

सुश्रुत-संहिता
निदान-स्थानम्

Diagnostic Considerations in
ANCIENT INDIAN SURGERY

Books purchased under Central Government
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INDIA

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DIAGNOSTIC CONSIDERATIONS IN ANCIENT INDIAN SURGERY

(BASED ON NIDĀNA-STHĀNA OF SUŚRUTA-SAMHITĀ)

Books purchased under Central Government
Equipment Grant March 1988
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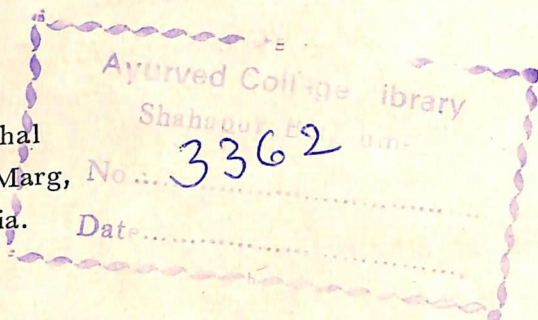
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- v -

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मा कर्मफलहेतुर्भूर्मा ते सङ्गोऽस्त्वकर्मणि ॥

—श्रीमद्भगवद्गीता

*"Thy right is to work only; but never to its fruits; let not the
fruit of action be thy motive, nor let thy attachment be to inaction."*

—Śrīmad-Bhagavadgītā



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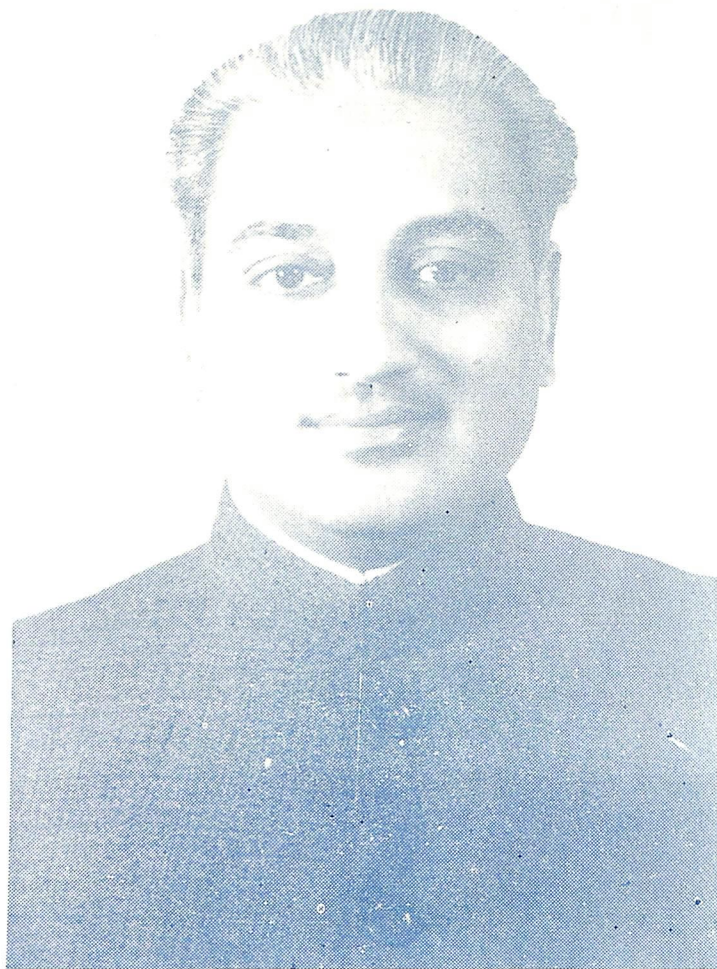


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डाक्टर सिंघलमहाभागेन तदीयैः
सहयोगिभिश्च सुस्तसंहितायाः आंग्लभाषायां सुष्ठु
अनुवादः कृतः इति अभिनन्दे । एतदर्थं च सर्वे ते
अभिनन्दनीयाः । तैष्यो साधुवादान् ददामि ।
आयुर्वेदस्य शास्त्रं परमं स्पृहणीयम् । यत् ज्ञानमधुना
वर्तते तदपि एतेन ग्रन्थविशेषेण इतोऽपि वृद्धिं नैष्यत इति
मे दृढविश्वासः ।

गोपाल स्वरूप पाठक
(गोपाल स्वरूप पाठक)



पूज्य श्री विष्णु हरि डालमिया जी
को
सादर सप्रेम समर्पित

- vii -

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CONSULTING EDITOR'S PAGE

I am happy to know that the Suśruta-Samhitā with English Commentary is now ready for publication in 12 volumes dealing with different aspects of Ancient Indian Surgery. This particular volume devoted to Nidāna-Sthāna is being brought out as "Diagnostic Considerations in Ancient Indian Surgery" first, because of its greater utility for the practising surgeons.

Here I must congratulate the Chief Editor, Dr. Singhal and his colleagues, for taking this stupendous task of writing such a valuable and useful commentary in an easily understandable English language.

Such a book as this was really overdue, and its utility has improved considerably since these commentaries are written by practising surgeons and other medical men.

I wish this venture a great success.

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Varanasi
14 May, 1972.

FOREWORD

It is a common fault of the historians to handle sometime ancient medical works which they do not know.

This lack of knowledge, of course, may lead to affirm things that are not correct, because they have been badly handed down or misinterpreted by the person who referred the content of those ancient texts.

If this deficiency is deplorable in our occidental culture, especially with concern to Greek and Latin works which were not read directly, it may even more easily happen with works of the ancient oriental medicine.

The knowledge of those languages is indeed a rare exception for medical historians of the Occident.

Information on ancient Indian surgery, and in our case the existence of a great treatise of Suśruta Samhitā, represents acquisitions known to the western historians for having heard of them or thanks to references, more or less vague. There may also be known passages of some work, but this is not sufficient to affirm to have a thorough knowledge of the complete content of ancient Indian surgery and of the doctrines giving a complete and precise physiognomy of it.

The work completed by Dr. Singhal and his co-workers is indeed praiseworthy : the book which now comes to light is a precious source for the knowledge of the ancient surgery in which Suśruta, the best known surgeon of the civilization, remembers the greatness of Ayurveda as far as surgery is concerned.

The book Ancient Indian Surgery-Diagnostic Considerations is based on Nidāna-Sthāna of Suśruta Samhitā, the great ancient Indian Surgical treatise—an absolute classical work for the historical medical Sanskrit literature, for which the Author's name remains immortal in the History of Medicine.

The perfect knowledge of Dr. Singhal of the material, both the surgery and the language, are a sure guarantee for the reliability of the work.

The organization of each chapter of the book, the Summary put at the beginning, the Suggested Research Problems at the end of each chapter and the 4 line gists of each chapter, permit to any reader, even without knowing Sanskrit, to find the material of his interest without any difficulty.

The really monumental work of Dr. Singhal, the complete treatment of which consists of eleven volumes, merits therefore every praise and acknowledgement of the scholars of the History of Medicine throughout the world.

00185 ROMA

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15 Sept. 1971

Dr. Adalberto Pazzini

*Director, Institute of History
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*University of Rome, Italy, &
Past President,*

*International Society of History of
Medicine.*

PREFACE

India has a great and ancient cultural heritage. Medical treatment (*Āyurveda*) flourished here centuries ago when people in other parts of the world were not so advanced. There is no dearth of evidence to prove these statements as is shown by the Vedās, Purāṇas and other subsequent Indian publications.

Āyurveda, the ancient Indian system of medicine, was practised about 1000 B. C. It is available today in three classical Samhitās or treatises, the *Caraka*, *Suśruta* and *Vāgbhaṭa* (in addition to many other smaller later publications). All were written in Sanskrit, the ages old Indian language comparable to the Greek or Latin of the Western World. *Caraka* and *Vāgbhaṭa* are books mainly on medicine whereas *Suśruta* is chiefly a surgical treatise.

As all these classical treatises have so far been available in Sanskrit only, they have been comparatively less well known to the modern world. A great necessity was felt to bring out the proud possessions of ours accepted as invaluable national literary treasures using contemporary scientific and medical terminology in a language understandable easily in many other parts of the world. *Suśruta*, the surgical treatise has been selected to be brought out first.

A great necessity has been felt by the scientists of the modern world, doctors, surgeons, historians, research workers and the educated class of public in general to be able to get to know *Suśruta-Samhitā* in the language understandable by them. English written in Roman script was selected as the language for translation as it is one of the international languages

and myself and other authors and translators here have a working knowledge of it.

Other attempts at translation and their drawback

The first attempt at translation of *Suśruta-Samhitā* was made in 1897 by Dr. A.F.R. Hoernle, C.I.E. His preface is quoted verbatim below :

“The present translation of the *Suśruta-Samhitā* has been undertaken by me at the special request of the Council of the Asiatic Society of Bengal. The original translation made by Dr. Uday Chand Dutt was stopped by the untimely death of the translator, after the publication of his second fasciculus. Its continuation by another translator proved so unsatisfactory that it had to be abandoned, after one more fasciculus. Dr. U. Ch. Dutt’s translation, though a very fair performance, laboured under the disadvantage, owing to the translator’s want of knowledge of Sanskrit, of not being made directly from the original language. It also lacked elucidation from the works of commentators. Both points are remedied in the present translation, which accordingly has been commenced de novo.”

Calcutta, 26th November, 1897 A.R.H.

The next attempt at translation only (without any comments etc.) of *Suśruta-Samhitā* was made by Kaviraj Kunj Lal Bhisagratna in 1907. He was a great Sanskrit scholar without modern medical or surgical background. Consequently, his book, though a brave and creditable attempt, could neither provide much help to the scientist, the research worker or the historian, nor could his interpretations be correlated with modern medical terminology. Kaviraj Bhisagratna’s translation, at places gives the impression of being explanatory rather than literal and of being somewhat biased.

Hoernle’s translation was more accurate than that of Kunjlal

or U. Ch. Dutt’s but the scientific comments were lacking and one could not find out the historical facts of importance or the problems on which scientists and research workers should concentrate. But whatever it is, he could bring out only one fasciculus of 98 pages of this much needed book.

The pattern followed in this book

The original has 186 chapters (1000 pages) in Sanskrit. Every verse or stanza in each chapter is numbered. Translation of each verse or stanza has now been done as accurately as possible. Each verse or a few verses together have been given followed immediately by their English syntax; each unit has been given a heading in modern terminology which is usually self-explanatory. Hence, footnotes have been given sparsely and only if their necessity has been felt strongly.

In addition, the volume has an ‘Introduction’ in the beginning which includes a “four line gist” of each chapter contained in that particular volume. Thus even a casual reader by reading the introduction would get to know the broad contents of the book. If the gist of any chapter interests him he could read more about it in the “Summary” given at the beginning of the chapter concerned. If any point further arouses his curiosity, he could turn over to the verse or stanza concerned with the heading outlined for him alongwith the original Sanskrit and its literal (syntax) translation “ready on the plate” as it were. And the reader has not got to go further than turning to the end of the chapter to look for the research problems that he may be interested in.

Importance of the book :

It is believed that this book would be a fundamental contribution to the History of Medicine. Our entire concept

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of History of Medicine would need to be reoriented, e.g. classification of burns would begin by *Suśruta* and not Dupuytren's, lithotomy operations should mention *Suśruta* before Ambroise Pare, credit for describing signs of inflammation first should go to *Suśruta* and not to Celsus and a host of other things such as piles, fistula, skin diseases, eye diseases etc.

In addition, the research problems outlined in this book would interest the Pharmacology Deptt., Botany Deptt., pharmaceutical drug companies, the surgeons and physicians, and the research workers in the experimental surgery and other sections.

Presentation of this terse, ancient Sanskrit medicinal classic in such a scientific yet easy and lucid way is something unique. If even one good drug is found such as that mentioned in S.S.I.14. which could be of value in haemostasis, e.g. after prostatectomy or a bleeding disease, or its counterpart, a drug which has anticoagulating properties of possible use in the prevention and cure of cerebral or coronary thrombosis, it would be a drug worth its price.

Translation has been checked many times by competent authorities. Summary and research aspects, comments and references have been carefully written. Still it would be a great wonder if scope for improvement was not found. Many mistakes would certainly be pointed out by the learned readers which would be tried to be rectified in subsequent editions.

Book 3 on Diagnostic Considerations is being brought out first because of its greater practical utility. It is expected that the other books of the series would be published in rapid succession.

26 January, 1972
Varanasi, India

G. D. Singhal
L. M. Singh
K. P. Singh

ACKNOWLEDGEMENT

I am very grateful to Dr. L. M. Singh, my constant colleague in the production of this great enterprise.

I am greatly indebted to Prof. K. N. Udupa, M. S., F.R.C.S.(C), F.A.C.S, F.A.M.S., Professor of Surgery and Director, Institute of Medical Sciences for agreeing to be the consulting editor.

I am also grateful to Prof. A. Pazzini, Director, Institute of History of Medicine, University of Rome for writing the foreword and to the Manager, Sammelan Mudranalaya, Allahabad for printing it.

I also acknowledge my sincere thanks to Dr. B. P. Verma, M. S., M. S. (Orth.), Reader in Orthopaedics, Dr. Gurumohan Singh, M. D. (Dermat.), Reader in Skin & V. D., and Dr. A. B. Srivastava, B. D. S., M. D. S., F. I. C. D., Reader in Dental Surgery of The Institute of Medical Sciences for their helpful comments on Ch. 3, 5 and 16 respectively.

I offer my sincere gratefulness to the various other members of the editorial board also who have taken part in shaping the various chapters of this book.

It is now in your hands. You are the judge. Your valuable opinion and suggestions are earnestly requested. Your comments would be of help in subsequent editions of this and of other volumes of Ancient Indian Surgery series where due acknowledgement would be given.

New F/1, Hyderabad Colony,
B.H.U., Varanasi-5, India.
26 January, 1972

G. D. Singhal



COAUTHOR'S NOTE

It is a very happy day that the time has come for me to write a few words when this book is going to the press. I had always felt that a great part of the world was still ignorant about the hidden treasures which India had in its ancient books. Ever since my student days I had an earnest desire to translate our ancient Indian medical books in such a way that millions of people who live outside India may also be able to read and talk about them.

Proper help and guidance of some interested person was obviously vital to start such an august work. The opportunity presented itself when Dr. G. D. Singhal, M.S., F.R.C.S. (Edin.), joined the College of Medical Sciences in the Department of Surgery. He was so interested in translation work of Indian books on Medical Sciences into English that he wrote a book on "Surgical Ethics in Āyurveda" within a year of his stay in this University. With the unimaginable success of this book his interest deepened for further translation work of the whole "SUŚRUTA-SAMHITĀ" with a surgeon's approach.

Since the work load for the complete translation was beyond the capacity of one man alone and as it demanded a team work, Dr. Singhal wanted the help of some interested persons. As soon as he came to know about my interest in the uplifting and propagation of Āyurveda in a scientific way he approached and requested me to join in the team. Needless to say I was only too glad to accept the offer as it was one of my cherished ambitions for a long time.

I selected to work on Nidāna-Sthāna (the canto dealing with the etiopathogenesis) for many reasons. This section

deals with the causative factors and diagnosis of diseases which form the basis for further study, understanding, teaching and research work. This section perhaps is one of the most important contributions that *Suśruta* had made towards Ancient Indian Surgery. (I also knew that this was one of the smaller cantos and was likely to finish sooner than others !)

As the work progressed another helping hand was required. Dr. L. M. Singh, Reader in Śalya Department of the Post Graduate Institute of Indian Medicine, readily accepted our request and proved that if there was a will, there was a way. With the help of Dr. Singh the speed of translation work came into full swing and the initial work was completed within a very short time. Continuing the work with greater zeal and enthusiasm this section was thus finalised before others and hence it is being published earlier. It has been only due to the untiring efforts of Dr. L. M. Singh that this work has attained its present shape.

I would be failing in my duty if I did not express my deep sense of gratitude to Dr. G. D. Singhal, M. S., F.R.C.S. (Edin.), who has been the main architect of this entire project. He has been the life and soul from the conception of this book to its completion today and it has been only due to his constant persuasion and encouragements that we all joined hands together and worked so harmoniously. But for his missionary spirit and incessant goadings, which at times were painful, these chapters would not have taken the shape in which they are being presented here.

The success of this work depends on its readers, who might be the undergraduate or postgraduate medical students, the historians of medicine or the research workers, the surgeons

or *Āyurvaidika* scholars or any one else interested in it. If this book proves to be of any help to them during their medical education, teaching or research work etc., I shall feel, our efforts have been fruitful.

In the end I would very modestly like to emphasize the unparalleled style of this work, as a book of quotable quotes designed exclusively for the reader to help him pick out the required quotation that he may be looking for in no time, even though he may not at all be conversant with Sanskrit.

This presentation is not just a translation. The Sanskrit syntax provided is half the work only; another quarter consists of the 'four line gists' included in the Introduction, the 'Summaries' provided at the beginning of each chapter and the 'Headings' given for each unit of verses/stanzas: and the remaining quarter of the work consists of the list of 'Suggested Research Problems' at the end of each chapter.

Varanasi,
29th April, 1971.

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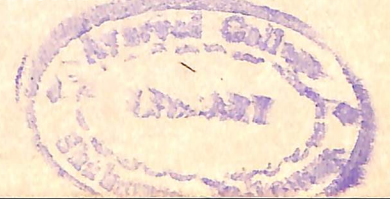
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10. Medical Considerations in Ancient Indian Surgery
11. Drugs of Suśruta-Samhitā
12. Index of Suśruta-Samhitā

To

Dr. G. D. Singhal
C/o Sh. R. S. Agarwal
14, Sammelan Marg,
ALLAHABAD (U. P.)
India

KEY TO transliteration

अ	आ	इ	ई	उ	ऊ	ऋ	ए	ऐ	ओ	औ	अं	अः
a	ā	i	ī	u	ū	r	e	ai	o	au	aṁ	aḥ

क	ख	ग	घ	ङ
k	ka	kh	kha	g ga gha ṅa

च	छ	ज	झ	ञ
ca	cha	ja	jha	ña

ट	ठ	ड	ढ	ण
ṭa	ṭha	ḍa	ḍha	ṇa

त	थ	द	ध	न
ta	tha	da	dha	na

प	फ	ब	भ	म
pa	pha	ba	bha	ma

य	र	ल	व
ya	ra	la	va

श	ष	स	ह
śa	ṣa	sa	ha

क्ष	त्र	ज्ञ
kṣa	tra	jña

ABBREVIATIONS

Suśruta-Saṃhitā	S.S.
— Sūtra-Sthāna	S.S.I
— Nidāna-Sthāna	S.S.II
— Śārīra-Sthāna	S.S.III
— Cikitsā-Sthāna	S.S.IV
— Kalpa-Sthāna	S.S.V
— Uttara-Tantra	S.S.VI
Caraka-Saṃhitā	C.S.
— Sūtra-Sthāna	C.S.I
— Nidāna-Sthāna	C.S.II
— Vimāna-Sthāna	C.S.III
— Śārīra-Sthāna	C.S.IV
— Indriya-Sthāna	C.S.V
— Cikitsā-Sthāna	C.S.VI
— Kalpa-Sthāna	C.S.VII
— Siddhi-Sthāna	C.S.VIII
Vāgbhaṭa (Younger)	V.
Vṛddha Vāgbhaṭa (Elder)	V.V.
— Sūtra-Sthāna	V.V.I
— Śārīra-Sthāna	V.V.II
— Nidāna-Sthāna	V.V.III
— Cikitsā-Sthāna	V.V.IV
— Kalpa (Siddhi)-Sthāna	V.V.V
— Uttara-Tantra	V.V.VI
Kāśyapa-Saṃhitā	K.S.
Cakrapāṇi Dutta	C.D.
Monier Williams, Sanskrit English Dictionary, Oxford, 1899	M. W.
Manu-Smṛti	M.S.
V. S. Apte, Sanskrit-English Dictionary, Jainendra Press, Dehli. 1963	Apte

CONTENTS

	Page No.
Foreword	xi
Preface	xiii
Acknowledgement	xvii
Coauthor's Note	xviii
Key to transliteration	xxiii
Abbreviations	xxiv
Contents	1
Introduction	3

CHAPTERS

1. The Diagnosis of Vātika Diseases	7
2. The Diagnosis of Piles	33
3. The Diagnosis of Urinary Calculi	49
4. The Diagnosis of Fistula-in-ano	63
5. The Diagnosis of Skin Diseases	75
6. The Diagnosis of Urinary Abnormalities	93
7. The Diagnosis of Abdominal Enlargements	109
8. The Diagnosis of Abnormal Foetal Presentations	121
9. The Diagnosis of Abscesses	133
10. The Diagnosis of Spreading Cellulitis, Sinuses and Breast Diseases	147
11. The Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres	161
12. The Diagnosis of Scrotal Swellings, Venereal Diseases and Elephantiasis	173
13. The Diagnosis of Minor Diseases	185
14. The Diagnosis of Śūka Doṣa	205
15. The Diagnosis of Fractures and Dislocations	215
16. The Diagnosis of Oral Diseases	227
Index	251

INTRODUCTION

Nidāna-Sthāna or the Section on Diagnostic Considerations consists of sixteen chapters. All these deal with the aetiology and signs and symptoms of the various important surgical diseases. The management of these various diseases has been dealt with in the first half of *Cikitsā-Sthāna* (S.S. IV), the section on treatment.

The salient features of these chapters are as follows :

- Chapter 1* It deals with the locations and functions of the five types of *vātas* in the body in health and the clinical features of the diseases produced by their vitiation alone or in association with other *doṣas*. (Pages 7—32).
- Chapter 2* It deals with the aetiology, anatomical considerations, pathogenesis and prognosis of anal piles. It also deals with the diagnosis of fleshy protuberant lesions (resembling piles) in other areas of the body. (Pages 33—48).
- Chapter 3* It deals with the anatomical and physiological considerations of urinary bladder, the aetiology, pathogenesis, premonitory symptoms, clinical features and complications of the four types of vesical calculi and of seminal concretions and urinary gravel. (Pages 49—62).
- Chapter 4* It deals with the aetiology, pathogenesis, clinical features, diagnosis and prognosis of the five types of fistula-in-ano. (Pages 63—74).

