results: Table No.2

One-Sample Test	T	df	P-value	Mean Difference
<i>Avipaka</i>	-3.808	29	.001	-.333
<i>Aruchi</i>	-8.011	29	.00009	-.791
<i>Sthoulya</i>	-4.097	29	.0005	-.367
<i>Pandu</i>	-5.037	29	.0003	-.467
<i>Gaurav</i>	-4.709	29	.0005	-.433
<i>Klama</i>	-6.595	29	.0001	-.600
<i>Pidaka</i>	-4.709	29	.0005	-.433
<i>Kota</i>	-3.247	29	.003	-.267
<i>Kandu</i>	-7.077	29	.00012	-.633
<i>Arti</i>	-4.397	29	.0001	-.400
<i>Alasya</i>	-9.287	29	.0081	-.821
<i>Shrama</i>	-4.097	29	.0005	-.367
<i>Dourbalya</i>	-5.037	29	.0005	-.467
<i>Dourgandha</i>	-7.289	29	.0081	-.611
<i>Sleshma pitta utklesha</i>	-4.397	29	.0005	-.400
<i>Nidra nasha</i>	-2.827	29	.01	-.323
<i>Atinidra</i>	-6.595	29	.0001	-.600
<i>Tandra</i>	-3.525	29	.001	-.300
<i>Klaibya</i>	-6.091	29	.00072	-.582
<i>Jadata</i>	-3.182	29	.002	-.234
<i>Swapna darshan</i>	-9.005	29	.0006	-.821
<i>Bala varna hrasa</i>	-5.037	29	.0005	-.467

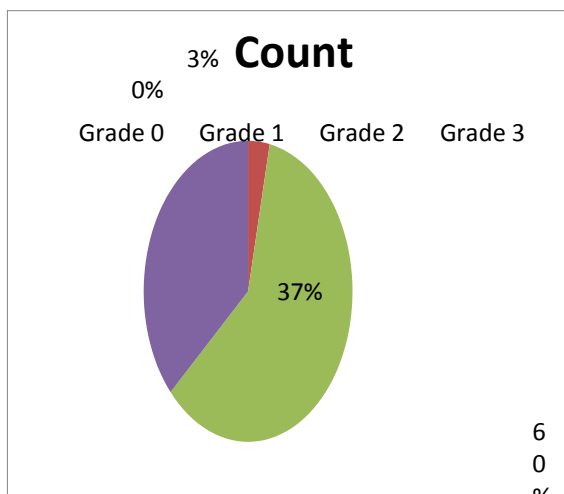
For all the 22 variables of *Bahudosh Lingani*, it can be observed that the P- values are below the significance threshold. Thus, it can be concluded that all the *Bahudosh Lingani* variables show significantly normal distribution in the sample population of patients with *Tamakshwas*. Thus, these 22 variables represent the *Bahudosha awastha* in patients with *Tamakshwas*.

Percentage (%) Gradation of *Bahudosha Lingani*:

Based on the presence of *Bahudosh Linga Avastha* variables for the patients from the sample set, the total score for each patient was calculated. Following the score-based gradation, the Grade for each patient was scored, and the % Count of patients for a specific grade was calculated.

Result:

Grade	Count	% Count
Grade 0	0	0
Grade 1	1	3.33
Grade 2	18	60.00
Grade 3	11	36.67
Total	30	100



Discussion :

In Ayurveda, treatment of diseases begins with the *Samanya Chikitsa sutra* which gives due importance to *shodhan*. According to *Ayurveda* if *Shodhan* is done properly then *shaman chikitsa* work better and effectively. When there is due importance to *Shodhan* then it is necessary to give proper and scientific *Shodhan Chikitsa* to get the better and effective result in disease. It is important to select proper *shodhan* therapy with the help of *Bahudosha avastha* criteria. In ancient classics, to decide *Bahudosha avastha*, some *Bahudosha Lingani* are explained. Yet it is need of the day to elaborate concept of *Bahudosha avastha* which should be clinically applied.

Bahudosha lingani described by *Charak* is not a group of signs and symptoms related to each other. Near about every *Linga* is different e.g. *Pandu*, *Shlesh ma pitta utklesha*, *pidaka*, *kotha* etc. Every single *Linga* described as *Bahudosha lingani* may be taken independently irrespective of the disease and may be applied to conclude *Bahudosha avastha* and observations should be interpreted.

We may go ahead with the severity and duration of *Pratyatma linga* only as a criteria to decide *Bahudosha avastha* of that's specific disease. Observations should be discussed it may be misleading or deficient that should be observed and put forth. These are some of the suggestions for the further works.

There may be different approaches of all these types of work would definitely explore the subject more and more and would definitely take us towards the more accurate group of criteria's to be applied to decide the *Bahudosha avastha* which is of fundamentals and prime importance to decide about the application of *Shodhan Chikitsa* which is unique and basic line of treatment described in *Ayurveda*. We hope our modest beginning in this directions would be a stimulus for further studies in the subject.

Conclusion:-

A close perusal of the observations the following conclusions can be drawn.

1. All twenty two (22) *Bahudosha Lingani* shows significant association with *Tamakshwas vyadhi* to decide *Bahudosha avastha*.
2. It is not necessary that to have the presence of all *Bahudosha lingani* in the patient for judgment of *Bahudosha avastha*. Sometimes presence of one, two or more than two *Bahudosha lingani* indicates *Bahudosha avastha* also.
3. Depending on the severity of Bala of single *Bahudosha linga*, specific *Shodhan Chikitsa* is to be adopted.
4. The Bala (strength), severity, chronicity of the *bahudosha lingani* is to be undertaken into consideration to decide *Bahudosha avastha*.
5. The assessment of *Bahudosha avastha* in *Tamakshwas* and other diseases would be useful in clinical practice to get better effect of *Shodhan chikitsa*.
6. For the decision of *Bahudosha avastha*, the Gradation of *Bahudosha lingani*, *Nidanpanchak* of the disease and *Doshik* Score is to be considered.
7. The Age, Bala and *kostha* of the patient, Season, *Kala*, *Vyadhi gaurava* or *Vyadhi laghava* is to be considered for *shodhan* or *shaman chikitsa*.
8. The *Bahudosha lingani* are to be useful to judge *Bahudosha avastha* in any disease.
9. Along with *Bahudosha Lingani*, specific diagnostic or prognostic parameters of modern science is to use to decide *Bahudosha avastha*.
10. If proper *shodhan* is given according to criteria prepared, there would not be recurrence of disease.

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