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AYURVEDIC APPROACH TO CLINICAL MEDICINE – PART II

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ABSTRACT: *Having made out our points in relation to the "Anumanajnerya Bhavas" (Inferential examinations (with concrete example of "Manah Pariksana" and its actual practice we proceed in this present paper to 'Pratyaksa" Pariksa (Direct clinical observations).*

In this paper the utility and actual implementation of Ksaya and Vrddhi of DOSAS is being described. We have formulated out own type of utility and modus operandi. This has been discussed in the paper once again through the perspective of Caraka Cakrapanidatta and other relevant authors of ancient as well as modern times. Some correlations have also been studied at our department by u which also have been discussed. To our surprise some reciprocal correlation which are theoretically anticipated as usually done in not only Ayurvedic but even other sciences sometimes, have not been found in actual practice. Our only attempt is to make some, data based understanding on the basis of the assessment of the "Patient" as a whole and not only the disease. Incidentally the most easily detectable difference between Ayurveda and modern western medicine is the former being patient oriented and later disease oriented.

"Ekam sastram adhiyano no vidyacchastra nischah" – Vagbhata

"Faith is often the boast of the man who is too lazy to investigate." – F.W. Knowles

In part –I of this series it has already tries to explore the possibilities of stirring and churning the vast treasure of knowledge that exists in the ancient Ayurvedic texts. At this juncture there appears to be a necessity to sort out some very useful practical tips which are vital to the Ayurvedic clinical practices on the hand and some abstract hypothetical knowledge on the other.

Three are two types of viewpoints prevailing in the field of Ayurveda

1. A School of international scholars making deliberate and conscious effort to limit Ayurveda and Ayurvedists as mere tradition and in the meantime utilize the vast treasure of knowledge and sell it in different packing as was done in past also the clinche the hold.
2. A group or school which is trying to speak in all possible ways and creating evidences to clinche the reality that " Ayurveda" and its wisdom has not lost its relevance and most of it is a Traikalika satya (all time-past, present and future, truth).

Without entering into any unnecessary controversies any making issues with one or the other we at out department are making some humble attempts towards the clinical applications of the fundamental principles of Ayurveda on one hand and therapeutic trials and studies of correlations on the other. During this exercise we have realized that.

- Ayurveda and Ayurvedic practices should not be practiced as a "faith" lest they make our workers lazy but should be applied with a scientific outlook that clearly means- approaching a problem with an open mind having no prejudices for any science, caste, creed and so on. This will develop a creative social order in the field of Ayurveda. This would be of immense value.
- The era of scientific portion of Ayurveda being taken up by those who have n formal training in the field of Ayurveda must end and the Ayurvedisits must be trained (which has already been started since 1963) in such a way that he himself takes up the responsibility to perform the "whole of Ayurveda.

With this brief introduction we proceed to describe in this present paper the utility of the principle of Dosa Vrddhi and Ksaya (hypo and hyper functioning of Dosas) on the basis of our studies carried out at Institute of Post-graduate teaching and Research, Jamnagar.

Materials and methods

Patients at OPD and wards of the Institute of Postgraduate teaching and Research, Dept. of Kayachikitsa provided the material for the study.

During these studies, different diseases and their patients in different sample sizes had been taken. At no score the sample size was allowed to be lesser than six so as to make analysis by statistical methods possible. (we are conscious that in clinical studies still bigger sample sizes are more authentic).

There were patients of *Krimiroga, Grahaniroga* of different origin, *Vatika kasa, Madhumeha, Medoroga, Kustha* and the like. The view point during these studies have been to evaluate the practical utility and work out some viable correlation on the *Features (Laksanas)* of *Dosa ksaya* or *Vrddhi.*

The following methods have been employed for the studies:

1. Clinical assessment
   Detailed clinical history by *Prasna Pariksa* (interrogation) of the patient.
   Dasavidha Pariksa as per standard description.
   Computation of *Dosika Ksaya* and *Vrddhi Laksnas* present and their status after *Samprapti Vighatana* following the treatment.
   Amsamsa Kalpana of Dosas on the basis of predominance as counted by the number of features present for each Dosas.
2. Laboratory Investigations:
3. The following laboratory investigations were sorted out as per

the relevance of the studies and their utility in our correlation studies. They were as follows:

i. *Krimi and Grahanidosa*:
Stook examinations for parasites.
Sama Nirama Mala Pariksa.
Faeces fat analysis.
17-ketosteroids in selected cases.

ii. *Vatika Kasa and Tamaka Swasa*:
Total and differential W.B.C.
Absolute Eosinophil count.
17-ketosteroid.

iii. *Madhumeha and Medoroga:*
Serum cholesterol.
Total lipids.
Glucose tolerance test.
Serum Electrolytes.
Urinary electrolytes in selected cases.
Plasma amylase

iv. *Kustha:*
Ear lobule blood and
Nasal smears for A.F.B.
(This was in limited cases)

The studies were planned in different phases and two portions of the studies were made One for the *Nidana Parksa* for *Ksaya* and *Vrddhi* studies and the other for therapeutic trials and the effects of different drugs and compounds on the *samprapti vighatana Paksa*. Here only the observations on *Ksaya Vrddhi* and some important correlations are being presented as simply an example to our point in the Ayurvedic approaches and their relevances in modern times. Attention of scholars is initiated for a constructive critique and suggestions in this. If this will be able to attract some worker's attention to be followed and modified further we would feel the attempts have not gone waste.

We have studies *Ksaya* and *Vrddhis* of *Dosas* as well as *Dusyas* but here we present only Dosas as the method remains the same in *Dusyas* also.