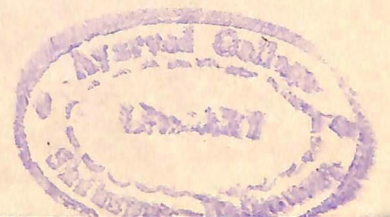
- Chapter 5* It deals with the aetiology, pathogenesis, clinical features, complications and prognosis of the seven major and eleven minor skin diseases (including leprosy) and the three types of leucoderma. It also describes the modes of spread of contagious diseases. (Pages 75—92).
- Chapter 6* It deals with the aetiology, pathogenesis, clinical features and complications of the twenty urinary abnormalities. Clinical features and prognosis of the ten types of associated boils have also been given. (Pages 93—108).
- Chapter 7* It deals with the aetiology, pathogenesis, clinical features and prognosis of eight types of abdominal enlargements including intestinal obstruction, perforation, splenomegaly and ascites. (Pages 109—120).
- Chapter 8* It deals with the aetiology, pathogenesis and prognosis of various forms of foetal malpresentations and mentions Caesarian section to save the child. (Pages 121—132).
- Chapter 9* It deals with the etiology, pathogenesis and clinical features of external abscesses of six types, internal abscesses including puerperal sepsis and acute osteomyelitis, differentiating features of a gaseous abdominal swelling and an intra-abdominal abscess. (Pages 133—146).
- Chapter 10* It deals with the etiology, pathogenesis, clinical features and prognosis of various types of cellulitis and sinuses as well as those of some breast diseases. (Pages 147—160).

- Chapter 11* It deals with the etiology, clinical features and prognosis of various types of glandular swellings, lymphadenitis, tumours and goitres. (Pages 161—172).
- Chapter 12* It deals with the etiology, pathogenesis and clinical features of various types of scrotal and inguinoscrotal swellings, venereal and allied diseases and elephantiasis. (Pages 173—184).
- Chapter 13* It deals with the etiology, pathogenesis and clinical features of forty-four miscellaneous diseases mostly of skin and its appendages, lymph nodes and external urogenital organs. (Pages 185—204).
- Chapter 14* It deals with the etiology and clinical features of the infective and traumatic lesions of penis caused by the local applications of watermoss to elongate it. (Pages 205—214).
- Chapter 15* It deals with the etiology, clinical and prognostic features of fractures and dislocations. (Pages 215—226).
- Chapter 16* It deals with etiology, classification and clinical features of the diseases of the oral cavity including those of the lips, gums, teeth, tongue, palate and throat. (Pages 227—250).

निदान-स्थानम्
प्रथमोऽध्यायः

वातव्याधि-निदानम्
Diagnosis of Vātika Diseases

CHAPTER ONE
NIDĀNA-STHĀNA



S.S. II. 1

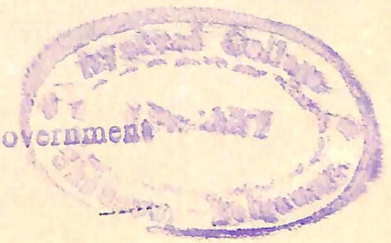
SUMMARY

1. The chapter begins by *Suśruta's* enquiry (3, 4) from Lord *Dhanvantari* regarding the locations and functions of *vāta* in health and in disease. The Lord describes the general characteristics of *vāta* (5–10) and then the specific features of the five types of *vātas* (*prāṇa*, *udāna*, *samāna*, *vyāna* and *apāna*) in health (11–20/1).

2. The general effects of vitiated *vāta* as also its local effect on different organs of the body such as stomach, intestine, skin etc. have been described (20/2–31/1).

3. Effects produced by the association of *vāta* in general and of the different types of *vātas* in particular with the other types of *doṣas* such as *pitta*, *kapha* and *śoṇita* have been given (31/2–39).

4. Nomenclature and clinical features of the various and diverse diseases produced by vitiated *vāta* have been described (40–91).



अथ निदानस्थानम्

NIDĀNA-STHĀNA

प्रथमोऽध्यायः

Chapter One

1. अथातो वातव्याधिनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon the "Diagnosis of *Vātika* Diseases".¹

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*

3, 4. Suśruta's Enquiry

धन्वन्तरि धर्मभृतां वरिष्ठममृतोद्भवम् ॥

चरणानुपसंगृह्य सुश्रुतः परिपृच्छति ॥३॥

वायोः प्रकृतिभूतस्य व्यापन्नस्य च कोपनैः ॥

स्थानं कर्म च रोगाश्च वद मे वदतां वर ! ॥४॥

Suśruta asks touching the feet of *Dhanvantari*, pre-eminent amongst the supporters of religion and whose origin has taken place along with ambrosia.

Foremost amongst the expounders ! Could you please tell me the locations, functions and disorders of the *vāta* in its normal state and of the one which is vitiated due to its irritants.

1. The management of these diseases has been discussed in S.S. IV.4 and S.S.IV.5.

5. Dhanvantari's Reply

तस्य तद्वचनं श्रुत्वा प्राब्रवीद्विषजां वरः ।
स्वयंभूरेष भगवान् वायुरित्यभिज्ञब्धितः ॥५॥

After hearing these words of his, the supreme amongst the physicians spoke : This *vāyu* is known as the self existent *Bhagavān*¹ himself.

6—9/1. General Characteristics of Vāta

स्वातन्त्र्यान्नित्यभावाच्च सर्वगत्वात्तथैव च ।
सर्वेषामेव सर्वात्मा सर्वलोकनमस्कृतः ॥६॥
स्थित्युत्पत्तिविनाशेषु भूतानामेष कारणम् ।
अव्यक्तो व्यक्तकर्मा च रुक्षः शीतो लघुः खरः ॥७॥
तिर्यगो द्विगुणश्चैव रजोबहुल एव च ।
अचिन्त्यवीर्यो दोषाणां नेता रोगसमूहराट् ॥८॥
आशुकारी मुहुश्चारी पक्वाधानगुदालयः ।

As it is independent and eternal and is also all-pervading it is the soul of all living beings and is held in esteem everywhere.

This is the cause of origin, existence and destruction of all living beings. Although invisible, the *vāyu* manifests itself by its functions. It is also dry, cold, light and rough.

It traverses obliquely, has two attributes² and is predominantly *rajas*³ It has unimaginable energy, is the activator of *doṣas*⁴ and is the chief cause of the groups of disorders.

It is quick acting, keeps on moving repeatedly and is mainly located in the intestines and rectum.

1. God possessing all powers e.g. omnipresence etc.
2. Tactile and acoustic.
3. Other two properties being *tamas* and *sattva*.
4. *Vāta*, *pitta* and *kapha*.

9/2, 10. Functions of Vāta in Health

देहे विचरतस्तस्य लक्षणानि निबोध मे ॥९॥
दोषधात्वग्निसमतां संप्राप्तिं विषयेषु च ।
क्रियाणामानुलोम्यं च करोत्यकुपितोऽनिलः ॥१०॥

Now please listen to the features produced due to its movements in the body.

The unvitiated *vāyu* maintains the equilibrium between *doṣas*, *dhātus* and metabolic fire and also helps in the perception of objects of senses¹ by inducing the systems to function in their normal ways.

11, 12. Five types of Vātas

यथाऽग्निः पञ्चधा भिन्नो नामस्थानक्रियामयः ।
भिन्नोऽनिलस्तथा ह्येको नामस्थानक्रियामयः ॥११॥
प्राणोदानौ समानश्च व्यानश्चापान एव च ।
स्थानस्था मारुताः पञ्च यापयन्ति शरीरिणम् ॥१२॥

As the *agni* (*pitta*) is of five types depending upon name, location, functions and the disorders, similarly the one *vāyu* is of different types depending upon its nomenclature, locations, function and diseases.

The five types of *vāyus* are *prāṇa*, *udāna*, *samāna*, *vyāna* and *apāna*. Located in their specific places, they maintain the (structure and functions of) living beings.

13, 14/1. Prāṇa Vāyu

यो वायुर्वक्त्रसंचारी स प्राणो नाम देहधृक् ।
सोऽन्नं प्रवेशयत्यन्तः प्राणाश्चाप्यवलम्बते ॥१३॥
प्रायशः कुरुते दुष्टो हिक्काश्वासादिकान् गदान् ।

1. Sound, touch, form, taste and smell.



That *vāyu* which circulates in the oral cavity is named *prāṇa* (*vāyu*) and it maintains the body. The same (*vāyu*) makes the food enter inside (allows deglutition) and it also supports the life¹. When vitiated, it often produces disorders like hiccough, respiratory difficulty etc.

14/2, 15.

Udāna Vāyu

उदानो नाम यस्तूर्ध्वमुपैति पवनोत्तमः ॥१४॥

तेन भाषितगीतादिविशेषोऽभिप्रवर्तते ।

ऊर्ध्वजत्रुगतान् रोगान् करोति च विशेषतः ॥१५॥

That (*vāyu*) which travels upwards is called *udāna* and is the best among the *vāyus*. Speech, songs etc are specially initiated by the same. And it produces diseases specifically of structures above the clavicle (head and neck).

16, 17/1.

Samāna Vāyu

आमपक्वाशयचरः समानो वह्निसङ्गतः ।

सोऽन्नं पचति तज्जांश्च विशेषान्विविनक्ति हि ॥१६॥

गुल्माग्निसादातीसारप्रभृतीन् कुरुते गदान् ।

That (*vāyu*) which circulates in the stomach and intestines is the *samāna vāyu*. In association with the metabolic fire (digestive juice and enzymes) it digests the food and specially separates their end products. It causes abdominal swelling, indigestion, diarrhoea etc.

17/2, 18.

Vyāna Vāyu

कृत्स्नदेहचरो व्यानो रससंवहनोद्यतः ॥१७॥

स्वेदासृक्स्त्रावणश्चापि पञ्चधा चेष्टयत्यपि ।

क्रुद्धश्च कुरुते रोगान् प्रायशः सर्वदेहगान् ॥१८॥

1. Twelve types: Ref. to S.S. III. 4.3.

That (*vāyu*) which diffuses all over the body is the *vyāna vāyu* and is constantly engaged in the transport of *rasa*. It helps in sweating and also in the flow of blood. And its (voluntary) movements are of five types (expansion, contraction, upward, downward, and oblique). Upon being vitiated it often produces diseases which are generalized.

19, 20/1.

Apāna Vāyu

पक्वाधानालयोऽपानः काले कर्षति चाप्यधः ।

समीरणः शक्नुमूत्रं शुक्रगर्भार्तिवानि च ॥१९॥

क्रुद्धश्च कुरुते रोगान् घोरान् बस्तिगुदाश्रयान् ।

That which is situated in the lower bowels is the *apāna vāyu* and by this *vāyu* faeces, urine, semen, foetus and menstrual fluid are brought down (and expelled) at appropriate times. Upon being vitiated, it produces serious diseases located in the bladder and rectum.

20/2, 21/1. General Effects of Vitiating Vāyus

शुक्रदोषप्रमेहास्तु व्यानापानप्रकोपजाः ॥२०॥

युगपत् कुपिताश्चापि देहं भिन्दुरसंशयम् ।

Seminal disorders and abnormal urinary discharges¹ owe their origin to the vitiation of *vyāna* and *apāna vāyus*.

And when all the *vāyus* get simultaneously vitiated, the body undoubtedly gets destroyed.

21/2, 22/1. Local Effects of Vitiating Vāyus

अत ऊर्ध्वं प्रवक्ष्यामि नानास्थानान्तराश्रितः ॥२१॥

बहुशः कुपितो वायुविकारान् कुरुते हि यान् ।

1. Genito-urinary disorders.

Now I would further discourse upon those diseases which are produced by excessively vitiated *vāyu* situated in different places.

22/2, 23/1. Effects of Vitiated Vāyu on Stomach

वायुरामाशये क्रुद्धश्छर्द्यादीन् कुस्ते गदान् ॥२२॥
मोहं मूर्च्छां पिपासां च हृद्ग्रहं पार्श्ववेदनाम् ।

When the *vāyu* situated in *āmāśaya* (the stomach) gets vitiated it produces vomiting etc., and also stupor, unconsciousness, thirst, constricting pain in the precordium and pain in the sides.

23/2, 24. Effects of Vitiated Vāyu on the Intestines and Ear etc.

पक्वाशयस्थोऽत्रकूजं शूलं नाभौ करोति च ॥२३॥
कृच्छ्रमूत्रपुरीषत्वमानाहं त्रिकवेदनाम् ।
श्रोत्रादिष्विन्द्रियवधं कुर्यात् क्रुद्धः समीरणः ॥२४॥

Vitiation of *vāyu* situated in *pakvāśaya* (the intestines) causes gurgling, pain in the umbilical region, dysuria, difficulty in opening the bowels, abdominal distension and low back pain. Vitiated *vāyu* located in the ear etc. causes impairment of the respective sense organ.

25. Effects of Vitiated Vāyu on the Skin

वैवर्ण्यं स्फुरणं रौक्ष्यं सुप्तिं चुमुचुमायनम् ।
त्वक्स्थो निस्तोदनं कुर्यात् त्वग्भेदं परिपोटनम् ॥२५॥

(Upon vitiation of the *vāyu*) situated in the skin, depigmentation, twitching, roughness, numbness, tingling, pins and needles and sensation of tearing and splitting of the skin are produced.

26-29. Effects of Vitiated Vāyu on Miscellaneous Sites.

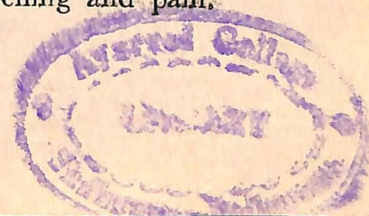
व्रणांश्च रक्तगो, ग्रन्थीन् सशूलान् मांससंश्रितः ॥
तथा मेदःश्रितः कुर्याद् ग्रन्थीन्मन्दरुजोऽव्रणान् ॥२६॥
कुर्यात् सिरागतः शूलं सिराकुञ्चनपूरणम् ॥
स्नायुप्राप्तः स्तम्भकम्पौ शूलमाक्षेपणं तथा ॥२७॥
हन्ति सन्धिगतः सन्धीन् शूलशोफौ करोति च ॥
अस्थिशोषं प्रभेदं च कुर्याच्छूलं च तच्छ्रितः ॥२८॥
तथा मज्जगते रुक् च न कदाचित् प्रशाम्यति ॥
अप्रवृत्तिः प्रवृत्तिर्वा विकृता शुक्रगोऽनिले ॥२९॥

(Upon vitiation of *vāyu* situated) in the blood it causes ulcers, in the muscles it causes painful knotty swellings and located in the fat it produces mildly painful lumps without ulceration; upon getting into the veins it causes pain, contraction or engorgement; if it gets into the ligaments it causes stiffness, instability, pain and convulsions; if it gets into the joints, it causes pain and swelling and impairs their functions; if it gets into the bones, it causes bone atrophy and cracks and pain; and if it gets into the marrow it produces pain which never subsides. If it (vitiated *vāyu*) gets into the semen, discharge of the later ceases or else it becomes abnormal.

30, 31/1. Effects of Generalised Vitiation of Vāyu.

हस्तपादशिरोधातूस्तथा संचरति क्रमात् ॥
व्याप्नुयाद्वाऽखिलं देहं वायुः सर्वगतो नृणाम् ॥३०॥
स्तम्भनाक्षेपणस्वापशोफशूलानि सर्वगः ॥

Upon generalized vitiation of *vāyu* in the human beings, it circulates in their hands, feet, head and in the tissues respectively and gets diffused all over the body. Then, it produces generalised stiffness, convulsions, numbness, swelling and pain.



31/2-34/1. Effects of Association of Vitiated Vāta with the Other Doṣas.

स्थानेषूक्तेषु संमिश्रः संमिश्राः कुरुते रुजः ॥३१॥
 कुर्षादवयवप्राप्तो मारुतस्त्वमितान् गदान् ॥
 दाहसंतापमूर्च्छाः स्युर्वायौ पित्तसमन्विते ॥३२॥
 शैत्यशोफगुरुत्वानि तस्मिन्नेव कफावृते ॥
 सूचीभिरिव निस्तोदः स्पर्शद्वेषः प्रसुप्तता ॥३३॥
 शेषाः पित्तविकाराः स्युर्मारुते शोणितान्विते ॥

When the vitiated *vāyu* situated in the above mentioned regions gets associated with (*pitta*, etc.), it produces mixed types (of afflictions); and when this *vāyu* reaches different organs, it produces different types of disorders in them.

Upon the association of *vāyu* with *pitta*, burning sensation, hyperpyrexia and unconsciousness are produced.

Upon its (*vāyu*'s) association with *kapha*, coldness, swelling and heaviness are produced.

Upon the association of *vāyu* with *śoṇita* pricking sensation by needles, hyperaesthesia, numbness and the remaining disorders of vitiated *pitta* are produced.

34/2-39. Effects of Masking of the Five Types of Vāta by Pitta and Kapha.

34/2, 35/1. Masking of Prāṇa Vāyu by Pitta and Kapha.

प्राणे पित्तावृते छदिर्दाहश्चैवोपजायते ॥३४॥
 दौर्बल्यं सदनं तन्द्रा वैवर्ण्यं च कफावृते ॥

Upon masking of the *prāṇa vāyu* by *pitta* vomiting and burning sensation are produced; and upon its masking by *kapha*, weakness, lethargy, drowsiness and discolouration are produced.

35/2, 36/1. Union of Udāna Vāyu, Pitta and Kapha.

उदाने पित्तसंयुक्ते मूर्च्छादाहश्चमक्लमाः ॥३५॥
 अस्वेदहर्षो मन्दोऽग्निः शीतस्तम्भौ कफावृते ॥

Upon union of *udāna vāyu* with *pitta*, unconsciousness, burning sensation, giddiness and tiredness are produced; and upon its union with *kapha* anhidrosis, weak digestion, horripilation, feeling of coldness, and stiffness are produced.

36/2, 37/1. Union of Samāna Vāyu with Pitta and Kapha.

समाने पित्तसंयुक्ते स्वेददाहौष्ण्यमूर्च्छनम् ॥३६॥
 कफाधिकं च विण्मूत्रं रोमहर्षः कफावृते ॥

Upon union of *samāna vāyu* with *pitta*, perspiration, burning sensation, feeling of heat and unconsciousness are produced; and upon its union with *kapha* excessive mucus comes with urine and stools and horripilation takes place.

37/2, 38/1. Union of Apāna Vāyu with Pitta and Kapha.

अपाने पित्तसंयुक्ते दाहौष्ण्ये स्यादसृग्दरः ॥३७॥
 अधःकायगुरुत्वं च तस्मिन्नेव कफावृते ॥

Upon union of *apāna vāyu* with *pitta* burning sensation, heat and menorrhagia and metrorrhagia are produced and upon its masking by *kapha* heaviness in the lower half of the body is produced.

38/2, 39. Masking of Vyāna Vāyu by Pitta and Kapha.

व्याने पित्तावृते दाहो गात्रविक्षेपणं क्लमः ॥३८॥
 गुरुणि सर्वगात्राणि स्तम्भनं चास्थिपर्वणाम् ॥
 लिङ्गं कफावृते व्याने चेष्टास्तम्भस्तथैव च ॥३९॥

Upon masking of *vyāna vāyu* by *pitta*, burning sensation, convulsions of limbs and tiredness are produced; and upon its masking by *kapha* symptoms of heaviness all over the body, stiffness in the bones and joints, and also cessation of all voluntary movements are produced.

40, 41. Aetiology of Vāta-Rakta (Gout)¹

(प्रायशः सुकुमाराणां मिथ्याऽऽहारविहारिणाम् ॥

रोगाध्वप्रमदामद्यव्यायामैश्चातिपीडनात् ॥४०॥

ऋतुसात्म्यविपर्ययात् स्नेहादीनां च विभ्रमात् ॥

अव्यवाये तथा स्थूले वातरक्तं प्रकुप्यति) ॥४१॥

Vāta-rakta (gout)¹ occurs usually in the persons with delicate constitution and in the obese who take faulty diet or who lead a faulty life, who suffer from excessive sickness or fatigue due to excessive walking and excessive indulgence in wine, women and exercise, in those who lead a life opposite to that indicated according to seasons, who get defective oleation treatment, etc.² and in those who abstain from sexual intercourse.

42-44. Vitiation and Domination of Rakta by Vāta (Vāta-Rakta), Pitta and Kapha.

हस्त्यश्चोष्ट्रेर्गच्छतोऽन्यैश्च वायुः कोपं यातः कारणैः सेवितैः स्वैः ॥

तीक्ष्णोष्णाम्लक्षारशाकादिभोज्यैः संतापाद्यैर्भूयसा सेवितैश्च ॥४२॥

क्षिप्रं रक्तं दुष्टिमायाति तच्च वायोमार्गं संरुणद्धचाशु यातः ॥

क्रुद्धोऽन्यथं मार्गरोधात् स वायुरत्युद्रिक्तं दूषयेद्रक्तमाशु ॥४३॥

तत् संपृक्तं वायुना दूषितेन तत्प्राबल्यादुच्यते वातरक्तम् ॥

तद्वत् पित्तं दूषितेनासृजाऽऽक्तं श्लेष्मादुष्टो दूषितेनासृजाऽऽक्तः ॥४४॥

1. *Apte p.* 501/1.

2. *Pañcakarma.*

It is called *vāta-rakta* because of its (blood's) saturation with *vāta* and its predominance by the same; similarly the blood vitiated by *pitta* and the blood vitiated by *kapha* should also be known.

Vāyu gets vitiated due to riding on an elephant, horse or camel, by the use of its (*vāyu*) other causative factors, by the use of bitter, hot, acidic, alkaline, vegetable and other eatables, and by repeated exposure to heat.¹ The *rakta* becomes vitiated soon and it then obstructs the pathway of *vāyu* immediately. That *vāyu* due to obstruction in its pathway becomes more aggravated and further vitiates the already vitated blood at the same time.

45, 46. Pedal Symptoms Produced by the Doṣas uniting with Rakta.

स्पर्शोद्भिन्नौ तोदभेदप्रशोषस्वापोपेतौ वातरक्तेन पादौ ॥

पित्तासृग्भ्यामुग्रदाहौ भवेतामत्यर्थोष्णौ रक्तशोफौ मृदू च ॥४५॥

कण्डूमन्तौ श्वेतशीतौ सशोफौ पीनस्तब्धौ श्लेष्मदुष्टे तु रक्ते ॥

सर्वैर्दुष्टे शोणिते चापि दोषाः स्वं स्वं रूपं पादयोर्दर्शयन्ति ॥४६॥

Due to *vāta-rakta*, hyperaesthesia, pins and needles, tearing pain, dryness and numbness in the feet are produced.

Due to association of *pitta* and *rakta* acute burning pain and very hot and red swelling occurs which is soft also.

Combination of the vitiated *śleṣman* with *rakta* produces itching, palor, coldness, swelling, thickened and firm (feet).

Upon vitiation of all the *doṣas* together along with *rakta*, each of them manifests its own features in the feet.

1. *Exposure to the sun, etc.*

47. Prodromal Features of Vāta-Rakta.

प्राग्रूपे शिथिलौ स्विन्नौ शीतलौ सविपर्ययो ॥

वैवर्ण्यतोदसुप्तत्वगुरुत्वौषसमन्वितौ ॥४७॥

The prodromal features are slackness, perspiration, and coldness or the reverse of all these, in association with discolouration, pins, and needles, numbness, heaviness and burning sensation (in the feet).

48. Spread of Vāta-Rakta.

पादयोर्मूलमास्थाय कदाचिद्धस्तयोरपि ॥

आखोर्विषमिव क्रुद्धं तद्देहमनुसर्पति ॥४८॥

This disease spreads all over the body like a virulent rat poison beginning from the sole of the feet or sometimes from the hands.

49, 50/1. Prognosis of Vāta-Rakta.

आजानुस्फुटितं यच्च प्रभिन्नं प्रलुप्तं च यत् ॥

उपद्रवैश्च यज्जुष्टं प्राणमांसक्षयादिभिः ॥४९॥

शोणितं तदसाध्यं स्याद्याप्यं संवत्सरोत्थितम् ॥

That *vāta-rakta* in which exfoliation occurs upto the knee, and also which cracks and in which discharge occurs, and which is associated with the complications of loss of vitality and flesh is incurable; that which is of one year's duration should be considered relievable only.

50/2, 51. Ākṣepaka (Convulsions)

यदा तु धमनीः सर्वाः कुपितोऽभ्येति मारुतः ॥५०॥

तदाक्षिपत्याशु मुहुर्मुहुर्देहं मुहुश्चरः ॥

मुहुर्मुहुस्तदाक्षेपादाक्षेपक इति स्मृतः ॥५१॥

When all the arteries become afflicted by the vitiated *vāyu*, it often results in quick and repeated convulsions

throughout the body; because of the repeated convulsions, it is known as *ākṣepaka*.

52/1. Apatānaka (Repeated Convulsions).

सोऽपतानकसंज्ञो यः पातयत्यन्तराऽन्तरा ॥

That (disease) is called *apatānaka* in which (the convulsions) occur at repeated intervals.

52/2, 53/1. Daṇḍāpatānaka (Orthotonos)

कफान्वितो भृशं वायुस्तास्वेव यदि तिष्ठति ॥५२॥

स दण्डवत् स्तम्भयति कृच्छ्रो दण्डापतानकः ॥

If the *vāyu* mixed intimately with *kapha* gets fixed in those (vessels) the patient becomes stiff like a pole; the disease is called *daṇḍāpatānaka* and is curable with difficulty.

53/2. Hanugraha (Trismus).

हनुग्रहस्तदाऽत्यर्थं सोऽन्नं कृच्छ्राग्निषेवते ॥५३॥

Then serious lock jaw takes place and therefore food is taken with difficulty.

54-57/1. Dhanuḥstambha (Emprosthotonos and Opisthotonos).

धनुस्तुल्यं न मेघस्तु स धनुःस्तम्भसंज्ञकः ॥

अङ्गुलीगुल्फजठरहृद्वक्षोगलसंश्रितः ॥५४॥

स्नायुप्रतानमनिलो यदाऽऽक्षिपति वेगवान् ॥

विष्टब्धाक्षः स्तब्धहनुर्भग्नपाश्वर्यः कफं वमन् ॥५५॥

अभ्यन्तरं धनुरिव यदा नमति मानवः ॥

तदाऽस्याभ्यन्तरायामं कुरुते मारुतो बली ॥५६॥

बाह्यस्नायुप्रतानस्थो बाह्यायामं करोति च ॥

That (condition) in which the patient is bent like a bow is called *dhanuḥstambha*.

Two Types of Dhanuḥstambha—*Ābhyantarāyāma* and *Bāhyāyāma*.

When the powerfully vitiated *vāyu* situated in the toes, ankle, abdomen, heart, chest and neck causes spasm of their ligaments leading to fixed eyes, lock jaw, fractures in the sides and vomiting of mucus and bending of the patient (ventrally) like a bow, the (disease) is called *ābhyantarāyāma* (emprosthotonos).

When situated in the external ligaments (of the structures mentioned above), it causes *bāhyāyāma* (opisthotonos).¹

57/2. Prognosis of Dhanuḥstambha.²

तमसाध्यं बुधाः प्राहुर्वक्षःकट्यूरुभञ्जनम् ॥५७॥

That (*dhanuḥstambha*) is called incurable by the wise in which fractures of chest, lumber spine and thigh occur.

58. Aetiology of *Ākṣepaka*.³

कफपित्तान्वितो वायुर्वायुरेव च केवलः ॥

कुर्यादाक्षेपकं त्वन्यं चतुर्थमभिघातजम् ॥५८॥

Vāyu in association with *kapha* or *pitta* or *vāyu* alone causes *ākṣepaka*; the fourth variety is traumatic in origin.

59. Incurable *Apatānaka*.⁴

गर्भपातनिमित्तश्च शोणितातिस्त्रवाच्च यः ॥

अभिघातनिमित्तश्च न सिध्यत्यपतानकः ॥५९॥

That *apatānaka* is incurable which is caused by abortion, excessive bleeding or trauma.

1. Bending dorsally.
2. S. S. II. 1. 54/1 - 57/1.
3. S. S. II. 1. 50/2 - 51.
4. S. S. II. 1. 52/1.

60-63. Pakṣāghāta (Hemiplegia)

अधोगमाः सतिर्यगा धमनीरुर्ध्वदेहगाः ॥

यदा प्रकुपितोऽत्यर्थं मातरिश्वा प्रपद्यते ॥६०॥

तदाऽन्यतरपक्षस्य सन्धिबन्धान् विमोक्षयन् ॥

हन्ति पक्षं तमाहुर्हि पक्षाघातं भिषग्वराः ॥६१॥

यस्य कृत्स्नं शरीरार्धमकर्मण्यसचेतनम् ॥

ततः पतत्यसून् वाऽपि त्यजत्यनिलपीडितः ॥६२॥

शुद्धवातहतं पक्षं कृच्छ्रसाध्यतमं विदुः ॥

साध्यमन्येन संसृष्टमसाध्यं क्षयहेतुकम् ॥६३॥

When the excessively vitiated *vāyu* diffuses into the arteries going downwards, obliquely and upwards in the body, it loosens the supports of the joints on either side of the body, and causes paralysis of that same side; this is called hemiplegia by the best among the physicians.

The patient afflicted by the vitiated *vāyu*, half of whose body gets paralysed or has sensory loss (suddenly) falls down or even leaves (this world).

Hemiplegia caused by *vāyu* only is known to be curable with difficulty; when (it is caused by *vāyu*) in association with others (*pitta* and *kapha*) it is curable; and it is incurable if it is due to the wasting (of *dhātus*).

64-66. *Apatantraka* (Convulsive fit).

वायुरुर्ध्वं व्रजेत् स्थानात् कुपितो हृदयं शिरः ॥

शङ्खौ च पीडयत्यङ्गान्याक्षिपन्नमयेच्च सः ॥६४॥

निमीलिताक्षो निश्चेष्टः स्तब्धाक्षो वाऽपि कूजति ॥

निरुच्छ्वासोऽथवा कृच्छ्रादुच्छ्वस्याप्लष्टचेतनः ॥६५॥

स्वस्थः स्याद्धृदये मुक्ते ह्यावृते तु प्रमुह्यति ॥

कफान्वितेन वातेन ज्ञेय एषोऽपतन्त्रकः ॥६६॥

The vitiated *vāyu* having gone upwards from its normal location produces pain in the heart, head and temples and produces convulsions and bending of the limbs; the eyes are closed and fixed, the person becomes listless and makes inarticulate sounds, is apnoeic or has respiration with difficulty and loses consciousness; normalcy is restored when the heart gets freed, and upon reversal unconsciousness sets in again; this is called *apatāntraka* and is produced when the *kapha* gets mixed up with *vāta*.

67. Manyāstambha (Wry neck, Torticollis)

दिवास्वप्नासनस्थानविवृताध्वनिरीक्षणैः ॥

मन्यास्तम्भं प्रकुरुते स एव श्लेष्मणाऽऽवृतः ॥६७॥

Sleeping by day, unsuitable sitting and standing postures, and looking up obliquely produce *manyāstambha*; the same is due to mixing up of *kapha* with *vāyu*.

68-73. Ardita (Facial paralysis).

(गर्भिणीसूतिकाबालवृद्धक्षीणेष्वसृक्क्षये ॥)

उच्चैर्वाहिरतोऽत्यर्थं खादतः कठिनानि वा ॥

हसतो जृम्भतो भाराद्विषमाच्छयनादपि ॥६८॥

शिरोनासौष्ठचिबुकललाटेक्षणसन्धिगः ॥

अर्दयित्वाऽनिलो वक्त्रमर्दितं जनयत्यतः ॥६९॥

वक्त्रीभवति वक्त्रार्धं ग्रीवा चाप्यवर्तते ॥

शिरश्चलति वाक्सङ्गो नेत्रादीनां च वैकृतम् ॥७०॥

ग्रीवाचिबुकदन्तानां तस्मिन् पार्श्वे तु वेदना ॥

यस्याग्रजो रोमहर्षो वेपथुर्नेत्रमाविलम् ॥७१॥

वायुरुर्ध्वं त्वचि स्वापस्तोदो मन्याहनुग्रहः ॥

तमर्दितमिति प्राहुर्व्याधिं व्याधिविशारदाः ॥७२॥

क्षीणस्यानिमिषाक्षस्य प्रसक्ताव्यक्तभाषिणः ॥

न सिध्यत्यर्दितं बाढं त्रिवर्षं वेपथस्य च ॥७३॥

In the pregnant women, in puerperium, in the young and the old, in the emaciated and in those who have lost blood, due to shouting excessively loudly or biting hard substances and also due to (excessive) laughter, yawning, carrying heavy loads and due to sleeping on uneven bed, the vitiated *vāyu* having reached the joints of head, nose, lips, chin, forehead and the eyes afflicts the face and produces facial paralysis.

Symptoms of Ardita

Half of the face becomes twisted and the neck also rotates; there is instability of the head, aphasia, and deformity in the eyes, etc; and there is pain in the sides of the neck, chin and teeth.

Prodromal Symptoms

Its prodromal symptoms are horripilation, tremors, and muddy eyes; and the vitiated *vāyu* having gone upwards produces numbness of the skin locally as well as pins and needles in the skin and torticollis and lockjaw; this is called *ardita* disease by the specialists.

Prognosis of Ardita

Ardita of the emaciated, of the one having fixed eyes and of one whose speech is continuously inarticulate, is not curable; as also when it is advanced, is of three years duration or when it is associated with tremors.

74.

Grdhrasī (Sciatica).

पाणिप्रत्यङ्गुलीनां तु कण्डरा याऽनिलादिता ॥

सक्थनः क्षेपं निगृह्णीयाद् गृध्रसीति हि सा स्मृता ॥७४॥

When the ligaments from the heel upto all the toes are afflicted by the vitiated *vāyu*, movements of the lower extremity get restricted; that is known as *grdhrasī*.

75. Viśvācī (Brachial Neuralgia).

तलप्रत्यङ्गुलीनां तु कण्डरा बाहुपृष्ठतः ॥

बाह्वोः कर्मक्षयकरी विश्वाचीति हि सा स्मृता ॥७५॥

When the ligaments of the palm including the fingers as well as those of the dorsal aspect of the upper extremity (are afflicted by vitiated *vāta*) movements of the the upper extremity get restricted; that is known as *viśvācī*.

76. Kroṣṭukaśirṣa (Synovitis of Knee with Effusion).

वातशोणितजः शोफो जानुमध्ये महारुजः ॥

शिरः क्रोष्टुकपूर्वं तु स्थूलः क्रोष्टुकमूर्ध्ववत् ॥७६॥

Excessively painful and big swelling in the knee like the head of a jackal due to vitiated *vāta* and *śoṇita* is called *kroṣṭukaśirṣa*.¹

77. Lame and Cripple.

वायुः कट्यां स्थितः सक्थनः कण्डरामाक्षिपेद्यदा ॥

खञ्जस्तदा भवेज्जन्तुः, पङ्गुः सक्थनोर्द्वयोर्वधात् ॥७७॥

When the vitiated *vāyu* situated in the lumbar region afflicts the ligaments of the lower extremity, it is called *khañja* (lame) in the living beings; and when it cripples both the lower extremities it is known as *paṅgu* (cripple).

78. Kalāyakhāṇja (Khesari Palsy, Lathyrism).

प्रक्रामन् वेपते यस्तु खञ्जन्निव च गच्छति ॥

कलायखञ्जं तं विद्यान्मुक्तसन्धिप्रबन्धनम् ॥७८॥

When there is trembling in taking the first few steps

1. The word literally means 'head of a jackal'. Massive effusion in the knee joint fills up the suprapatellar and infrapatellar pouches with patella perched up in the middle, the whole swelling looking like the head of a jackal (*kroṣṭukaśirṣa*).

with limping and when organisation of the joint gets loose, it is known as *kalāyakhāṇja*.¹

79. Vātakāṇṭaka (Heel pain).

न्यस्ते तु विषमं (मे) पादे रुजः कुर्यात् समीरणः ॥

वातकण्टक इत्येष विज्ञेयः खडुकाश्रितः ॥७९॥

Walking on an uneven ground causes pain in the heel due to *vāta* situated in the heels; that is known as *vāta-kāṇṭaka*.

80. Pādādāha (Burning feet syndrome).

पादयोः कुरुते दाहं पित्तासृक्सहितोऽनिलः ॥

विशेषतश्चङ्क्रमणात् पाददाहं तमादिशेत् ॥८०॥

When burning is caused in both the feet, specially on walking, due to the vitiated *vāta* along with *pitta* and *rakta*, that (condition) is known as *pādādāha*.

81. Pādahaṛṣa (Peripheral neuritis of the feet).

हृष्यतश्चरणौ यस्य भवतश्च प्रसुप्तवत् ॥

पादहर्षः स विज्ञेयः कफवातप्रकोपजः ॥८१॥

When there is tingling and numbness in the feet due to the vitiated *vāta* along with *kapha*, that (condition) is known as *pādahaṛṣa*.

82. Avabāhuka (Wasting of the shoulder joint).

अंसदेशस्थितो वायुः शोषयित्वांसबन्धनम् ॥

सिराश्चाकुञ्च्य तत्रस्थो जनयत्यवबाहुकम् ॥८२॥

The vitiated *vāyu* situated in the shoulder region causes wasting of the shoulder joint and it also causes contraction of the veins situated therein, thus producing *avabāhuka*.

83. Bādhirya (Deafness).

यदा शब्दवहं स्रोतो वायुरावृत्य तिष्ठति ॥

शुद्धः श्लेष्मान्वितो वाऽपि बाधिर्यं तेन जायते ॥८३॥

1. Kalāya—Khesari pulse.

When *vāyu* alone or with *kapha* covers and gets located in the acoustic channels, it produces deafness.

84. Kārṇāśūla (Earache, Otagia).

हनुशङ्खशिरोग्रीवं यस्य भिन्दन्निवानिलः ॥
कर्णयोः कुरुते शूलं कर्णशूलं तदुच्यते ॥८४॥

When there is tearing sensation in the jaw, temple, head and neck and pain in both the ears due to the vitiated *vāyu*, it is called *kārṇāśūla*.

85. Speech Disorders.

आवृत्य सकफो वायुर्धमनीः शब्दवाहिनीः ॥
नरान् करोत्यक्रियकान्मूकमिन्मिणगद्गदान् ॥८५॥

When the speech carrying channels get blocked up by the vitiated *vāyu* along with *kapha*, it disables the person and produces aphasia, nasal twang and stammering.

86, 87. Tūnī (bladder pain) & Pratitūnī (proctalgia)

अधो या वेदना याति वर्चोमूत्राशयोत्थिता ॥
भिन्दतीव गुदोपस्थं सा तूनीत्यभिधीयते ॥८६॥
गुदोपस्थोत्थिता सैव प्रतिलोमविसर्पिणी ॥
वेगैः पक्वाशयं याति प्रतितूनीति सा स्मृताः ॥८७॥

When pain arising from the rectum and urinary bladder travels down and produces tearing sensation in the anus and the genitals, that (condition) is known as *tūnī*.

When the same (pain) arises from the anus and the genitals and travels in the opposite direction and reaches the colon forcefully, it is known as *pratitūnī*.

88. Ādhmāna (Tympanitis, Meteorism).

साटोपमत्युग्ररुजमाध्मातमुदरं भृशम् ॥
आध्मानमिति जानीयाद्दोरं वातनिरोधजम् ॥८८॥

Very severe pain accompanied by borborygmi and excessive distension of the abdomen is produced due to severe obstruction of *vāta* and is known as *ādhmāna*.

89. Pratyādhmāna (Acute Gastric Dilatation).

विमुक्तपार्श्वहृदयं तदेवमाशयोत्थितम् ॥
प्रत्याध्मानं विजानीयात् कफव्याकुलितानिलम् ॥८९॥

When the sides and the precordium are free and (distension) originates from the stomach due to the vitiated *vāta* with *kapha*, it is known as *pratyādhmāna*.

90. Vātaṣṭhīlā (Benign Prostatic Enlargement).

अष्टीलावद्धनं ग्रन्थिमूर्ध्वमायतमुन्नतम् ॥
वाताष्टीलां विजानीयाद्बहिर्गविरोधिनीम् ॥९०॥

The gland which is organised like a round stone, which enlarges upwards, is bulging and which causes obstruction to the external passages, is known as *vātaṣṭhīlā*.

91. Pratyāṣṭhīlā (Malignant Prostatic Enlargement).

एनामेव रुजायुक्तां वातविष्णुमूत्ररोधिनीम् ॥
प्रत्यष्टीलामिति वदेज्जठरे तिर्यगुत्थिताम् ॥९१॥

The same, when associated with pain causes obstruction to the flatus, faeces and urine, is known as *pratyāṣṭhīlā* and it grows obliquely towards the abdomen.

इति सुश्रुतसंहितायां निदानस्थाने वातव्याधिनिदानं
नाम प्रथमोऽध्यायः ॥१॥

Thus ends the first chapter entitled 'Diagnosis of Vātika Diseases' of the *Nidāna-sthāna* of *Suśruta Samhitā*.

SUGGESTED RESEARCH PROBLEMS

1. Historical and comparative study should be undertaken to find out if the concept of *vāta* (normal and vitiated) is found in other ancient systems of medicine, and if so, in what way.

2. Attempts could be made to identify the five types of *vātas* (11-20).

3. The different diseases and syndromes due to vitiated *vāta* alone or in association with other *doṣas*, as described in this chapter should be clinically studied and specified (40-91). A common factor in all these diseases, etc. which might reflect on the nature and concept of *vāta* might thus be found out.

4. It should be found out in the books of history of medicine about the earliest mention of various diseases and syndromes given in this chapter; wherever applicable, importance of *Suśruta's* writings should be given due recognition.

निदान-स्थानम्
द्वितीयोऽध्यायः

अर्शसां निदानम्
Diagnosis of Piles

CHAPTER TWO
NIDĀNA-STHĀNA

S. S. II. 2.

SUMMARY

1. This chapter deals with the diagnosis of anal piles and of the pile like masses in other parts of the body.

2. Anal piles could be of six types (3). Their aetiology and pathogenesis (4) has been given. Anatomical considerations (5-7) of anus, anal lips, and of the three sphincters have been described. The prodromal and other clinical features (8, 9) of piles in general have been enumerated.

Gross appearance, clinical features and the associated findings in each of the six types of piles have been described (10-15).

Prognosis of piles depending upon their extent (17) and upon other factors as well (23, 24) has been considered.

3. Aetiology, pathogenesis, clinical and other associated features of pile like fleshy excrescences or buds in other parts of the body (male and female genitalia, umbilical region, ears, eyes, nose and mouth) have been given (17).

4. *Carmakila* (warts) have been specially described and some serious complications mentioned (25, 27).

द्वितीयोऽध्यायः

Chapter Two

1. अथातोऽर्शासां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Piles."¹

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Types of Piles.

षडर्शासि भवन्ति वातपित्तकफशोणितसन्निपातैः सहजानि चेति ॥३॥

Piles are of six types—those due to *vāta*, *pitta*, *kapha*, *śoṇita*² and due to all the *doṣas* together and the hereditary ones.

4. Aetiology and Pathogenesis of Piles.

तत्रानात्मवतां यथोक्तैः प्रकोपणैर्विरुद्धाध्यशनस्त्रीप्रसङ्गोत्कटु-
कासनपृष्ठयानवेगविधारणादिभिर्विशेषैः प्रकुपिता दोषा एकशो द्विशः
समस्ताः शोणितसहिता वा यथोक्तं प्रसृताः प्रधानधमनीरनुप्रपद्याधो
गत्वा गुदमागम्य प्रदूष्य गुदवलीर्मासिप्ररोहाञ्जनयन्ति विशेषतो
मन्दाग्नेः, तथा तृणकाष्ठोपललोष्ठवस्त्रादिभिः शीतोदकसंस्पर्शनाद्वा
कन्दाः परिवृद्धिमासादयन्ति, तान्यर्शासीत्याचक्षते ॥४॥

1. The management of these diseases has been discussed in S. S. IV. 6.

2. *Śoṇita* has not been mentioned as a causative agent in many diseases, but one of the few where it has been incriminated is piles !