Observations and Results

1. Grahani Dosa: In this series 18 patients of Grahani Dosa were studied and divided in three groups of trial for therapeutic trials. However, We are presenting here only for the purpose of studies of *Ksaya* and *Vrddhi.*

TABLE – I

Grahani Roga	No. of patients/Percentage		
	Takrarista Group	Control Group	Pancamrta Parpati
Vataja	1/16.67	4/66.66	3/50.00
Pittaja	1/16.67	-	1/16.67
Kaphaja	-	-	-
Vatapittaja	2/33.33	-	2/33.33
Vatakaphaja	2/33.33	1/16.67	-
Vatakaphaja	-	1/16.67	-

2. *Madhumeha:* There were 190 patients studies in one series whose diagrammatic representation given here on different score (N) was different.

TABLE – II

Table showing the prevalence of Laksana of Dosa Vrddhi (N=190)

Dosa	Kapha	Pitta	Vata
Mean	7.64	4.45	7.64
S.D ±	4.17	2.43	4.17
S.E	0.43	0.25	0.43
t	17.76	17.80	17.76
p	0.001	0.001	0.001

TABLE – III

Table showing the prevalence of Laksana of Dosa Ksaya (N=190)

Dosa	Kapha	Pitta	Vata
Mean	3.12	1.00	3.22
S.D ±	2.05	3.68	3.52
S.E	0.21	0.38	0.26
t	14.85	2.63	12.38
p	0.001	0.001	0.001

Some correlation have been studied in relations to *Madhumeha.*

TABLE – IV

Table showing the correlation between Meda Vrddhi and cholesterol level in the patients of Madhumeha: (70)

	GROUP-I (N=60)		GROUP –II (N=70)	
	Meda Vrddhi	Cholesterol in.mg./100 ml	Meda Vrddhi	Cholesterol in.mg./100 ml
Mean difference	1.83	24.05	3.28	13.43
S.D ±	1.46	38.98	1.49	29.55
r		+0.002		+0.03

TABLE – V

Table showing the correlation between cholesterol level and Rasa Vrddhi

	GROUP-I (N=60)		GROUP –II (N=70)	
	Rasa Vrddhi	Cholesterol in.mg./100 ml	Rasa Vrddhi	Cholesterol in.mg./100 ml
Mean difference	-3.66	24.05	3.28	13.43
S.D ±	2.4	38.98	1.49	29.55
r		+0.002		+0.03

TABLE – VI

Table showing the correlation between Alkaline phosphatase and Pitta Vrddhi

	GROUP-I (N=60)		GROUP –II (N=70)	
	Pitta Vrddhi	Alkaline Units./100 ml	Pitta Vrddhi	Alkaline Units./100 ml
Mean difference	-4.66	2.46	-4.85	1.85
S.D ±	2.4	3.29	2.14	2.07
r		+0.08		+0.02

TABLE – VII

Table showing the correlation between cholesterol and Kapha Vrddhi

	GROUP-I (N=60)		GROUP –II (N=70)	
	Kapha Vrddhi	Cholesterol in.mg./100 ml	Kapha Vrddhi	Cholesterol in.mg./100 ml
Mean difference	-5.16	24.05	-4.58	-13.43
S.D ±	2.03	38.98	2.14	29.55
r		+0.0001		+0.001

Discussion

The Ayurvedic pattern of Clinical observation is very discrete and precise due to its terminologies being unknown to modern researchers sometimes they are not able to digest it well. In our present endeavour we have tried to standardize some of the clinical observations used as a Ayurvedic approach, some of the correlations that had emerged have led us to think that the lengthy and tedious process that too of objective parameters which will make it easier and more authentic on one hand and acceptable and comprehensible universally on the other.

We have observed the Ksaya and Vrddhi of Dosas Dhatus and Malas in Grahani Dosa, Madhumeh, Vatikkasa, Medoroga, Kustha and some such other diseases. These data and some examples which have been presented here to exemplify that such correlations may be studied on the multicetric Basis and probably these are an attribute which were at the intellectual level estimated intuitively by the ancient Ayurvedic scholars.

The significant level of presence of the three Dosas i.e., Vata, *Pitta* and *Kapha*, Vrddhi were present in the 190 patients studied which clinches the concept of Madhumeha being a *Tridosaja Vyadhi*.

Ksaya lakshana also and simultaneously present which is probably a replica of naturally occurring Anabolism and Katabolism being there. But according to the Ayurvedic concept- Vrddha eva Dosah Vyadhi Janakah Bhavanti (Sharma, K.S., 1962)- we feel that both the processes are simultaneously going on and the predominant and the Vrddha Dosa take the lead in the composition (Dhatus) of he Samprapti.

The positive correlation seen between the Medavrddhi and Cholesterol shows that probably we could infer medavrddhi when and wherever serum cholesterol is raised without entering into the elaborate process of estimating the Ksaya and Vrddhi of Dosa ($r=+0.002$).

While studying the patients of Madhumeha and Medaroga Rosa Vrddhi also showed a positive correlation with cholesterol ($r=+0.002$) which is quite consistant as Rasa is also a substance of Kapha virya.

The correlation between alkaline phosphatase and Pitta Vrddhi were assessed with a point of view of trying to get an idea about studying on correlation between the attributes of liver function and the Dosa Dhatu Mala Vrddhi and KSAYA lakshna. It will be too early to conclude on these studies but it could be safely said it shows some promise and we are studying it further in different sampraptis which may be reported later if some useful leads are found in our studies. Such studies if performed on muticentric basis they may simplify the ayurvedic approaches and also enthuse our workers to better devote their “Self” to Ayurveda. (To be continued).

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