Now, the various causes as described earlier which excite the *doṣas* in those who are not self-possessed and in those who take contradictory food, eat again before the last meal has been digested, do (excessive) sexual intercourse, (in those who are accustomed to) squatting posture, ride on the back of an animal and inhibit the natural evacuatory reflexes. etc., aggravate one, two or all the *doṣas* with or without the involvement of *śoṇita*.

As described earlier, the *doṣas* spread, having entered the main artery, go down and having reached the rectum afflict its walls and produce fleshy excrescences specially in the dyspeptic; and by coming into contact with straw, wood, stone, lump (of clay) and clothings, etc. or with cold water, the swellings grow in size alround. These are known as piles.

5-7. Anatomical Considerations.

तत्र स्थूलान्त्रप्रतिबद्धमर्धपञ्चाङ्गुलं गुदमाहुः, तस्मिन् वलयस्ति-
स्रोऽध्यर्धाङ्गुलान्तरसंभूताः प्रवाहणी विसर्जनी संवरणी चेति चतुर-
ङ्गुलायताः, सर्वास्तिर्यगेकाङ्गुलोच्छ्रिताः ॥५॥

शङ्खावर्तनिभाश्चापि उपर्युपरि संस्थिताः ॥

गजतालुनिभाश्चापि वर्णतः संप्रकीर्तिताः ॥

रोमास्तेभ्यो यवाध्यर्धो गुदौष्ठः परिकीर्तितः ॥६॥

प्रथमा तु गुदौष्ठादङ्गुलमात्रे ॥७॥

Now, the portion just distal to the large bowel for four and a half fingers is known as the anus. There are three sphincters at intervals of one and a half fingers each, known as *pravāhaṇī*, *visarjanī*, and *saṁvarṇī* and are four fingers in diameter. All of them project obliquely for one finger.

They are also spiral like a conch and are situated one above the other. They have also been described to be of the colour of the palate of an elephant. The anal lips have been

described to be one and a half *yava* (barley) from the end of the hair-line.

Thus the first sphincter is one finger above the anal lips.¹

8, 9.

Clinical Features.

तेषां तु भविष्यतां पूर्वरूपाणि—अस्त्रेऽश्रद्धा कृच्छ्रात् पक्वितरम्लीका
परिदाहो विष्टम्भः पिपासा सक्थिसदनमाटोपः कार्श्यगुद्गारबाहुल्य-
मक्षणोः श्वयथुरन्त्रकूजनं गुदपरिकर्तनमाशङ्का पाण्डुरोगग्रहणीदोष-
शोषाणां कासश्वासौ बलहानिर्भ्रमस्तन्द्रा निद्रेन्द्रियदौर्बल्यं च ॥८॥
जातेष्वेतान्येव लक्षणानि प्रव्यक्ततराणि भवन्ति ॥९॥

These would be their prodromal features: dislike for food, difficulty in digestion, sour eructations, burning pain, fulness of abdomen, thirst, tiredness in the legs, meteorism, emaciation, excessive belching, swelling of the eyes, borborygmi, feeling of cutting pain around the anus, suspicion of anaemia, sprue and consumption, cough, asthma, loss of strength, disorientation, drowsiness, sleepiness, and diminished perception of senses.

When (piles) are produced, these very symptoms become evidently manifest.

10.

Vātika Piles.

तत्र मारुतात् परिशुष्कारणविवर्णानि विषममध्यानि कदम्बपुष्प-
तुण्डिकेरीनाडीमुकुलसूचीमुखाकृतीनि च भवन्ति, तैरुपद्रुतः सशूलं
संहतमुपवेश्यते, कटीपृष्ठपार्श्वमेढ्रगुदनाभिप्रदेशेषु चास्य वेदना भवन्ति,
गुल्माष्ठीलाप्लीहोदराणि चास्य तन्निमित्तान्येव भवन्ति, कृष्णत्वङ् नख-
नयनदशनवदनमूत्रपुरीषश्च पुरुषो भवति ॥१०॥

1. According to this description anus extends down to the hair line. The measurements seem to be as follows : starting from the hairline, anal lip is one and a half 'yava' which is about half a finger in extent. The last sphincter extends upto one finger above the anal lip, second and first being further one and half fingers above each, thus making a total of four fingers and a half from the anal margin.

Now, the *vātika* (piles) are dry, reddish or discoloured, irregular in the centre, are like the flowers of *kadamba* or of the wild cotton plant, are tubular, bud like or are like the point of a needle in appearance. One afflicted by these (piles) defecates painfully and also has pain in the waist, back, sides, penis, rectum and in the umbilical region; abdominal swelling, prostatic and splenic enlargements are produced due to them and the patient's skin, nails, eyes, teeth, face, urine and stool become blackish.

11. Paittika Piles. 3368

पित्ताग्नीलाग्नाणि तनूनि विसर्पीणि पीतावभासानि यकृत्प्रकाशानि शुक्लजिह्वासंस्थानानि यवमध्यानि जलौकोवक्त्रसदृशानि प्रविलम्बानि च भवन्ति, तैरुपद्रुतः सदाहं सरुधिरमृतिसार्यते, ज्वरदाहपिपासामूर्च्छाश्चास्योपद्रवा भवन्ति, पीतत्वङ्नखनयनदशनवदनमूत्रपुरीषश्च पुरुषो भवति ॥११॥

The piles caused by (vitiated) *pitta* are blue in their presenting part and are slender, mobile, pale to look at and shine like liver; their shape is like that of a parrot's tongue; they are barley (spindle) shaped in the middle, are similar to the mouth of a leece and are moist.

One afflicted by them passes loose motions with blood accompanied with burning sensation. Fever, burning sensation, thirst and fainting are its complications; and the patient's skin, nails, eyes, teeth, face, urine and stool become yellow.

12. Ślaishmika Piles.

श्लेष्मजानि श्वेतानि महामूलानि स्थिराणि वृत्तानि स्निग्धानि पाण्डूनि करोरपनसास्थिगोस्तनाकाराणि, न भिद्यन्ते न स्रवन्ति कण्डूबहुलानि च भवन्ति, तैरुपद्रुतः संश्लेष्माणमनल्पं मांसधावनप्रकाशमृतिसार्यते, शोफशीतज्वरारोचकाविपाकशिरोगौरवाणि चास्य तन्निमित्तान्येव भवन्ति, शुक्लत्वङ्नखनयनदशनवदनमूत्रपुरीषश्च पुरुषो भवति ॥१२॥

The piles produced by (vitiated) *ślesman* are whitish, broad-based, fixed, rounded, smooth and yellowish-white; they are like *karīra*¹ sprout or the kernel of a *panasa* fruit² or are like the teat of a cow. They neither burst nor discharge but cause excessive itching.

One afflicted by them passes copious mucus in the stools which are frequent and look like the washings of meat. Oedema, fever with rigor, dislike for food, indigestion and feeling of heaviness in the head occur due to these; and the patient's skin, nails, eyes, teeth, face, urine and stool become white.

13. Raktaja Piles.

रक्तजानि न्यग्रोधप्ररोहविद्रुमकाकण्टिकाफलसदृशानि पित्तलक्षणानि च, यदाऽवगाढपुरीषपीडितानि भवन्ति तदाऽत्यर्थं दुष्टमनल्पमसृक् सहसा विसृजन्ति, तस्य चातिप्रवृत्तौ शोणितातियोगोपद्रवा भवन्ति ॥१३॥

Raktaja piles are like the sprouts of a banyan tree or are like coral or like the fruit of *kākaṇantikā* and their clinical features resemble those of *paittika* piles. When they are pressed by the hard stools, excessively vitiated and copious amount of blood is suddenly passed; and complications pertaining to excessive bleeding set in if this continues for long.

14. Sannipātaja (mixed) Piles.

सन्निपातजानि सर्वदोषलक्षणयुक्तानि ॥१४॥

The piles due to vitiation of all the *doṣas* together are associated with the clinical features of (piles produced by) all the *doṣas*.

1. Bamboo sprout.

2. Jack fruit.

region produce delicate, foul smelling, slimy buds similar to the mouth of earthworms.¹

The vitiated *doṣas* having spread upwards may produce pile like lesions in the ears, eyes, nose and mouth.² Now, in the ears it produces deafness, earache and pus discharge; in the eyes it produces inability to open the eyelids, pain, discharge and blindness; in the nose it produces cold, excessive sneezing, difficulty in breathing, pus discharge from the nose, nasal twang in the speech and headache; and in the mouth it causes diseases of the lips, palate and of other parts, indistinct speech, loss of taste and other diseases of the oral cavity.

18-21.

Warts.

व्यानस्तु प्रकुपितः श्लेष्माणं परिगृह्य बहिः स्थिराणि कीलवद-
शासी निर्वर्तयति, तानि चर्मकीलान्यशासीत्याचक्षते ॥१८॥

भवन्ति चात्र--

तेषु कीलेषु । निस्तोदो मारुतेनोपजायते ॥
श्लेष्मणा तु सवर्णत्वं ग्रन्थित्वं च विनिर्दिशेत् ॥१९॥
पित्तशोणितजं रौक्ष्यं कृष्णत्वं श्लक्ष्णता तथा ॥
समुदीर्णस्वरत्वं च चर्मकीलस्य लक्षणम् ॥२०॥
अर्शासि लक्षणं व्यासादुक्तं सामान्यतस्तु यत् ॥
तत्सर्वं प्राग्विनिर्दिष्टात्साधयेद्द्विषजां वरः ॥२१॥

The vitiated *vyāna vāyu* in association with *kapha* produces firm and nail shaped piles externally; they are known as *carmakila* piles (warts).

The following verses have been quoted in this context :

In those warts pain is produced due to *vāyu*; and it is said that the colour and nodularity are due to *ślesman*.

1. Umbilical granuloma.

2. Polypi e. g. nasal polypus.

Whereas *pitta* and *śoṇita* produce dryness, blackness, glossiness and excessive roughness over the entire surface of the *carmakila*.

Thus, these are the clinical features of piles in general discoursed in detail. All these piles should be managed by a good doctor in the way described earlier.

22.

Samsarga Piles (mixed).

अर्शःसु दृश्यते रूपं यदा दोषद्वयस्य [तु ॥

संसर्गं तं विजानीयात् संसर्गः स च षड्विधः ॥२२॥

When features of two *doṣas* are seen together in a pile, it should be known as a *samsarga* pile; and those *samsarga* piles are of six types.

23, 24. Further Considerations on the Prognosis of Piles.

त्रिदोषाण्यल्पलिङ्गानि याप्यानि तु विनिर्दिशेत् ॥

द्वन्द्वजानि द्वितीयायां वलौ यान्याश्रितानि च ॥२३॥

कृच्छ्रसाध्यानि तान्याहुः परिसंवत्सराणि च ॥

सन्निपातसमुत्थानि सहजानि तु वर्जयेत् ॥२४॥

(Piles) produced by the three *doṣas* separately as well as those having minor symptoms only, should be considered relievable. Those (piles) produced by a combination of two *doṣas* or those situated in the region of the middle sphincter and those of more than one year's duration have been said to be curable with difficulty. Those (piles) produced by all the *doṣas* together and the hereditary ones should be discarded (from treatment as incurable).

25, 26.

Serious Complications of Piles.

सर्वाः स्युर्वलयो येषां दुर्नामभिरुपद्रुताः ॥

तैस्तु प्रतिहतो वायुरपानः सन्निवर्तते ॥२५॥

ततो व्यानेन सङ्गम्य ज्योतिर्मृन्दाति देहिनाम् ॥२६॥

Those in whom all the sphincters are affected by the (notorious) piles, the *apāna vāyu* gets obstructed and it does not come out; then, in association with (*vyāna*) *vāyu* it weakens the metabolic fire¹ in the human being.

इति सुश्रुतसंहितायां निदानस्थानेऽर्शोनिदानं

नाम द्वितीयोऽध्यायः ॥२॥

Thus ends the second chapter entitled 'The Diagnosis of Piles' of *Nidāna-sthāna* of *Suśruta Samhitā*.

1. The word for metabolic fire used at other places has been agni. Here the word *jyoti* has been used in the sense of *pañcātmaka agni*, i. e. five fold metabolic fire.

S. S. II. 2

SUGGESTED RESEARCH PROBLEMS

I. HISTORICAL

Historical study should be done to find out the first available description of the following :

- (1) Anal piles (3-16).
- (2) Anatomy of anus, anal lips, and of the three sphincters (5-7).
- (3) Venereal warts on the male and the female genitalia (17).
- (4) New growths on the male and the female genitalia (17).
- (5) Umbilical granuloma (17).
- (6) Polypus in nose, ears, eyes and elsewhere (17).

II. COMPARATIVE

- (1) A comparative study of the descriptions of various types of piles (10-15) should be done.
- (2) Similar study regarding the venereal warts and new growths of the male and the female genitalia, umbilical granuloma and nasal and other polypi could be carried out.

III. CLINICAL

A clinical and experimental study on the hereditary predisposition or occult congenital presence of piles could be done (15).

निदान-स्थानम्
तृतीयोऽध्यायः

अश्मरीणां निदानम्
Diagnosis of Urinary Calculi

CHAPTER THREE
NIDĀNA-STHĀNA

Books published under Central Government
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S. S. II. 3

SUMMARY

This chapter deals with the formation and diagnostic considerations of urinary calculi, urinary gravel and seminal concretions.

Four types of urinary calculi have been described (3). Their aetiology (4) and premonitory symptoms (5, 6) have been given. Clinical features (7) of vesical calculi have been described with precision.

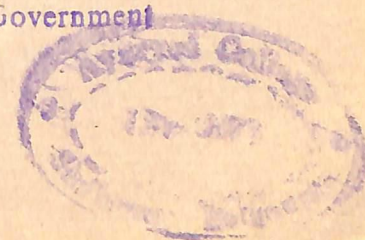
Pathogenesis, symptomatology and gross appearance of calculi corresponding to phosphate (8), uric acid and urate (9), oxalate stones (10) and seminal concretions (12) (termed *śleṣmika*, *pañtika* and *vātika* stones and *śukrāśmaris* respectively) have been described. First three occur usually in children and the last one forms in adults (11).

Pathogenesis, gross appearance, clinical features and complications of urinary gravel have been given (13-16/1).

Certain anatomical (18-20/1) and physiological (20/1-24/1) aspects of urinary bladder in relation to stones have been considered.

Ayurvedic concept of the mode of formation (24/2-27/1) of urinary calculi in general have been given. Effects on urinary bladder of normal *vāta* and when it becomes abnormal (27/2-28) have been considered.

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तृतीयोऽध्यायः

Chapter Three

1. अथातोऽश्मरीणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Urinary Calculi."¹

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Types of Urinary Calculi (*Aśmari*).

चतस्रोऽश्मर्यो भवन्ति, श्लेष्माधिष्ठानाः, तद्यथा—श्लेष्मणा, वातेन, पित्तेन, शुक्रेण चेति ॥३॥

The urinary calculi are of four types. *Śleṣman* is the basis of all.

They are as follows : those caused by *śleṣman*, *vāta*, *pitta* and *śukra*.

4. Aetiology and Pathogenesis.

तत्रासंशोधनशीलस्यापथ्यकारिणः प्रकुपितः श्लेष्मा मूत्रसंपृक्तोऽनुप्रविश्य बस्तिमश्मरीं जनयति ॥४॥

Now, in those who do not observe proper cleansing procedures² and in those who are indiscrete regarding their

1. The management of these diseases has been discussed in S. S. IV. 7.

2. Emesis, purgation, enemata, errhines and blood-letting.

dietary habits,¹ the *śleṣman* gets aggravated and mixed with urine enters the urinary bladder and therein it produces calculi.

5, 6. Premonitory Symptoms.

तासां पूर्वरूपाणि—ज्वरो बस्तिपीडारोचकौ मूत्रकृच्छ्रं बस्ति-
शिरोमुष्कशेफसां वेदना कृच्छ्रावसादो बस्तगन्धित्वं मूत्रस्येति ॥५॥

यथास्ववेदनावर्णं दुष्टं सान्द्रमथाविलम् ॥

पूर्वरूपेऽश्मनः कृच्छ्रान्मूत्रं सृजति मानवः ॥६॥

The premonitory symptoms of urinary calculi are fever, pain in the bladder region, dislike for food, dysuria, pain in the region of the bladder neck, the scrotum and the penis, exhaustion due to pain and goat like smell in the urine.

During the prodromal stage of urinary calculi the patient passes urine with difficulty, which is viscid, turbid, and produces characteristic pains and colours of the vitiated *doṣas*.

7. Clinical Features of Vesical Calculi.

अथ जातासु नाभिबस्तिसेवनीमेहनेष्वन्यतमस्मिन् मेहतो वेदना
मूत्रधारासङ्गः सरुधिरमूत्रता मूत्रविकिरणं गोमेदकप्रकाशमत्याविलं
ससिकतं विसृजति, धावनलंघनप्लवनपृष्ठयानोष्णाध्वगमनैश्चास्य
वेदना भवन्ति ॥७॥

Now, when (calculi have) formed, pain during micturition occurs in any of these regions—the umbilical region, bladder, perineal raphe and penis and there is obstruction to the flow of urine, haematuria, scattering of the urinary stream and passage of turbid, sandy urine shining like *gomeda*² jem.

1. Dietary ingredients are even today regarded important aetiological factors of urinary calculi.

2. A gem brought from the Himalayas and the Indus (being of 4 sorts, white, pale yellow, red and dark blue) M. W.

Its pain is felt during running, jumping,¹ riding and during walking in the sun and for long distances.

8. The Ślaiṣmika Stones (Phosphate Calculi)².

तत्र श्लेष्माश्मरी श्लेष्मलमन्नमभ्यवहरतोऽत्यर्थमुपलिप्याधः
परिवृद्धिं प्राप्य बस्तिमुखमधिष्ठाय स्रोतो निरुणद्धि, तस्य मूत्रप्रति-
घाताद्वात्यते भिद्यते निस्तुद्यत इव च बस्तिर्गुरुः शीतश्च भवति,
अश्मरी चात्र श्वेता स्निग्धा महती कुक्कुटाण्डप्रतीकाशा
मधूकपुष्पवर्णा वा भवति, तां श्लैष्मिकीमिति विद्यात् ॥८॥

Now, the *ślaiṣmika* stones are produced due to excessive intake of *śleṣman* generating foods, and increase in size alround due to a further deposition of *śleṣman*. Being located in the bladder neck they obstruct the passage. Due to the obstruction to the flow of urine, cutting, incising or pricking pain, heaviness and sensation of cold is felt in the region This type of stone is white, slimy and big like a hen's egg or else has the colours of *madhūka* flowers; these are known as *ślaiṣmika* (calculi).

9. The Paittika Stones (Uric Acid and Urate Calculi).

पित्तयुतस्तु श्लेष्मा संघातमुपगम्य यथोक्तां परिवृद्धिं प्राप्य
बस्तिमुखमधिष्ठाय स्रोतो निरुणद्धि, तस्य मूत्रप्रतिघाताद्वात्यते चूष्यते
दह्यते पच्यते इव बस्तिरुष्णवातश्च भवति; अश्मरी चात्र सरक्ता
पीतावभासा कृष्णा भल्लातकास्थिप्रतिमा मधुवर्णा वा भवति, तां
पैत्तिकीमिति विद्यात् ॥९॥

1. The role of running and jumping which cause an aggravation of pain was used as a clinical confirmatory test in the diagnosis of stones till the recent past.

2. The modern terms e.g. phosphate, uric acid and urate calculi, etc. have been suggested considering the gross appearance of the stones described in the text.

The *śleṣman* along with *pitta* gets solidified and increases in size alround as described earlier, and when located in the bladder neck region obstructs the passage. Due to obstruction to the flow of urine, warmth, sucking, burning or throbbing sensation is felt in the bladder region and *uṣṇa vāta*¹ occurs. This type of stone is blood stained, yellowish in appearance or black, is like the kernel of *bhallātaka* fruit or else has the colour of honey. These are known as the *pāittika* (calculi).

10. The Vātika Stones (Oxalate Calculi).

वातयुतस्तु श्लेष्मा संघातमुपगम्य यथोक्तां परिवृद्धिं प्राप्य बस्तिमुखमधिष्ठाय स्रोतो निरुणद्धि, तस्य मूत्रप्रतीघातात्तीव्रा वेदना भवति, तदाऽत्यर्थं पीडयमानो दन्तान् खादति, नाभिं पीडयति, मेढ्रं प्रमृदनाति, पायुं स्पृशति, विशर्धते, विदहति, वातमूत्रपुरीषाणि कृच्छ्रेण चास्य मेहतो निःसरन्ति; अश्मरी चात्र श्यावा परुषा विषमा खरा कदम्बपुष्पवत्कण्टकाचिता भवति; तां वातिकीमिति विद्यात् ॥१०॥

The *śleṣman* along with *vāta* gets solidified and increases in size alround as described earlier and when located in the bladder neck obstructs the passage. Due to obstruction to the flow of his urine severe pain takes place; then, due to the excessive pain (the patient) gnashes his teeth, squeezes the umbilical region, rubs the penis, touches the perineum and he cries out in agony, feels a burning sensation and passes flatus, urine and stool with difficulty while straining for micturition. This type of stone is blackish, hard, irregular and rough and is full of spikes like the flowers of *kadamba*. These are known as the *vātika* (calculi).

1. Acute cystourethritis. S. S. VI. 58.22 and 23 may be referred to for description of this disease.

11. Age in Relation to Stones.

प्रायेणैतास्तिस्त्रोऽश्मर्यो दिवास्वप्नसमशनाध्यशनशीतस्निग्धगुरु-
मधुराहारप्रियत्वाद्विशेषेण बालानां भवन्ति; तेषामेवाल्पबस्तिका-
यत्वादानुपचितमांसत्वाच्च बस्तेः सुखग्रहणाहरणा भवन्ति । महतां तु
शुक्राश्मरी शुक्रनिमित्ता भवति ॥११॥

Often all these types of stones are formed in children specially because of their indulgence in day sleep, consumption of all sorts of food, eating before the previous meal has been digested and because of their liking for cold, bland, heavy and sweet dishes. Because of the small size of the bladder in them and because of its thin musculature (the stones) can be easily caught hold of and taken out.

In adults, however, the seminal concretions form due to *śukra*.

12. Seminal Concretions (Śukrāśmari).

मैथुनविघातादतिमैथुनाद्वा शुक्रं चलितमनिर्गच्छद्विमार्गगमनादनि-
लोऽभितः संगृह्य मेढ्रवृषणयोरन्तरे संहरति, संहृत्य चोपशोषयति;
सा मूत्रमार्गमावृणोति, मूत्रकृच्छ्रं बस्तिवेदनां वृषणयोश्च श्वयथुमा-
पादयति, पीडितमात्रे च तस्मिन्नेव प्रदेशे प्रविलयमापद्यते; तां
शुक्राश्मरीमिति विद्यात् ॥१२॥

Due to interruption of sexual intercourse, or due to excessive sexual intercourse, the semen gets displaced but does not come out and is diverted into the wrong tract. *Vāyu* then gets (the displaced semen) together and deposits it between the penis and both the testes and after that it dries it up. This obstructs the urethra and dysuria, pain in the bladder and swelling in both the testes are brought about. It disappears by just a pressure in that very region. These are known as *śukrāśmaris* (seminal concretions).

13-16/1. Clinical Features of Śarkarā (gravel)-

भवन्ति चात्र--

शर्करा सिकता मेहो भस्माख्योऽश्मरिवैकृतम् ॥
 अश्मर्या शर्करा ज्ञेया तुल्यव्यञ्जनवेदना ॥१३॥
 पवनेऽनुगुणे सा तु निरेत्यल्पा विशेषतः ॥
 सा भिन्नमूर्तिवतिन शर्करेत्यभिधीयते ॥१४॥
 हृत्पीडा सक्थिसदनं कुक्षिशूलं च वेपथुः ॥
 तृष्णोर्ध्वगोऽनिलः काष्ण्यं दौर्बल्यं पाण्डुगात्रता ॥१५॥
 अरोचकाविपाकौ तु शर्करार्ते भवन्ति च ॥

These verses are quoted in this context.

Gravel, sand or ash like substances in the urine are the altered appearances of urinary calculi. Gravel and urinary calculi are known to have similar features along with pain.

When the *vāyu* is favourable and specially when the calculi are small, they (the stones) come out. However, the same (calculi) when disrupted by the local *vāyu* are known as gravel.

Pain in the precordium, weakness of lower limbs, pain in the flanks and shivering, thirst, upgoing *vāyu*, blackish discolouration, weakness, pale appearance of the body, dislike for food and indigestion : these occur in the patients suffering from *śarkarā* (gravel) disease.

16/2, 17. Complications Produced by Gravel.

मूत्रमार्गप्रवृत्ता सा सक्ता कुर्यादुपद्रवान् ॥१६॥
 दौर्बल्यं सदनं काश्यं कुक्षिशूलमरोचकम् ॥
 पाण्डुत्वमुष्णवातं च तृष्णां हृत्पीडनं वमिम् ॥१७॥

Those (gravels) get stuck up on their passage through the urethra and produce complications such as weakness, lethargy, emaciation, pain in the flanks, dislike for food, pallor, *uṣṇa-vāta* (cysto-urethritis), thirst, pain in the precordium and vomiting.

18-20/1. Anatomical Considerations of Urinary Bladder.

नाभिपृष्ठकटीमुष्कगुदवङ्क्षणशोफसाम् ॥
 एकद्वारस्तनुत्वक्को मध्ये बस्तिरधोमुखः ॥१८॥
 बस्तिर्बस्तिशिरश्चैव पौरुषं वृषणौ गुदः ॥
 एकसंबन्धिनो ह्येते गुदास्थिविवराश्रिताः ॥१९॥
 अलाब्वा इव रूपेण सिरास्नायुपरिग्रहः ॥

The urinary bladder lies between the umbilicus, back, waist, testes, rectum, groin and penis, is thin walled and has a single outlet directed downwards.

The bladder, as also the bladder neck, the penis, both testes and rectum are all related to each other and are situated in the space in front of the bone of the rectum (sacrum).

(The bladder) is shaped like a gourd and is fixed on all sides by the veins and ligaments.

20/2-24/1. Physiological Considerations of Urinary Bladder.

मूत्राशयो मलाधारः प्राणायतनमुत्तमम् ॥२०॥
 पक्वाशयगतास्तत्र नाड्यो मूत्रवहास्तु याः ॥
 तर्पयन्ति सदा मूत्रं सरितः सागरं यथा ॥२१॥
 सूक्ष्मत्वान्नोपलभ्यन्ते मुखान्यासां सहस्रशः ॥
 नाडीभिरुपनीतस्य मूत्रस्यामाशयान्तरात् ॥२२॥
 जाग्रतः स्वपतश्चैव स निःस्यन्देन पूर्यते ॥
 आमुखात्सलिले न्यस्तः पाश्वेभ्यः पूर्यते नवः ॥२३॥
 घटो यथा तथा विद्धि बस्तिर्मूत्रेण पूर्यते ॥

This (urinary bladder) is a site for collection of urine,

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a base for the *mala*,¹ and is foremost amongst those organs which sustain life.

The urine carrying channels originating from the *pakvāśaya* (intestines) always fill (the bladder) with urine in the same way as the rivers (constantly) fill the sea.

Their mouths or openings are in thousands and because of their being extremely minute, are not seen.

That (bladder) gets filled up with urine by percolation having been carried there, by channels from the *āmāśaya*² (stomach), during waking as well as sleep.

As a new pitcher sunk into water upto its mouth fills up from the sides, similarly bladder gets filled up by the urine.

24/2-27/2. Pathogenesis of Calculi Formation.

एवमेव प्रवेशेन वातः पित्तं कफोऽपि वा ॥२४॥

मूत्रयुक्तमुपस्नेहात् प्रविश्य कुरुतेऽश्मरीम् ॥

अप्सु स्वच्छा (स्था) स्वपि यथा निषिक्तासु नवे घटे ॥२५॥

कालान्तरेण पङ्क्तुः स्यादश्मरीसंभवस्तथा ॥

संहन्त्यापो यथा दिव्या मारुतोऽग्निश्च वैद्युतः ॥२६॥

1. The food after digestion gets converted into two parts—the *prasāda bhāga* and the *mala bhāga*. Former is absorbed as the product of digestion and is assimilated in the metabolic pathways of the human system. The *mala bhāga* has been accepted in *Ayurveda* to be equally important and is retained in the body for sometime before being finally excreted out. The places where *mala* is retained are known as *maladhārās*; they are the urinary bladder and the rectum, both being essential for life.

2. According to *Ayurveda*, sources of origin of urine are the stomach and the intestines. At these places, the food gets separated into *prasāda bhāga* and *mala bhāga* by the action of *pācaka pitta* and *samāna vāyu*. The *mala bhāga* gets converted into faeces and urine.

तद्वदलासं बस्तिस्थमूष्मा संहन्ति सानिलः ।

मारुते प्रगुणे बस्तौ मूत्रं सम्यक् प्रवर्तते ॥

Similarly, *vāta*, *pitta* and/or *kapha* enter the bladder and after mixing with urine because of their adhesiveness form the calculi.

As even clean water kept in a new pitcher, gets muddy in due course of time—in a similar way calculi are formed.

As air and fire of the electricity in the sky consolidate water (to form hail storms), similarly *pitta* located in the bladder in conjunction with *vāyu* consolidates *kapha* (to form calculi).

27/3, 28. Effects of Normal and Abnormal *Vāta* on the Urinary Bladder.

विकारा विविधाश्चापि प्रतिलोमे भवन्ति हि ॥२७॥

मूत्राघाताः प्रमेहाश्च शुक्रदोषास्तथैव च ॥

मूत्रदोषाश्च ये केचिद्बस्तावेव भवन्ति हि ॥२८॥

When *vāyu* is functioning normally in the bladder, urine is properly discharged; on its becoming abnormal various complications such as retention of urine, urinary abnormalities and spermatic disorders, or some other urinary diseases occur in the bladder itself.

इति सुश्रुतसंहितायां निदानस्थानेऽश्मरीनिदानं

नाम तृतीयोऽध्यायः ॥३॥

Thus ends the third chapter entitled "The Diagnosis of Urinary Calculi" of the *Nidāna-Sthāna* of *Suśruta Samhitā*.

SUGGESTED RESEARCH PROBLEMS

I. HISTORICAL

Historical aspects of the following should be studied to find out as to who described them first :—

- | | |
|--|--|
| (1) Urinary calculi; | } Their recognition, aetiology,
pathogenesis, clinical
features and complications. |
| (2) Seminal concretions; | |
| (3) Urinary gravel; | |
| (4) Anatomy of Urinary Bladder; | |
| (5) Physiology of urine formation, collection and discharge. | |

II. COMPARATIVE

(1) Comparative study of different systems of other ancient medicines with *Ayurveda* and with modern medicine should be done on the three main types of urinary calculi and on seminal concretions and urinary gravel.

(2) Study should be made if the *doṣa* concept of formation of stone was present in other systems of medicine also or not.

III CLINICAL

Cases of stone in the urinary bladder should be studied to see if the list of symptoms and complications mentioned in this chapter could be used to diagnose the type of urinary calculi preoperatively.

IV. EXPERIMENTAL

(1) Attempts should be made to produce experimentally the different types of vesical calculi using the concept of their formation as mentioned in this chapter.

(2) Attempts could be made to produce seminal concretions and urinary gravel in a similar way in experimental animals.

निदान-स्थानम्
चतुर्थोऽध्यायः

भगन्दरनिदानम्
Diagnosis of Fistula-in-ano

CHAPTER FOUR
NIDĀNA-STHĀNA

S.S.II.4

SUMMARY

This chapter describes the aetiology, pathogenesis, diagnosis and prognosis of fistulae-in-ano and differentiates them from anorectal abscesses and perianal boils.

Five types (3) of fistula-in-ano have been described viz. *śalapānaka*, *uṣṭragrīva*, *parisrāvi*, *śambūkāvarta* and *unmārgi*. Etymology (3) of the word *bhagandara* (fistula-in-ano) has been given. It was to be differentiated from its precursor, *bhagandara pīḍakā*, and anorectal abscess (3). Their prodromal features in general have been mentioned (4, 12).

The aetiology, pathogenesis, clinical features, nature of discharge and of pain and the sequelae and complications of all the types of fistula-in-ano have been given in detail (5-9).

Differentiation between perianal boil, anorectal abscess and fistula-in-ano has been emphasized (10, 11).

Prognosis of the different types of fistula-in-ano has been mentioned (13).

चतुर्थोऽध्यायः

Chapter Four

1. अथातो भगन्दराणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Fistulae-in-ano."¹

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Aetiology and Types

वातपित्तश्लेष्मसन्निपातागन्तुनिमित्ताः शतपोनकोष्ठग्रीवपरिस्रा-
विशम्बूकावर्तोन्मार्गिणो यथासंख्यं पञ्च भगन्दरा भवन्ति । ते तु
भगनुदबस्तिप्रदेशद्वाराणाञ्च 'भगन्दरा' इत्युच्यन्ते । अभिन्नाः पिडकाः
भिन्नास्तु भगन्दराः ॥३॥

The fistulae-in-ano are of five types—*śatapōṇaka*, *uśtragrīva*, *parisrāvī*, *śambūkāvarta* and *unmārgī*; they are caused by *vāta*, *pitta* and *kapha*, by a combination of the three *doṣas* and by trauma respectively. These are called fistulae-in-ano (*bhagandara*) because they break through the perineum (*bhaga*), anus and bladder regions. Those without an opening are called (anorectal) abscesses² and those with an opening are called fistule-in-ano.³

1. The management of these diseases has been discussed in S.S.IV.8.

2. *Bhagandara-piḍakā*.

3. *Bhagandara*.

4. Prodromal Features

तेषां तु पूर्वरूपाणि—कटीकपालवेदना कण्डूदाहः शोफश्च गुदस्य भवति ॥४॥

Their prodromal features are pain in the waist, itching, burning sensation and swelling at the anus.

5. Śataponaḥ Fistula-in-ano

तत्रापथ्यसेविनां वायुः प्रकुपितः सन्निवृत्तः स्थिरीभूतो गुदमभितोऽङ्गुलेद्वयङ्गुले वा मांसशोणिते प्रदूष्यारुणवर्णा पिडकां जनयति, साऽस्य तोदादीन् वेदनाविशेषाञ्जनयति, अप्रतिक्रियमाणा च पाकमुपैति, मूत्राशयाभ्यासगतत्वाच्च व्रणः प्रक्लिन्नः शतपोनकवदङ्गुमुखैश्छिद्रैरापूर्यते, तानि च छिद्राण्यजस्रमच्छं फेनानुविद्धमधिकमास्त्रावं स्रवन्ति, व्रणश्च ताड्यते भिद्यते छिद्यते सूचीभिरिव निस्तुद्यते, गुदं चावदीर्यते, उपेक्षिते च वातमूत्रपुरीषरेतसामग्यागमश्च तैरेव छिद्रैर्भवति; तं भगन्दरं शतपोनकमित्याचक्षते ॥५॥

Now, due to indulgence in unsalutary diets and habits, the *vāyu* gets vitiated, condensed and then localised one to two fingers around the anus and involves the muscles and blood, gives rise to specific types of pain like pins and needles etc. and if it remains untreated, suppuration results (anorectal abscess).

Due to its close proximity to the urinary bladder, the wound is always moist and is full of multiple small holes like that in a sieve¹; from those minute holes copious, clear or foamy discharge flows out continuously and there is whipping, tearing, biting and pricking pain in the wound and there is also splitting sensation of the anus. If neglected, flatus, urine, faeces and

1. watering can perineum.

semen start coming out of those openings; such a fistula is called *śataponaḥ*.

6. Uṣṭragrīva Fistula-in-ano

पित्तं तु प्रकुपितमनिलेनाधः प्रेरितं पूर्ववदवस्थितं रक्तांतन्वीमुच्छ्रितामुष्ट्रग्रीवाकारां पिडकां जनयति; साऽस्य चोषादीन् वेदनाविशेषाञ्जनयति; अप्रतिक्रियमाणा च पाकमुपैति; व्रणश्चाग्निकाराभ्यामिव दह्यते, दुर्गन्धमुष्णमास्त्रावं स्रवति, उपेक्षितश्च वातमूत्रपुरीषरेतांसि विसृजति; तं भगन्दरमुष्ट्रग्रीवमित्याचक्षते ॥६॥

Vitiated *pitta* is pushed down by the *vāyu* and accumulates as described before around the anus and produces a red coloured, small and raised inflamed swelling of the shape of a camel's neck; it gives rise to specific burning type of pains etc. in it; and if untreated, suppuration results. The resulting wound gives rise to sensation as if burnt by alkali or fire cautery and there is foul smelling and warm discharge; if neglected, flatus, urine, faeces and semen are discharged (through it) and that fistula is called *uṣṭragrīva*.

7. Parisrāvi Fistula-in-ano

श्लेष्मा तु प्रकुपितः समीरणेनाधः प्रेरितः पूर्ववदवस्थितः शुक्लावभासां स्थिरां कण्डूमतीं पिडकां जनयति; साऽस्य कण्डूवादीन् वेदनाविशेषाञ्जनयति, अप्रतिक्रियमाणा च पाकमुपैति, व्रणश्च कठिनः संरम्भी कण्डूप्रायः पिच्छिलमजस्रमास्त्रावं स्रवति, उपेक्षितश्च वातमूत्रपुरीषरेतांसि विसृजति; तं भगन्दरं परिस्त्राविणमित्याचक्षते ॥७॥

The vitiated *kapha*, is pushed down by the *vāyu* and accumulates, as described before, around the anus and produces a white coloured, firm and itching swelling; it gives rise to specific pains like itching etc. If untreated, suppuration results and the resulting wound is indurated, angry looking and usually itching and a continuous mucoid discharge flows from it. If neglected

flatus, urine, faeces and semen are discharged from it; that fistula is called as *parisrāvi*.

8. Śambūkāvarta Fistula-in-ano

वायुः प्रकुपितः प्रकुपितौ पित्तश्लेष्माणौ परिगृह्णाधो गत्वा पूर्ववदवस्थितः पादाङ्गुष्ठाग्रप्रमाणां सर्वलिङ्गां पिडकां जनयति, साऽस्य तोददाहकण्ड्वादीन् वेदनाविशेषाञ्जनयति अप्रतिक्रियमाणा च पाकमुपैति, व्रणश्च नानाविधवर्णमास्त्रावं स्रवति, पूर्णनदीशम्बूकावर्तवच्चात्र समुत्तिष्ठन्ति वेदनाविशेषाः; तं भगन्दरं शम्बूकावर्तमित्याचक्षते ॥८॥

The vitiated *vāyu*, in close association with the vitiated *pitta* and *kapha*, travels down, and accumulates as described before around the anus and produces a swelling of the size of the tip of the great toe of the foot; it has the clinical features of all the *doṣas* and gives rise to specific pains like pricking, burning sensation and itching etc. If untreated, suppuration results and the resulting wound has a discharge of various colours; its specific pains are (deep seated and directed inwards) like whirlpools in a full river or the revolutions in a conch-shell; that fistula is called *śambūkāvarta*.

9. Unmārgī Fistula-in-ano

मूढेन मांसलुब्धेन यदस्थिशल्यमन्नेन सहाभ्यवहृतं यदाऽवगाढपुरीषोन्मिश्रमपानेनाधः प्रेरितमसम्यगागतं गुदमपक्षिणोति तदा क्षतनिमित्तः कोथ उपजायते, तस्मिन् च क्षते पूयरुधिरावकीर्णमांसकोथे भूमाविव जलप्रविलनायां क्रिमयः संजायन्ते, ते भक्षयन्तो गुदमनेकधा पाश्र्वतो दारयन्ति, तस्य तैर्मांसैः कृमिकृतैर्वानूत्रपुरीषरेतांस्यभिनिःसरन्ति तं भगन्दरमुन्मार्गिणमित्याचक्षते ॥९॥

When a bony foreign body is taken with food by an unaware and meat greedy person, it is pushed down with solid stools by *āpāna vāyu* and arrives in the anus abnormally and traumatises it; due to this injury putrefaction results. Organisms grow in

the resulting wound and in the dead tissues full of pus and blood as they would grow in a soil full of stagnating water. These (organisms) while eating away the anus tear it from many sides. Then from the passages thus created by the organisms flatus urine, faeces and semen are discharged; that fistula is called *unmārgī*.

10. Guda-pidakā (perianal Boil)

भवन्ति चात्र—

उत्पद्यतेऽल्परुक् शोफात् क्षिप्रं चाप्युपशाम्यति ।

पाय्वन्तदेशे पिडका सा ज्ञेयाऽन्या भगन्दरात् ॥१०॥

The following verses are quoted in this context :

A swelling in the anal region which has mild pain and subsides quickly is known as *pidakā*; and it is different from *bhagandara-pidakā*.

11. Bhagandara-pidakā (Ano-rectal abscess)

पायोः स्याद् द्वयङ्गुले देशे गूढमूला सहज्वरा ।

भागन्दरीति विज्ञेया पिडकाऽतो विपर्ययात् ॥११॥

A swelling occurring within two fingers around the anus, which is deep rooted and is accompanied with pain and fever is known as *bhagandara-pidakā* as opposed to the *pidakā* mentioned above.

12. Prodromal Features of Fistula-in-ano

यानयानान्मलोत्सर्गात् कण्डूहृदाहशोफवान् ।

पायुभवेद्रुजः कट्यां पूर्वरूपं भगन्दरे ॥१२॥

1. S.S.II.4.10 and 11 describe two types of swellings around the anus. *Pidakā* alone implies a perianal boil while *bhagandara pidakā* implies ano-rectal abscesses.

Itching, pain, burning sensation and inflammation occurring in the anal region after riding on a vehicle and after defaecation are the prodromal features of fistula-in-ano.

13. Prognosis of Fistula-in-ano

घोराः साधयितुं दुःखाः सर्व एव भगन्दराः ।

तेष्वसाध्यस्त्रिदोषोत्थः क्षतजश्च भगन्दरः ॥१३॥

All the fistulae are very difficult to treat; out of them the fistulae produced by a combination of the three *doṣas* i.e. *śambūkāvarta* and the traumatic ones (*unmārgī*) are incurable.

इति सुश्रुतसंहितायां निदानस्थाने भगन्दरनिदानं

नाम चतुर्थोऽध्यायः ॥४॥

Thus ends the fourth chapter entitled "The Diagnosis of Fistula-in-ano" of the *Nidāna-Sthāna* of *Suśruta Samhitā*.

SUGGESTED RESEARCH PROBLEMS

HISTORICAL

Study should be made to find out the first precise description of fistula-in-ano and if anyone else before *Suśruta* has differentiated those from anorectal abscess and perianal boil (10, 11).

COMPARATIVE

A comparative study of the five types (3-13) of fistula-in-ano mentioned in this chapter should be carried out between ancient Indian and other ancient systems of medicine and between them and the modern concepts.

CLINICAL

Study of patients suffering from fistula-in-ano should be done to find out if the five types (3-13) mentioned in this chapter could be used for classification of fistula-in-ano today.

EXPERIMENTAL

Attempts could be made to produce the five types (3-9) of fistula-in-ano in experimental animals.

निदान-स्थानम्
पञ्चमोऽध्यायः

कुष्ठ-निदानम्
Diagnosis of Skin Diseases

CHAPTER FIVE
NIDĀNA-STHĀNA

S.S.II.5

SUMMARY

This chapter deals with the etiology, pathogenesis, clinical features and complications of various skin diseases including leprosy. Excessive or loss of sweating, loss of sensation and unhealing ulcers have been significantly described among the common clinical features indicating thereby that leprosy was included in the diseases mentioned (4). Further, amongst its etiological factors infection by organisms has also been described in addition to the various *doṣas* (5, 7).

Seven major types of *kuṣṭhas* have been described (8); one due to *vāta*, four due to *pitta* and two due to *kapha*. Eleven minor types of *kuṣṭhas* (9—15) and three types of leucoderma (17) have been described. The description includes various allergic, inflammatory and idiopathic lesions of the skin. The gravity and poor prognosis of the various types have been emphasized. Modes of spread of contagious diseases have been succinctly mentioned (34).

1. The management of these diseases has been discussed in S. S. IV. 9.

2. Many of the etiological factors mentioned cannot explain the etiology of leprosy and skin diseases in general. However, it is now well known that cutaneous allergy is most often due to ingestants.

पञ्चमोऽध्यायः

Chapter Five

1. अथातः कुष्ठनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Skin Diseases (including Leprosy)".¹

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord Dhanvantari.

3. Predisposing factors, Aetiology and Pathogenesis
मिथ्याहाराचारस्य विशेषाद्गुरुविस्त्रासात्प्राप्त्याजीर्णाहिताग्निः
स्नेहपीतस्य वान्तस्य वा व्यायामग्राम्यधर्मसेविनो ग्राम्यान्पौदकमांसानि
वा पयसाऽभोक्षणमश्नतो यो वा सज्जत्यसूष्माभितप्तः सहसा छिदं वा
प्रतिहन्ति, तस्य पित्तश्लेष्माणौ प्रकुपितौ परिगृह्यानिः प्रवृद्धस्तिर्यंगाः
सिराः संप्रपद्य समुद्रूय बाह्यं मार्गं प्रति समन्ताद्विक्षिपति, यत्र तत्र च
दोषो विक्षिप्तो निश्चरति तत्र तत्र मण्डलानि प्रादुर्भवन्ति, एवं समु-
त्पन्नस्त्वचि दोषस्तत्र तत्र च परिवर्द्धि प्राप्याप्रतिक्रियमाणोऽभ्यन्तरं
प्रतिपद्यते धातून्भिदूषयन् ॥३॥

Irregularity in diet or in daily routine; taking of specially heavy, contraindicated, unsuitable foods; taking meals before the previous meal has been digested or taking of unwholesome (foods)²; indulgence in exercise or in sexual intercourse after

1. The management of these diseases has been discussed in S. S. IV. 9.

2. Many of the etiological factors mentioned cannot explain the etiology of leprosy and skin diseases in general. However, it is now well known that cutaneous allergy is most often due to ingestants.

ingesting fatty foods or after having undergone emesis; taking of milk alongwith the meats of domestic, swamp and aquatic animals; taking of bath habitually while still feeling hot (after exposure to the sun or after physical exertion) and forcible inhibition of vomiting; all these vitiate *pitta* and *kapha* which get mixed up with *vāyu*, and getting aggravated traverse the oblique veins, involve the external passages and flare up alround.

Patches become manifest at those very places wherever the flared up *doṣas* reach; the *doṣas* thus afflicting the skin increase at these very places, if left untreated; and when they reach internally they vitiate the *dhātus*.

4. Prodromal Features

तस्य पूर्वरूपाणि—त्वक्पाण्ड्यमकस्माद्रोमहर्षः कण्डूः स्वेदबाहुल्य-
मस्वेदनं वाऽङ्गप्रदेशानां स्वापः क्षतविसर्पणमसृजः कृष्णता चेति ॥४॥

Their prodromal features are roughness of skin, sudden horripilation, itching, excessive sweating or absence of sweating, loss of sensation in the limbs, increase in the size of wounds (inspite of treatment) and blackish discolouration of the blood.

5. Types of Kuṣṭhas¹

तत्र सप्त महाकुष्ठानि, एकादश क्षुद्रकुष्ठानि, एवमष्टादश कुष्ठानि भवन्ति । तत्र महाकुष्ठान्यरुणोदुम्बरर्ष्य (क्ष) जिह्वकपाल-
काकणकपुण्डरीकदद्रुकुष्ठानीति । क्षुद्रकुष्ठान्यपि स्थूलार्षकं महाकुष्ठ-
मेककुष्ठं चर्मदलं विसर्पः परिसर्पः सिध्मं विर्चाचिका किटिभं (मं)
पामा रकसा चेति ॥५॥

1. The term *kuṣṭha* has been popularly used for leprosy but studying the description in light of modern knowledge, it appears that many of these do not fit in with leprosy but in fact are nearer to many other skin diseases. So this term should be used for "Dermatoses (including leprosy)."

There are seven major *kuṣṭhas* and eleven minor *kuṣṭhas*; thus there are eighteen *kuṣṭhas* in all.

The major *kuṣṭhas* are *aruṇa*, *audumbara*, *ṛṣyajihva*, *kapāla*, *kākaṇaka*, *puṇḍarika* and *dadru*.

The minor *kuṣṭhas* are *sthūlāruṣka*, *mahākuṣṭha*, *ekakuṣṭha*, *carmadala*, *visarpa*, *parisarpa*, *sidhma*, *vicarcikā*, *kiṭibha*, *pāmā* and *rakasā*.

6, 7. Doṣa as the Basis of Nomenclature and Prognosis of Major Kuṣṭha

सर्वाणि कुष्ठानि सवातानि सपित्तानि सश्लेष्मानि सक्मिणी
च भवन्ति, उत्सन्नतस्तु दोषग्रहणमभिभवात् ॥६॥

तत्र वातेनारुणं, पित्तेनोदुम्बरर्ष्य (क्ष) जिह्वकपालकाकणकानि,
श्लेष्मणा पुण्डरीकं दद्रुकुष्ठं चेति । तेषां महत्त्वं क्रियागुस्त्वमुत्तरोत्तरं
धात्वनुप्रवेशादसाध्यत्वं चेति ॥७॥

All the *kuṣṭhas* are due to the vitiation of *vāta*, *pitta*, and *kapha* and due to organisms. The nomenclature is done according to the predominance of the *doṣas* concerned.

Out of them *aruṇa* is due to *vāta*; *audumbara*, *ṛṣyajihva*, *kapāla* and *kākaṇaka* are due to *pitta* and *puṇḍarika* and *dadru* are due to *kapha*. The significance of this order is because of the increasing difficulty in their management, their ability to involve the *dhātus* successively and their increasing incurability.

8. Clinical Features of Mahākuṣṭhas

तत्र वातेनारुणाभानि तनूनि विसर्पीणि तोदभेदस्वापयुक्तान्य-
रुणानि । पित्तेन पक्वोदुम्बरफलाकृतिवर्णान्योदुम्बराणि, ऋष्य (क्ष)-
जिह्वाप्रकाशानि खराणि ऋष्य (क्ष) जिह्वानि, कृष्णकपालिकाप्रका-
शानि कपालकुष्ठानि, काकणान्तिकाफलसदृशान्यतीव रक्तकृष्णानि
काकणकानि; तेषां चतुर्गामप्योषचोषपरिदाहधूमायनानि क्षिप्रोत्थान-
प्रपाकभेदित्वानि क्रिमिजन्म च सामान्यानि लिङ्गानि । श्लेष्मणा

पुण्डरीकपत्रप्रकाशानि पौण्डरीकाणि, अतसीपुष्पवर्णानि ताम्राणि वा विसर्पीणि पिङ्कावन्ति च दद्रुकुष्ठानि; तयोर्द्वयोरप्युत्सन्नता परिमण्डलता कण्डूश्चिरोत्थानत्वं चेति सामान्यानि रूपाणि ॥८॥

Vātika Mahākuṣṭha

(1) *Aruṇa*¹—Out of these, the *aruṇa kuṣṭha* caused by *vāta*, is reddish in appearance, thin and has a tendency to spread and is associated with pricking and tearing pains and with loss of sensations.

Paittika Mahākuṣṭhas

(2) *Audumbara*²—The *audumbara mahākuṣṭhas* caused by *pitta* are of similar colour and sizes as the ripe *audumbara* fruits.

(3) *Ṛsyajihva*—The *ṛsyajihva kuṣṭhas* are similar in appearance and roughness to that of the tongue of *ṛsya* deers.

(4) *Kapālakūṣṭha*—The *kapālakūṣṭhas* are like black clay pot in appearance.

(5) *Kākaṇaka*—The *kākaṇaka kuṣṭhas* are extremely black and red in colour like the fruits of *kākaṇāntikā*.

The general features of all these four are warmth, sucking and burning sensations, smoky sensation, quick appearance, suppuration, bursting and growth of organisms in them.

Śleṣmika-Kuṣṭhas

(6) *The puṇḍarika kuṣṭha*³—The *puṇḍarika kuṣṭhas* caused by *śleṣma* are like the leaves of white lotus.

(7) *Dadru kuṣṭha*⁴—The *dadru kuṣṭhas* have the colouration of the flowers of linseed, or are copper coloured, and are serpigenuous and full of eruptions.

1. This could fit in with tuberculoid leprosy.

2. This group probably represents pyoderma.

3 & 4. May be considered psoriasis and ringworm respectively.

Psoriasis patient very often complains of itching which may be marked.

The general features of both these are elevated, spherical, itching and slowly growing patches.

9. Clinical Features of Kṣudrakuṣṭhas

क्षुद्रकुष्ठान्यत ऊर्ध्वं वक्ष्यामः—

स्थूलानि सन्धिष्वतिदारुणानि स्थूलारुषि स्युः कठिनान्यरुषि ।

त्वक्कोचभेदस्वपनाङ्गसादाः कुष्ठे महत्पूर्वयुते भवन्ति ॥९॥

Now we would describe the minor *kuṣṭhas*.

(1) Sthūlāruṣka¹

There are hard and thick ulcers in the joints and are difficult to treat in cases of *sthūlāruṣka kuṣṭhas*.

(2) Mahākuṣṭha²

Appearance of wrinkles, cracks and anaesthesia in the skin and lethargy occur in *mahākuṣṭha*.

10/1. (3) Ekakuṣṭha³

कृष्णारुणं येन भवेच्छरीरं तदेककुष्ठं प्रवदन्ति कुष्ठम् ।

That *kuṣṭha* in which the body becomes blackish-red is known as *ekakuṣṭha*.

10/2. (4) Carmadala⁴

स्युर्येन कण्डूव्यथनौषचोषास्तलेषु तच्चर्मदलं वदन्ति ॥१०॥

1. Eczematous patches occurring in flexures in atopic dermatitis are often hard and itchy and become painful only when eroded or secondarily infected.

2. Presence of anaesthesia indicates it to be a type of leprosy. The presence of cracks (probably in feet) indicates that it might be a polyneuritic type of leprosy.

3. These might represent melanodermas.

4. This description tallies with dyshidrosis (*cheiropodopompholyx*).

That *kuṣṭha* in which there is itching, pain, warmth and sucking sensation in the palms and soles is called *carmadala*.

11. (5) Visarpa Kuṣṭha¹

विसर्पवत् सर्पति सर्वतो यस्त्वग्रक्तमांसान्यभिभूय शीघ्रम् ।
मूर्च्छाविदाहारतितोदपाकान् कृत्वा विसर्पः स भवेद्विकारः ॥११॥

That *kuṣṭha* is *visarpa* which having afflicted the skin, blood, and muscles quickly spreads all over like erysipelas and which produces unconsciousness, burning, restlessness, pricking pain and suppuration.

12/1. (6) Parisarpa Kuṣṭha²

शनैः शरीरे पिडकाः स्रवन्त्यः सर्पन्ति यास्तं परिसर्पमाहुः ।

That is called *parisarpa* in which discharging boils gradually spread over the body.

12/2. (7) Sidhma Kuṣṭha³

कण्ड्वन्वितं श्वेतमपायि सिध्म विद्यात्तनु प्रायश ऊर्ध्वकाये ॥१२॥

That should be known as *sidhma kuṣṭha* which has itching, is whitish, painless and thin and usually occurs in the upper half of the body.

13. (8) Vicarcikā Kuṣṭha⁴

राज्योऽतिकण्ड्वर्तिरुजः सरुक्षा भवन्ति गात्रेषु विचर्चिकायाम् ।

कण्डूमती दाहरुजोपपन्ना विपादिका पादगतेयमेव ॥१३॥

1. ? Erysipelas.

2. Probably it is furunculosis.

3. Description is nearest to pityriasis versicolor, but itching is present only in about a quarter patients.

4. This probably represents ichthyosis, even though normally ichthyotic patients do not itch or have pain unless it is severe, and is eczematized, which is a common complication.

निदान-स्थानम्
षष्ठोऽध्यायः

प्रमेह-निदानम्
Diagnosis of Urinary Abnormalities

CHAPTER SIX
NIDĀNA-STHĀNA

S.S.II.6

SUMMARY

This chapter deals with the diagnosis of twenty urinary abnormalities and with that of the boils associated with them.

The predisposing factors (3), aetiology, pathogenesis (4), prodromal (5) and general features (6) of the urinary abnormalities have been given. Ten of these abnormalities originate from (vitiating) *kapha* and are curable, six are due to vitiated *pitta* and are relievable, four are due to (vitiating) *vāta* and are incurable (8, 9). Clinical features of all the urinary abnormalities have been given separately (10—12); their complications (13) have been described doṣawise. The description of *kaphaja* variety includes the clinical features of diabetes mellitus, diabetes insipidus and phosphaturia (10). Attraction of flies to the urine of these patients has been mentioned (13). Clinical features of *pitta* type are suggestive of hematurias of various degrees (11) and of systemic infection. *Vātika* types include chyluria etc. (12).

Pathogenesis and clinical features of the ten types (14—19) of boils occurring in such patients have been dealt with individually. The description includes features of carbuncles and other infective lesions. Emphasis has been laid on the boils which are incurable (20—21).

Definitions and essential features of *pramehī* (one suffering from urinary abnormalities) and of *madhumehī* (*pramehī* with boils and other complications) have been given (22—27).

षष्ठोऽध्यायः

Chapter Six

1. अथातः प्रमेहनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon the chapter entitled "Diagnosis of Urinary Abnormalities".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Predisposing Factors

दिवास्वप्नाव्यायामालस्यप्रसक्तं शीतस्निग्धमधुरमेद्यवान्नपान-
सेविनं पुरुषं जानीयात् प्रमेही भविष्यतीति ॥३॥

The person who indulges in day sleeping, abstains from physical exercise, is lazy and takes cold, slimy, sweet and fatty foods or drinks should be known as one who would develop urinary abnormalities.

4. Pathogenesis

तस्य चैवंप्रवृत्तस्यापरिपक्वा एव वातपित्तश्लेष्माणो यदा
मेदसा सहैकत्वमुपेत्य सूत्रवाहिस्रोतांस्यनुसृत्याधो गत्वा बस्तेर्मुखमा-
श्रित्य निर्भिद्यन्ते तदा प्रमेहाञ्जनयन्ति ॥४॥

In such a person, when the immature *vāta*, *pitta* and *kapha* combine with *meda* and get unified they go downwards following the urine conducting channels and getting located at the neck of the bladder are excreted and thus produce urinary abnormalities.

5. Prodromal Features

तेषां तु पूर्वरूपाणि—हस्तपादतलदाहः स्निग्धपिच्छलगुस्ता
गात्राणां मधुरशुक्लमूत्रता तन्द्रा सादः पिपासा दुर्गन्धश्च श्वासस्तालु-
गलजिह्वादन्तेषु मलोत्पत्तिर्जटिलीभावः केशानां वृद्धिश्च
नखानाम् ॥५॥

Their prodromal features are :

Burning sensation in the palms and soles; oiliness, sliminess and heaviness in the limbs; sweetness and whitishness in the urine; drowsiness; lethargy; thirst; bad smell in the breath; production of deposits in the palate, throat, tongue and teeth; matting together of hairs; and increased growth of nails.

6. General Features

तत्राविलप्रभूतमूत्रलक्षणाः सर्व एव प्रमेहा भवन्ति ॥६॥

Turbidity and excessive urination are the symptoms present in all types of urinary abnormalities.

7. Aetiology

सर्व एव सर्वदोषसमुत्थाः सह पिडकाभिः ॥७॥

All (urinary abnormalities) are due to vitiation of all the *doṣas* together (*vāta*, *pitta* and *kapha*) as also are the associated furuncles.

8. Doṣawise Classification and Prognosis of Urinary Abnormalities

तत्र, कफादुदकेक्षुवालिंकासुरासिकताशनैर्लवणपिष्टसान्द्रशुक्रफेन-
मेहा दश साध्याः दोषद्वयाणां समक्रियत्वात्; पित्ताग्नीलहरिद्रा-
म्लक्षारमज्जिष्ठाशोणितमेहाः षड् याप्याः, दोषद्वयाणां विषम-
क्रियत्वात्; वातात् सर्पिर्वासाक्षौद्रहस्तिमेहाश्चत्वारोऽसाध्यतमाः,
महात्ययिकत्वात् ॥८॥

Urinary Abnormalities due to Kapha

Udakameha, *ikṣuvālikāmeha*, *surāmeha*, *sikatāmeha*, *śanairmeha*, *lavaṇameha*, *piṣṭameha*, *sāndrameha*, *śukrameha*, and *phenameha*; these ten (urinary abnormalities) are due to (vitiated) *kapha* and they are curable because of the identical remedial measures which have to be employed both for the correction of (vitiated) *doṣas* as for the vitiated tissues (*dūṣya*).

Urinary Abnormalities due to Pitta

Nilameha, *haridrāmeha*, *amlameha*, *kṣārameha*, *mañjiṣṭhāmeha*, and *raktameha*; these six (urinary abnormalities) are due to (vitiated) *pitta* and they are relievable only because of the remedial measures being dissimilar which have to be employed for the correction of (vitiated) *doṣas* and the tissues.

Urinary Abnormalities due to vāta

Sarpirmeha, *vasāmeha*, *kṣaudrameha*, and *hastimeha*; these four (urinary abnormalities) are due to (vitiated) *vāta* and they are incurable because of their being extremely serious.

9. The Doṣas in Relation to Urinary Abnormalities

तत्र वातपित्तमेदोभिरन्वितः श्लेष्मा श्लेष्मप्रमेहाञ्जनयति,
वातकफशोणितमेदोभिरन्वितं पित्तं पित्तप्रमेहान्, कफपित्तवसामज्जमेदो
भिरन्वितो वायुर्वातप्रमेहान् ॥९॥

Now, *kapha* in combination with *vāta*, *pitta* and *meda* produces the urinary abnormalities of *kaphaja* origin.

Pitta, in combination with *vāta*, *kapha*, *śoṇita* and *meda* produces the urinary abnormalities of *pitta* origin.

Vāyu, in combination with *kapha*, *pitta*, *vasā*, *majjā* and *meda* produces urinary abnormalities of *vāta* origin.

10. Clinical Features of Urinary Abnormalities due to Kapha.

तत्र, श्वेतमवेदनमुदकसदृशमुदकमेही मेहति; इक्षुरसतुल्यमिक्षुवालिकामेही; सुरातुल्यं सुरामेही; सरुजं सिकतानुविद्धं सिकतामेही; शनैः सकफं मृत्स्नं शनैर्मेही; विशदं लवणतुल्यं लवणमेही; हृष्टरोमः पिष्टरसतुल्यं पिष्टमेही; आविलं सान्द्रं सान्द्रमेही; शुक्रतुल्यं शुक्रमेही; स्तोकं स्तोकं सफेनमच्छं फेनमेही मेहति ॥१०॥

One suffering from *udakameha* micturates whitish, watery (urine) without pain.

One suffering from *ikṣuvālikāmeha* (micturates urine) like sugarcane juice.

One suffering from *surāmeha* (micturates urine) like wine.

One suffering from *sikatāmeha* (micturates urine) with pain, mixed with gravel.

One suffering from *śanairmeha* slowly (micturates) mucoid muddy (urine).

One suffering from *lavaṇameha* (micturates) clear (urine) like saline water.

One suffering from *piṣṭameha*¹ has horripilation and (micturates urine) like water mixed with ground flour.

One suffering from *sāndrameha* passes turbid and concentrated (urine).

One suffering from *śukrameha* passes (urine) similar to semen

One suffering from *phenameha* micturates clear and foamy urine in small quantities repeatedly.

1. *Phosphaturia*.

11. Clinical Features of Urinary Abnormalities due to Pitta

अत ऊर्ध्वं पित्तनिमित्तान् वक्ष्यामः—सफेनमच्छं नीलं नीलमेही मेहति; सदाहं हरिद्राभं हरिद्रामेही; अम्लरसगन्धमम्लमेही; स्त्रुतक्षारप्रतिमं क्षारमेही; मज्जिष्ठोदकप्रकाशं मज्जिष्ठामेही; शोणितप्रकाशं शोणितमेही मेहति ॥११॥

Now we would hereafter describe the (urinary abnormalities) caused by (vitiated) *pitta*.

One suffering from *nilameha* micturates foamy, clear and bluish (urine).

One suffering from *haridrāmeha* (passes urine) of turmeric colour alongwith burning pain.

One suffering from *amlameha* (passes urine) of sour taste and odour.

One suffering from *kṣārameha* (passes urine) like solution of alkalies.

One suffering from *mañjiṣṭhāmeha* (passes urine) like *mañjiṣṭhā* water.

One suffering from *śoṇitameha* passes urine like blood.

12. Clinical Features of Urinary Abnormalities due to Vāta

अत ऊर्ध्वं वातनिमित्तान् वक्ष्यामः—सर्पिःप्रकाशं सर्पिर्मेही मेहति; वसाप्रकाशं वसामेही; क्षौद्ररसवर्णं क्षौद्रमेही; मत्तमातङ्गवदनुप्रबन्धं हस्तिमेही मेहति ॥१२॥

Now we would hereafter describe the (urinary abnormalities) caused by (vitiated) *vāta*.

One suffering from *sarpirmeha* micturates urine like ghee.

One suffering from *vasāmeha*¹ (passes urine) like fat.

1. *Chyluria*.

One suffering from *kṣaudrameha* (passes urine) of the colour of honey.

One suffering from *hastimeha* (passes urine) unrestrained like an intoxicated elephant¹.

13. Doṣawise Complications of the Urinary Abnormalities

मक्षिकोपसर्पणमालस्यं मांसोपचयः प्रतिश्यायः शैथिल्यारोचकाविपाकाः कफप्रसेकच्छर्दिनिद्राकासश्वासाश्चेति श्लेष्मजानामुपद्रवाः; वृषणयोरवदरणं बस्तिभेदो मेढूतोदो हृदि शूलमम्लीकाज्वरातीसारारोचका वमथुः परिधूपनं दाहो मूर्च्छा पिपासा निद्रानाशः पाण्डुरोगः पीतविण्मूत्रनेत्रत्वं चेति पैत्तिकानां; हृद्ग्रहो लौल्यमनिद्रा स्तम्भः कम्पः शूलं बद्धपुरीषत्वं चेति वातजानाम् एवमेते विंशति प्रमेहाः सोपद्रवा व्याख्याताः ॥१३॥

The complications of urinary abnormalities, of *kapha* origin are : sitting of the flies², lassitude, muscular hypertrophy, corrhyza, lethargy, distaste for food, indigestion, mucous discharge, vomiting, (excessive) sleep, cough and breathlessness.

The complications of urinary abnormalities of *pitta* origin are : tearing sensation in both the testes, tearing sensation of urinary bladder, pricking pain in penis, precordial pain, sour eructations, fever, diarrhoea, distaste for food, vomiting, feeling of emission of fumes around, burning sensation, unconsciousness, thirst, insomnia, anaemia and yellowish discolouration of stool, urine and eyes.

The complications of urinary abnormalities of *vāta* origin are : constricting sensation in the precordium, craving for vary-

1. Copious urine without any control in an unbroken stream.
2. The patient's urine attracts flies.

ing tastes, insomnia, rigidity, tremor, colics and constipation.

Thus these twenty urinary abnormalities alongwith their complications have been described.

14. Pathogenesis and Types of Associated Boils

तत्र वसामेदोभ्यामभिपन्नशरीरस्य त्रिभिर्दोषैश्चानुगतधातोः प्रमेहिणा दश पिडका जायन्ते । तद्यथा—शराविका, सर्षपिका, कच्छपिका, जालिनी, विनता, पुत्रिणी, मसूरिका, अलजी, विदारिका, विद्रधिका चेति ॥१४॥

Now the three vitiated *doṣas*, after spreading in the tissues with excessive fat and fatty tissues in patients suffering from urinary abnormalities, produce ten types of boils (*piḍakās*).

They are : *śarāvikā*, *sarṣapikā*, *kacchapikā*, *jālīnī*, *vinatā*, *putriṇī*, *masūrīkā*, *alajī*, *vidārikā*, and *vidradhikā*.

Clinical Features of Boils (15—19)

15. Śarāvikā and Sarṣapikā

शरावमात्रा तद्रूपा निम्नमध्या शराविका ।

गौरसर्षपसंस्थाना तत्प्रमाणा च सार्षपी ॥१५॥

Śarāvikā is of the appearance and size of an earthen saucer with depression in the centre.

And *sarṣapikā* is of the shape and size of white mustard.

16. Kacchapikā and Jālīnī

सदाहा कूर्मसंस्थाना ज्ञेया कच्छपिका बुधैः ।

जालिनी तीव्रदाहा तु मांसजालसमावृता ॥१६॥

The *kacchapikā* should be known by the wise to be associated with burning sensation and to be of the shape of a tortoise.

Jālīnī, on the other hand, has severe burning pain and is surrounded by a network of fleshy mass.

17. Viṇatā and Putrīṇī

महती पिडका नीला पिडका विनता स्मृता ।
महत्यल्पाचिता ज्ञेया पिडका सा तु पुत्रिणी ॥१७॥

The *vinatā* boil is known to be the big and blue boil.

That boil which is big in size surrounded by multiple small boils should be known as *putrīṇī*.

18. Masūrikā and Alajī

मसूरसमसंस्थाना ज्ञेया सा तु मसूरिका ।
रक्ता सिता स्फोटवती दारुणा त्वलजी भवेत् ॥१८॥

A (boil) similar to lentils should be known as *masūrikā* (boil).

And *alajī*, on the other hand, is reddish-white alongwith blisters and induration.

19. Vidārikā and Vidradhikā

विदारीकन्दवट्टा कठिना च विदारिका ।
विद्रधेर्लक्षणैर्युक्ता ज्ञेया विद्रधिका बुधः ॥१९॥

Vidārikā is round and hard like a gourd.

The boil which is associated with the features of an abscess should be known by the wise as *vidradhikā*.

20/1. Aetiology of Boils

ये यन्मयाः स्मृता मेहास्तेषामेतास्तु तत्कृताः ।

The aetiological factors which are responsible for the urinary abnormalities are also the causes of these (boils).

20/2, 20/3. The Incurable Boils

गुदे हृदि शिरस्यसे पृष्ठे मर्मणि चोत्थिताः ।
सोपद्रवा दुर्बलाग्नेः पिडकाः परिवर्जयेत् ॥२०॥

The boils arising in the rectum, precordial region, head, shoulders, back and on the vital spots associated with complications in a person with weak digestive power should be discarded (from treatment, because of their incurability).

21. The Incurability of Boils of Vāta Origin

कृत्स्नं शरीरं निष्पीड्य मेदोमज्जवसायुतः ।

अधः प्रक्रमते वायुस्तेनासाध्यास्तु वातजाः ॥२१॥

The *vāyu* alongwith *meda*, *majjā*, and *vasā*, having gripped the body all over comes down; hence the boils of *vāta* origin are definitely incurable.

22, 23. Definition of Pramehī

प्रमेहपूर्वरूपाणामाकृतिर्यत्र दृश्यते ।

किञ्चिच्चाप्यधिकं मूत्रं त प्रमेहिणमादिशेत् ॥२२॥

कृत्स्नान्यर्धानि वा यस्मिन् पूर्वरूपाणि मानवे ।

प्रवृत्तमूत्रमत्यर्थं तं प्रमेहिणमादिशेत् ॥२३॥

In whomsoever the prodromal features of urinary abnormalities are seen and even if there is a slight increase in urine, he should be considered to be a *pramehī* (one suffering from urinary abnormalities).

In whomsoever person the prodromal features are present fully or partially and who has an excessive urination should be considered to be a *pramehī*.

24, 25. The Madhumehī (Diabetic)

पिडकापीडितं गाढमुपसृष्टमुपद्रवः ।

मधुमेहिनमाचष्टे स चासाध्यः प्रकीर्तितः ॥२४॥

स चापि गमनात् स्थानं स्थानादासनमिच्छति ।

आसनाद्वृणुते शय्यां शयनात् स्वप्नमिच्छति ॥२५॥

One who is suffering from boils and has severe complications is called *madhumehi*¹ and that is considered incurable.

And he prefers to stand rather than move from place to place, prefers sitting to standing, lying down to sitting, and desires to sleep rather than lie down in bed.

26, 27. Further Considerations on the Pathogenesis of Prameha and Madhumeha

यथा हि वर्णानां पञ्चानामुत्कर्षपकर्षकृतेन संयोगविशेषेण शबलबभ्रुकपिलकपोतमेचकादीनां वर्णानामनेकेषामुत्पत्तिर्भवति, एवमेव दोषधातुमलाहारविशेषेणोत्कर्षपकर्षकृतेन 'संयोगविशेषेण प्रमेहाणां नानाकरणं भवति ॥२६॥

भवति चात्र—

सर्व एव प्रमेहास्तु कालेनाप्रतिकुर्वतः ।

मधुमेहत्वमायान्ति तदाऽसाध्या भवन्ति हि ॥२७॥

Just as by an increase or decrease of and by specific combinations of the five colours² various other colours like *śabala*, *babhru*, *kapila*, *kapota*, *mecaka* etc. are produced, similarly by specific increase or decrease of and by the specific combination of the *doṣas*, *dhātus*, *malas* and foods, various types of urinary abnormalities are produced.

The (following verse) has been quoted in this context :

All types of urinary abnormalities, if not treated in time develop *madhumeha* and then become incurable.

इति सुश्रुतसंहितायां निदानस्थाने प्रमेहनिदानं
नाम षष्ठोऽध्यायः ॥६॥

Thus ends the sixth chapter entitled "Diagnosis of Urinary Abnormalities" of *Nidāna-Sthāna* of *Suśruta-Samhitā*.

1. One who passes sugar in urine.
2. White, green, black, yellow and red.

S. S. II. 6

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of urinary disorders in other systems of medicine should be done.
2. An attempt could also be made to establish the identity of the clinical entities described here.
3. Some of the etiological factors are known predisposing causes of diabetes. The role of other factors in the aetiology of diabetes could also be clinically and experimentally studied (3).
4. Passage of sugar in urine has been remarkably considered as also the association of boils with it (10, 15). A comparative and correlative study regarding the earliest mention of their clinical features in other systems would be interesting and instructive.
5. The *doṣa*wise complications (13) of urinary abnormalities should be identified with the modern clinical conditions and their importance in genito-urinary diseases brought to light.



निदान-स्थानम्
सप्तमोऽध्यायः

उदर-निदानम्
Diagnosis of Abdominal Enlargements

CHAPTER SEVEN
NIDĀNA-STHĀNA

S. S. II. 7

SUMMARY

This chapter deals with the etiology, clinical features and prognosis of abdominal enlargements. Eight types of abdominal swellings have been described. Ascites, hepato-and splenomegaly, intestinal obstruction and perforation have been specifically mentioned in addition to *doṣika* types (4).

Increased pressure of vitiated *doṣas* in the channels due to poor digestion and faulty conduct (5, 6) has been mentioned as the common etiological factor. General and specific clinical features of the three *doṣika* types have been described (7/2—11/1). Chronic poisoning (11/2—14/1) has been mentioned as the cause of *sannipātodara*.

Swelling in the left side has been mentioned to be caused by splenomegaly and on the right side due to hepatomegaly (14/2—16).

Among the features of intestinal obstruction faecal vomiting with abdominal distension has been emphasized (17—19/1). Further, foreign bodies causing intestinal perforation and leakage of its contents have been described as *parisrāvyudara* (19/1—21/1).

Clinical features of ascites including the eversion of umbilicus and fluctuation have been described. Ascites occurring as a complication or an end result of all abdominal disorders has been emphasized and mentioned as a bad prognostic sign (21/2—25).

सप्तमोऽध्यायः

Chapter Seven

1. अथात उदराणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Abdominal Enlargements".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. धन्वन्तरिर्धर्मभृतां वरिष्ठो राजर्षिरिन्द्रप्रतिमोऽभवद्यः । ब्रह्मर्षिपुत्रं विनयोपपन्नं शिष्यं शुभं सुश्रुतमन्वशात् सः ॥३॥

Dhanvantari, greatest amongst the religious, sage amongst the kings and who was equal (in glory) to *Indra*, thus discoursed to the noble and modest student *Suśruta*, son of *Brahmarṣi*¹.

4. The Eight Types of Abdominal Enlargements

पृथक् समस्तैरपि चेह दोषैः प्लीहोदरं बद्धगुदं तथैव ।

आगन्तुकं सप्तममष्टमं च दकोदरं चेति वदन्ति तानि ॥४॥

There are eight types of abdominal enlargements : those due to the three *doṣas* separately (*vātodara*, *pittodara*, *kaphodara*), that due to all the vitiated *doṣas* together, *plīhodara*, and *baddhaguda*; *āgantuka* is the seventh and *dakodara* is the eighth one.

1. Sage *Viśvāmitra*.



5-7/1. Aetiology and Pathogenesis

सुदुर्बलाग्नेरहिताशनस्य संशुष्कपूत्यन्ननिषेवणाद्वा ।
 स्नेहादिमिथ्याचरणाच्च जन्तोर्वृद्धिं गताः कोष्ठमभिप्रपन्नाः ॥५॥
 गुल्माकृतिव्यञ्जितलक्षणानि कुर्वन्ति घोराण्युदराणि दोषाः ।
 कोष्ठादुपस्नेहवदन्नसारो निःसृत्य दुष्टोऽनिलवेगनुन्नः ॥६॥
 त्वचः समुन्नम्य शनैः समन्ताद्विवर्धमानो जठरं करोति ।

Due to partaking of non-beneficial diets and due to the use of dry and putrified foods by persons of extremely weak digestion and due to the faulty use of oleation etc.,¹ the *doṣas* get loacted in the abdomen, and having increased therein manifest symptoms of a rounded abdominal swelling² and cause severe abdominal diseases.

Aetiology of Distension of Abdomen in Abdominal Diseases

As oil percolates out of a new earthen pot³, similarly the extract of digested food comes out of the abdominal organs due to the pressure of *vāta*, becomes vitiated and goes on increasing, and thus gradually increasing raises the skin all over and produces abdominal enlargement.

7/2, 8/1. Prodromal Features

तत्पूर्वरूपं बलवर्णकाङ्क्षावलीविनाशो जठरे हि राज्यः ॥७॥
 जीर्णापरिज्ञानविदाहवत्यो बस्तौ रुजः पादगतश्च शोफः ।

1. The *pañcakarmas*—*snehana*, *svedana*, *vamana*, *virecana* and *āsthāpāna*.

2. *Gulma* literally means bush like swelling—the simile being that of a big rounded swelling.

3. *Dalhana*.

Their prodromal features are a diminution of strength and of complexion, loss of appetite, obliteration of abdominal folds, appearance of striae on the abdominal wall, inability to know when digestion is complete, burning sensation, pain in urinary bladder region and oedema over the feet.

8/2, 9/1.

Vātodara

संगृह्य पाश्वोदरपृष्ठनाभीर्यद्वर्धते कृष्णसिरावनद्धम् ॥८॥
 सशूलमानाहवदुग्रशब्दं सतोदभेदं पवनात्मकं तत् ।

When *vāta* increases after having got located in the sides, abdomen, back and umbilical region, prominence of bluish veins occurs and it produces loud noise with pain, as in meteorism alongwith pricking and tearing sensation, that (abdominal enlargement) is due to *vāta*.

9/2, 10/1.

Pittodara

यच्चोषतृष्णाज्वरदाहयुक्तं पीतं सिरा भान्ति च यत्र पीताः ॥९॥
 पीताक्षिविष्मूत्रनखाननस्य पित्तोदरं तत्त्वचिराभिवृद्धिः ।

When there is sucking pain, thirst, fever, burning sensation and yellow colouration, and when veins and complexion alongwith eyes, stool, urine, nail and face become yellow, it should be known as *pittodara* and it increases rapidly.

10/2, 11/1.

Kaphodara

यच्छीतलं शुक्लसिरावनद्धं गुरु स्थिरं शुक्लनखाननस्य ॥१०॥
 स्निग्धं महच्छोफयुतं ससादं कफोदरं तत्तु चिराभिवृद्धिः ।

When there is a feeling of coldness, prominence of white veins, feeling of heaviness, stasis, whiteness of the nails and face, sliminess, marked oedema and lassitude, it should be known as *kaphodara* and it increases slowly.

11/2—14/1

Sannipātodara

स्त्रियोऽन्नपानं नखरोममूत्रविडार्तवैर्युक्तमसाधुवृत्ताः ॥११॥
 यस्मै प्रयच्छन्त्यरयो गरांश्च दुष्टाम्बुदूषीविषसेवनाद्वा ।
 तेनाशु रक्तं कुपिताश्च दोषाः कुर्वन्ति घोरं जठरं त्रिलिङ्गम् ॥१२॥
 तच्छीतवाताभ्रसमुद्भवेषु विशेषतः कुप्यति दह्यते च ।
 स चातुरो मूर्च्छति संप्रसक्तं पाण्डुः कृशः शुष्यति तृष्णया च ॥१३॥
 प्रकीर्तितं दूष्युदरं तु घोरं प्लीहोदरं कीर्तयतो निबोध ।

The blood and *doṣas* get vitiated soon and produce severe abdominal disorders (*sannipātodara*) with the symptoms of all the three *doṣas* in persons to whom women with unrighteous behaviour offer food and drinks mixed with nails, hairs, urine, faeces and menstrual fluid, and to whom enemies give 'gara' poison or who use contaminated water or 'dūṣī' poison.

That (disease) is aggravated and produces burning sensation specially during the cold, windy and cloudy weather. And that patient faints repeatedly, becomes anaemic, emaciated and dehydrated due to thirst. This is the description of severe *dūṣyudara*.

Now please listen to the description of *plihodara*.

14/2—16. Plihodara (and Yakṛddālyudara)

विदाह्राभिष्यन्दिरतस्य जन्तोः प्रदुष्टमत्यर्थमसृक् कफश्च ॥१४॥
 प्लीहाभिवृद्धिं सततं करोति प्लीहोदरं तत् प्रवदन्ति तज्ज्ञाः ।
 वामे च पाश्वे परिवृद्धिमेति विशेषतः सीदति चातुरोऽत्र ॥१५॥
 मन्दज्वराग्निः कफपित्तलिङ्गैरुपद्रुतः क्षीणबलोऽतिपाण्डुः ।
 सव्येतरस्मिन् यकृति प्रदुष्टे ज्ञेयं यकृद्दाल्युदरं तदेव ॥१६॥

The blood and *kapha* get excessively vitiated in that person

who takes hot and *abhiṣyandi*¹ food, which then enlarges the spleen and that is said to be *plihodara* by the learned.

It (spleen) increases on the left side (of the abdomen) and the patient in this disease gets fatigued particularly. Mild fever and weak digestion with the symptoms of *kapha* and *pitta* and loss of strength and severe anaemia occur.

If same features appear on the right side (of the abdomen) and the liver is involved, it should be known as *yakṛddālyudara*.

17—19/1. Baddhagudodara (Intestinal obstruction)

यस्यान्त्रमग्नैरुपलेपिभिर्वा बालाश्मभिर्वा सहितैः पृथग्वा ।
 संचयीते तत्र मलः सदोषः क्रमेण नाड्यामिव संकरो हि ॥१७॥
 निरुध्यते चास्य गुदे पुरीषं निरेति कृच्छ्रादपि चाल्पमल्पम् ।
 हृन्नाभिमध्ये परिवृद्धिमेति त(य)च्चोदरं विट्समगन्धिकं च ॥१८॥
 प्रच्छेदयन् बद्धगुदी विभाव्यः, ततः परिस्त्राव्युदरं निबोध ।

When food or slimy substances, hair or small stones gather collectively or separately in the intestines of the patient, the faeces alongwith the *doṣas* gradually accumulate in him like that in a drain.

The faeces then get obstructed in his rectum and even when it comes out, it is in very small amounts and with difficulty. It distends his abdomen between the precordium and umbilicus and faecal smell is present in the vomitus; this condition should be known as *baddhagudodara*.

Now please listen to the description of *parisrāvyudara*.

19/2—21/1. Parisrāvyudara (Āgantuka or Foreign Bodies causing perforation)

शल्यं यदन्नोपहितं तदन्त्रं भिनत्ति यस्यागतमन्यथा वा ॥१९॥

1. Moist, slimy and heavy foods which obstruct the channels e.g. yogurt.—*Dalhana*.

तस्मात् क्षुतोऽन्त्रात् सलिलप्रकाशः स्रावः स्रवेद्गुदतस्तु भूयः ।
नाभेरधश्चोदरमेति वृद्धिं निस्तुद्यतेऽतीव विदह्यते च ॥२०॥
एतत् परिस्राव्युदरं प्रदिष्टं दकोदरं कीर्तयतो निबोध ।

When a foreign body taken alongwith food or otherwise lies abnormally it pierces the intestines. An exudation, like water, comes out of the patient's intestines and also a similar exudation is discharged from his rectum. This distends the abdomen below the umbilicus and causes severe pricking and burning sensation. This is called *parisrāvyudara*.

Now please listen to the description of *dakodara*.

21/2—23.

Dakodara

यः स्नेहपीतोऽप्यनुवासितो वा वान्तो विरिक्तोऽप्यथवा निरुद्धः ॥२१॥
पिबेज्जलं शीतलमाशु तस्य स्रोतांसि दुष्यन्ति हि तद्वहानि ।
स्नेहोपलिप्तेष्वथवाऽपि तेषु दकादरं पूर्ववदभ्युपैति ॥२२॥
स्निग्धं महत् संपरिवृत्तनाभि भृशोन्नतं पूर्णमिवाम्बुना च ।
यथा दृतिः क्षुभ्यति कम्पते च शब्दायते चापि दकोदरं तत् ॥२३॥

The water carrying channels of the person, who drinks cold water soon after oleation, oily enemas, emesis, purgation or after taking enemas of medicated decoctions, get vitiated. And even if those (channels) are lined by oily substance, *dakodara* occurs as in the preceeding one (*parisrāvyudara*). The abdomen becomes very smooth, distends alround and the umbilicus gets definitely everted as if full of water. Just as a leather bag full of water and air shakes, fluctuates and makes sounds, similar features are produced in *dakodara*.

24.

General Clinical Features

आध्मानं गमनेऽशक्तिदौर्बल्यं दुर्बलाग्निता ।
शोफः सदनमङ्गानां सङ्गो वातपुरीषयोः ।
दाहस्तृष्णा च सर्वेषु जठरेषु भवन्ति हि ॥२४॥

Tympanitis, inability to walk, weakness, weak digestion, oedema, lassitude in the limbs, obstruction to the passage of flatus and faeces, burning and thirst occur in all types of abdominal diseases.

25.

Terminal Ascites

अन्ते सलिलभावं हि भजन्ते जठराणि तु ।
सर्वाण्येव परीपाकात्तदा तानि विवर्जयेत् ॥२५॥

Water collects ultimately in all abdominal enlargements in due course of time and then the same should be discarded (from treatment).

इति सुश्रुतसंहितायां निदानस्थाने उदरनिदानं
नाम सप्तमोऽध्यायः ॥७॥

Thus ends the seventh chapter entitled "Diagnosis of Abdominal Enlargements" of *Nidāna-Sthāna* of *Suśruta-Samhitā*.

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of the concepts of splenomegaly, hepatomegaly, ascites, intestinal obstruction and perforation in other systems of medicine would be interesting.

2. Chronic food poisoning seems to be an important factor in the etiology of one of the types (11/2-14/1) and digestive impairment (5-6/1) has been mentioned a common factor of abdominal enlargements. The concepts are interesting and may be worthwhile studying clinically and experimentally, specially in ascites of obscure origin.

निदान-स्थानम्
अष्टमोऽध्यायः

मूढगर्भ-निदानम्

Diagnosis of Abnormal Foetal Presentations

CHAPTER EIGHT
NIDĀNA-STHĀNA

S.S.II.8

SUMMARY

This chapter deals with the etiology, clinical features and prognosis of various forms of foetal malpresentations.

According to some authorities there are four types of foetal malpresentations (4), whereas its classification into eight varieties is more rational according to *Suśruta* (5). The description includes breech, transverse and other malpresentations (4, 5). The lower extremity and breech presentations have been mentioned as incurable as well as those associated with other general complications e.g. convulsion and puerperal sepsis (6).

Normal labour has been compared to falling down of a ripe fruit (7, 8). Abortion occurs upto 4th month and miscarriage up to 6th month (9, 10).

Clinical features of grave import to the mother and foetus have been described (11, 12). Disease of the mother has been mentioned as the cause of death of the foetus (13).

Delivery of the foetus by caesarian section (14) was indicated in the extreme conditions of the mother to save the foetus.

अष्टमोऽध्यायः

Chapter Eight

1. अथातो मूढगर्भनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Abnormal Foetal Presentations".

2. यथोवाच भगवान् धन्वतरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Aetiology and Definition

ग्राम्यधर्मयानवाहनाध्वगमनप्रस्खलनप्रपतनप्रपीडनधावनाभिघात-
विषमशयनासनोपवासवेगाभिघातातिरूक्षकटुतिक्तभोजनशोकातिक्षार-
सेवनातिसारवमनविरेचनप्रेङ्खोलनाजीर्णगर्भशातनप्रभृतिभिर्विशेषैर्बन्ध-
नान्मुच्यते गर्भः, फलमिव वृन्तबन्धनादभिघातविशेषैः; स
विमुक्तबन्धनो गर्भाशयमतिक्रम्य यकृत्प्लीहान्त्रविवरैरवलंसमानः
कोष्ठसंक्षोभमापादयति, तस्या जठरसंक्षोभाद्वायुरपानो मूढः पार्श्व-
बस्तिशीर्षोदरयोनिशूलानाहमूत्रसङ्गानामन्यतममापाद्य गर्भं च्यावयति
तरुणं शोणितस्त्रावेण; तमेव कदाचिद्विवृद्धमसम्यगागतमपत्यपथमनु-
प्राप्तमनिरस्यमानं विगुणापानसंमोहितं गर्भं मूढगर्भमित्याचक्षते ॥३॥

Sexual intercourse, use of a vehicle, riding, walking on foot, slipping, falling, compression, running, trauma, use of an uneven bed or seat, fasting, suppression of nature's calls, excessively dry, acrid and bitter diet, grief, excessive use of alkalies, diarrhoea, vomiting, purgatives, swinging, indigestion, use of abortifacients etc; these causes specially release the foetus from its supports just as a fruit gets specifically severed off from its stalk by a blow. The (foetus), having been

released from its supports, leaves the uterus and getting through the space between the liver, spleen and the intestines, produces agitation in the abdomen. In her, (the mother), due to agitation in the abdomen, the *apāna vāyu* becomes abnormal and having produced any one of these symptoms, such as pain in the sides, bladder region, abdomen or vagina and severe constipation or retention of urine, causes abortion of the young foetus alongwith discharge of blood. If the same (foetus) sometimes increases in size, travels to the foetal passage abnormally and does not come out, as well as gets stupified, because of vitiation of *apāna vāyu*, then that foetus is called a *mūḍhagarbha*¹.

4. Four Types of Mūḍhagarbhas

ततः कीलः प्रतिखुरो बीजकः परिघ इति । तत्र, ऊर्ध्वबाहुशिरःपादो यो योनिमुखं निरुणद्धि कील इव स कीलः; निःसृतहस्तपादशिराः कायसङ्गी प्रतिखुरः; यो निर्गच्छत्येकशिरोभुजः स बीजकः; यस्तु परिघ इव योनिमुखमावृत्य तिष्ठति स परिघः; इति चतुर्विधो भवतीत्येके भाषन्ते । तत्तु न सम्यक्; कस्मात्? स यदा विगुणानिलप्रपीडितोऽपत्यपथमनेकधा प्रपद्यते तदा संखचा हीयते ॥४॥

Kila, *pratikhura*, *bijaka* and *parigha* are the types of *mūḍhagarbhas* (described by some). That foetus is *kila* in which the upper extremities and the head and feet point upwards and which obstructs the mouth of vagina like a peg.

When the hands, feet and head come out and the body remains inside—that is called *pratikhura*.

Bijaka is that in which the head and one limb are out.

That in which the foetus is situated at the mouth of vagina having covered it like an iron bar used for closing the door is called *parigha*.

1. *Mūḍhagarbha* literally means a motionless foetus,

Thus some describe four types of *mūḍhagarbhas*. That is not correct. Why so? Because, the (foetus) gets compressed by the opposite acting *vāyu* and presents in the foetal passage in numerous ways and thus the numerical figure (of four) is quite insufficient.

5. The Eight Types of Mūḍhagarbhas.

तत्र, कश्चिद्वाभ्यां सक्थिभ्यां योनिमुखं प्रतिपद्यते; कश्चिदाभुग्नकसक्थिरेकेन; कश्चिदाभुग्नसक्थिशरीरः स्फिददेशेन तिर्यगागतः; कश्चिदुरःपार्श्वपृष्ठानामन्यतमेन योनिद्वारं पिधायवतिष्ठते; अन्तःपार्श्वपवृत्तशिराः कश्चिदेकेन बाहुना; कश्चिदाभुग्नशिरा बाहुद्वयेन; कश्चिदाभुग्नमध्यो हस्तपादशिरोभिः; कश्चिदेकेन सक्थना योनिमुखं प्रतिपद्यतेऽपरेण पायुम्; इत्यष्टविधा मूढगर्भगतिरुद्दिष्टा समासेन ॥५॥

Out of them some present at the vaginal opening by the two lower limbs; some by one lower limb, the other one being flexed; some come out with both the lower limbs flexed over the body and the buttocks presenting obliquely; and some present by either chest, sides or back covering the vaginal exit.

Some present by an arm only with the head flexed and turned to the sides; some present by both arms with the head bent; some present by the hands, feet and head with the trunk flexed; and some present at the opening of vagina by one lower limb and the other pointing towards (the mother's) anus. Thus the eight modes of presentations of *mūḍhagarbhas* have been described briefly.

6. Prognosis

तत्र द्वावन्त्यावसाध्यौ मूढगर्भौ, शेषानपि विपरीतेन्द्रियार्थाक्षेपकयोनिभ्रंशसंवरणमवकलश्वासकासभ्रमनिपीडितान् परिहरेत् ॥६॥

Out of them, the last two types of *mūḍhagarbhas* are incurable.

The rest also should be discarded (from treatment) if the mother has abnormal sensory perceptions, is troubled by convulsions, vaginal prolapse or retraction, or has puerperal sepsis,¹ asthma, cough or mental confusion.

7, 8. Normal Labour

भवन्ति चात्र—

कालस्य परिणामेन मुक्तं वृन्ताद्यथा फलम् ।

प्रपद्यते स्वभावेन नान्यथा पतितुं ध्रुवम् ॥७॥

एवं कालप्रकर्षेण मुक्तो नाडीनिबन्धनात् ।

गर्भाशयस्थो यो गर्भो जननाय प्रपद्यते ॥८॥

The following verses have been quoted here :

As by nature a fruit falls from its stalk upon maturation and certainly does not drop in any other way, similarly in due course of time the foetus, having been released from the supports of the cord, starts to come out for delivery from its location within the uterus.

9, 10. Abortion and Miscarriage

कृमिवाताभिघातैस्तु तदेवोपद्रुतं फलम् ।

पतत्यकालेऽपि यथा तथा स्याद्गर्भविच्युतिः ॥९॥

आचतुर्थान्ततो मासात् प्रस्रवेद्गर्भविच्युतिः ।

ततः स्थिरशरीरस्य पातः पञ्चमषष्ठयोः ॥१०॥

As a fruit affected by organisms, wind or trauma falls untimely, similarly a foetus can also be expelled (untimely).

Upto the fourth month (of pregnancy) the foetus is aborted; thereafter in the fifth and sixth months the well formed body is miscarried.

1. Ref. to S.S.II.9.26, 27.

11. Signs of Imminent Death

प्रविध्यति शिरो या तु शीताङ्गी निरपत्रपा ।

नीलोद्धतसिरा हन्ति सा गर्भं स च तां तथा ॥११॥

The (mother) who is constantly shaking her head and whose body feels cold or that woman who is shameless¹ or has prominent bluish veins kills the foetus; so also the foetus kills her.

12. Signs of a Dead Foetus

गर्भास्पन्दनमावीनां प्रणाशः श्यावपाण्डुता ।

भवत्युच्छ्वासपूतित्वं शूलं चान्तर्मृते शिशौ ॥१२॥

Stoppage of foetal heart and labour pains, occurrence of cyanosis or palor, foetid odour in the breath and pain occur after the death of the foetus.

13. Causes of Foetal Death

मानसागन्तुभिर्मातुरुपतार्षः प्रपीडितः ।

गर्भो व्यापद्यते कुक्षौ व्याधिभिश्च प्रपीडितः ॥१३॥

If the mother is suffering from mental or traumatic diseases or from other diseases the foetus dies within the womb.

14. Caesarian Section

बस्तमारविपन्नायाः कुक्षिः प्रस्पन्दते यदि ।

तत्क्षणाज्जन्मकाले तं पाटयित्वोद्धरेद्भ्रूषक् ॥१४॥

If the beatings are still there in the womb (of the mother)

1. The woman who is not conscious to cover her body with clothes even when naked in presence of others.

in labour suffering as a dying goat, the physician should deliver out the foetus immediately, after opening the abdomen.

इति सुश्रुतसंहितायां निदानस्थाने मूढगर्भनिदानं

नामाष्टमोऽध्यायः ॥ ८ ॥

Thus ends the eighth chapter entitled "Diagnosis of Abnormal Foetal Presentations" of the *Nidāna-Sthāna* of *Suśruta Saṁhitā*".

S. S. II. 8

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study on the obstetrical practice as described here and in other systems of medicine would be interesting, as it seems to have been in an advanced stage of knowledge at the time of *Suśruta*.
2. The various etiological factors (3) mentioned as the causes of foetal malpresentation may be worth investigating as also a correlative study of the various types of malpresentations (4, 5) with the modern concepts.
3. A historical and comparative study on caesarian section (14), specially about its indications, would be worthwhile in view of its being such a common practice.

निदान-स्थानम्
नवमोऽध्यायः

विद्वधि-निदानम्
Diagnosis of Abscesses

CHAPTER NINE
NIDĀNA-STHĀNA

S.S.II.9

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of abscesses.

Six types of external abscesses including the traumatic variety have been described (4-14). Pathogenesis and specific clinical features of internal abscesses according to the site involved have been dealt with in brief (15-22). Spontaneous drainage per anus or outside through the skin has been taken for a better prognosis whereas their drainage through upper passages such as the mouth and nose has been mentioned as of bad prognosis (23-25). Clinical features of puerperal sepsis have been described (26-28). The severe pain and toxæmia of acute osteomyelitis has been vividly described including the formation of cloacæ (34/2-38).

Differential diagnosis of an intra-abdominal abscess and a gaseous swelling has been given in detail with special reference to etiology, pathogenesis and clinical features (28-33). Absence of suppuration has been mentioned as an important feature of *gulma* (gaseous swelling).

नवमोऽध्यायः

Chapter Nine

1. अथातो विद्रधीनां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Abscesses."

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Lord *Dhanvantari* Discourses

सर्वामिरगुरुः श्रीमान्निमित्तान्तरभूमिपः ।

शिष्यायोवाच निखिलमिदं विद्रधिलक्षणम् ॥३॥

The revered amongst all the Gods, the most respected Lord *Dhanvantari* who had come on earth as a king with a specific purpose (to discourse on (*Āyurveda*) spoke to his disciple (*Suśruta*) all the following clinical features of an abscess.

- 4-6. Pathogenesis and Classification

त्वग्रक्तमांसमेदांसि प्रदूष्यास्थिसमाश्रिताः ।

दोषाः शोफं शनैर्घोरं जनयन्त्युच्छ्रिता भृशम् ॥४॥

महामूलं रुजावन्तं वृत्तं चाप्यथवाऽऽयतम् ।

तमाहुर्विद्रधिं धीरा, विज्ञेयः स च षड्विधः ॥५॥

पृथग्दोषैः समस्तैश्च क्षतेनाप्यसृजा तथा ।

षण्णामपि हि तेषां तु लक्षणं संप्रवक्ष्यते ॥६॥

The vitiated *doṣas* located in the bones afflict the skin, blood, muscles and fat and gradually produce excessively severe inflammatory swelling.

The swelling (described above) which is broad based, painful and round or else elongated is known by the wise physician as an abscess and it is known to be of six types.

The six types are those due to individual *doṣas* (*vāta*, *pitta* and *kapha*), and all together (all the *doṣas* mixed together), that due to trauma and that due to *śoṇita*. Clinical features of all these six types are now described.

7. Vātika Abscess

कृष्णोऽरुणो वा परुषो भृशमत्यर्थवेदनः ।
चित्रोत्थानप्रपाकश्च विद्रधिर्वतिसंभवः ॥७॥

The *vātika* abscess is black, red or rough and produces excessively severe pain. There are a variety of ways in which it can begin and suppurate.

8. पक्वोदुम्बरसङ्काशः श्यावो वा ज्वरदाहवान् । क्षिप्रोत्थानप्रपाकश्च विद्रधिः पित्तसंभवः ॥८॥

The *pitta* abscess is like the ripe fruit of *udumbara*, is blackish, produces fever and burning sensation, has a sudden onset and suppurates quickly.

9. Kaphaja Abscess

शरावसदृशः पाण्डुः शीतः स्तब्धोऽल्पवेदनः ।
चिरोत्थानप्रपाकश्च सकण्डुश्च कफोत्थितः ॥९॥

Abscess produced due to *kapha* arises and suppurates late, is associated with itching, appears like an earthen saucer, is whitish, cold, indurated and has mild pain.

10/1. Characteristics of Discharges

तनुपीतसिताश्चैषामास्त्रावाः क्रमशः स्मृताः ।

The discharges of these three are known to be thin, yellowish and whitish respectively.

10/2—11/1. Abscess due to Combination of the Doṣas

नानावर्णरुजान्नावो घाटालो विषमो महान् ॥१०॥
विषमं पच्यते चापि विद्रधिः सान्निपातिकः ।

And the abscess due to a combination of the *doṣas* suppurates irregularly, has multiple colours, pain and discharge, is raised, irregular and extensive.

11/2—13/1. Traumatic Abscess

तैस्तैर्भविंरभिहते क्षते वाऽपथ्यसेविनः ॥११॥
क्षतोष्मा वायु विसृतः सरवतं पित्तमीरयेत् ।
ज्वरस्तृणा च दाहश्च जायते तस्य देहिनः ॥१२॥
एष विद्रधिरागन्तुः पित्तविद्रधिरक्षयः ।

Those who indulge in unsalutary diets and habits, if get a (closed) injury or an open wound caused by their respective agents, in them *vāyu* induces heat of the injury to vitiate *pitta* alongwith *śoṇita*.

Fever, thirst, and burning are produced in his body. This is an abscess due to trauma and has the clinical features of a *paittika* abscess.

13/2—14/1. Raktaja Abscess

कृष्णस्फोटावृत्तः श्यावस्तीव्रदा हरुजाज्वरः ॥१३॥
पित्तविद्रधिलिङ्गस्तु रक्तविद्रधिरुच्यते ।

That is called a *raktaja* abscess which is covered by black blisters, is blackish, has severe burning, pain and fever and has the features of a *pittaja* abscess also.

14/2.

Prognosis

उक्ता विद्रधयो ह्येते तेष्वसाध्यस्तु सर्वजः ॥१४॥

Out of the abscesses mentioned above, the one caused by combination of the *doṣas* is incurable; (rest are curable).

15—17/1 Etiology of Internal Abscesses

आभ्यन्तरानतस्तूर्ध्वं विद्रधीन् परिचक्षते ।

गुर्वसात्म्यविरुद्धान्नशुष्कसंसृष्टभोजनात् ॥१५॥

अतिव्यवायव्यायामवेगाघातविदाहिभिः ।

पृथक् संभूय वा दोषाः कुपिता गुल्मरूपिणम् ॥१६॥

वल्मीकवत्समुन्नद्धमन्तः कुर्वन्ति विद्रधिम् ।

Hereafter, the internal abscesses are described.

Due to taking of heavy, unsuitable, incompatible, dry, and contaminated foods, due to excessive indulgence in sexual intercourse and exercise, due to suppression of nature's calls, and due to the use of hot substances, the *doṣas* get vitiated singly or in combination and produce internal abscess of the shape of a (bush like) tumour elevated like an anthill.

17/2—19/1. Sites and Clinical Features of Internal Abscesses

गुदे बस्तिमुखे नाभ्यां कुक्षौ वङ्क्षणयोस्तथा ॥१७॥

वृक्कयोर्यकृति प्लीह्नि हृदये वलोम्नि वा तथा ।

तेषां लिङ्गानि जानीयाद्वाह्यविद्रधिलक्षणैः ॥१८॥

आमपक्ववैषणीयाच्च पक्वापक्वं विनिर्दिशेत् ।

They occur in the rectum, mouth of the bladder, umbilicus, both flanks, groins and kidneys, liver, spleen, heart and the *kloma*.¹ Their features should knowqan as those of external

1. Usually accepted as pancreas.

abscesses. The (distinguishing) features between a ripe and an unripe abscess should be known according to the description of (the chapter on) "The Unripe and Ripe Abscesses"¹.

19/2—22. Specific Features of Abscesses According to the Site of Lesion

अधिष्ठानविशेषेण लिङ्गं शृणु विशेषतः ॥१९॥

गुदे वातनिरोधस्तु बस्तौ कृच्छ्राल्पमूत्रता ।

नाभ्यां हिक्का तथाऽऽटोपः कुक्षौ मारुतकोपनम् ॥२०॥

कटीपृष्ठग्रहस्तीव्रो वङ्क्षणोत्थे तु विद्रधौ ।

वृक्कयोः पार्श्वसङ्कोचः प्लीह्नुच्छ्वासावरोधनम् ॥२१॥

सर्वाङ्गप्रग्रहस्तीव्रो हृदि शूलश्च दारुणः ।

श्वासो यकृति तृष्णा च पिपासा वलोमजेऽधिका ॥२२॥

Now please listen to their special features according to the sites involved.

If (the internal abscess is situated) in the rectum obstruction to flatus occurs; if in the bladder dysuria and oliguria occur; if in the umbilical region hiccup and borborygmi occur; if (the abscess is) in the flanks the *vāta* gets vitiated.

If the abscess is in the groins severe catch in the waist and back occurs; if in the kidneys contraction of the sides² and if the abscess is in spleen, obstruction to the breath occurs.

If (the abscess occurs in) the heart, excessive pain and feeling of severe rigidity occurs all over the body; if in liver breathlessness and thirst occur; whereas if (the abscess is) in the *kloma* thirst is more in evidence.

1. S.S.I. 17.

2. Scoliosis occurs in nephrogenic and perinephric abscesses with concavity of the spine towards the affected kidney.

23-25.

Prognosis

आमो वा यदि वा पक्वो महान् वा यदि वेतरः ।
 सर्वो मर्मोत्थितश्चापि विद्रधिः कष्ट उच्यते ॥२३॥
 नाभेरुपरिजाः पक्वा यान्त्यूर्ध्वमितरे त्वधः ।
 जीवत्यधो निःस्रुतेषु स्रुतेषूर्ध्वं न जीवति ॥२४॥
 हृन्नाभिवस्तिवर्ज्या ये तेषु भिन्नेषु बाह्यतः ।
 जीवेत् कदाचित् पुरुषो नेतरेषु कदाचन ॥२५॥

All the abscesses arising from the vital parts are difficult to treat irrespective of their being unripe or ripe and big or small.

The abscesses situated above the level of umbilicus on suppuration spread upwards, and the others situated below the umbilicus spread downwards; if they burst downwards the patient lives, whereas if they burst upwards, he does not live.

The patients, except those with abscesses in the heart, umbilicus and bladder may sometimes live if the abscesses burst outwards but never otherwise.¹

26-27 Makkalla Raktavidradhi (Puerperal Sepsis)

स्त्रीणामपप्रजातानां प्रजातानां तथाऽहितैः ।
 दाहज्वरकरो घोरो जायते रक्तविद्रधिः ॥२६॥
 अपि सम्यक्प्रजातानामसृक् कायादनिःसृतम् ।
 रक्तजं विद्रधिं कुर्यात् कुक्षौ मक्कल्लसंज्ञितम् ॥२७॥

Women who have had abortions or full-term normal delivery and who indulge in unsalutary diets and habits get a dangerous type of abscess of blood origin accompanied with burning sensation and fever.

1. They would die if the abscesses burst internally.

Even if the delivery is normal but if the blood does not come out of the body, it causes abscess of blood origin in the flanks and is called *makkalla*.

28/1. सप्ताहान्नोपशान्तश्चेत्ततोऽसौ संप्रयच्यते ।

If this does not subside in a week's time, it suppurates.

28/2-33. Differentiation between Gulma and Abscess

विशेषमयं वक्ष्यामि स्पष्टं विद्रधिगुल्मयोः ॥२८॥

गुल्मदोषसमुत्थानाद्विद्रधेर्गुल्मकस्य च ।

कस्मान्न पच्यते गुल्मो विद्रधिः पाकमेति च ॥२९॥

न निबन्धोऽस्ति गुल्मानां विद्रधिः सनिबन्धनः ।

गुल्माकाराः स्वयं दोषा विद्रधिर्मसिशोणिते ॥३०॥

वित्ररानुचरो ग्रन्थिरसु बुद्बुदको यथा ।

एवं प्रकारो गुल्मस्तु तस्मात् पाकं न गच्छति ॥३१॥

मांसशोणितबाहुल्यात् पाकं गच्छति विद्रधिः ।

मांसशोणितहीनत्वाद्गुल्मः पाकं न गच्छति ॥३२॥

गुल्मस्तिष्ठति दोषे स्वे विद्रधिर्मसिशोणिते ।

विद्रधिः पच्यते तस्माद्गुल्मश्चापि न पच्यते ॥३३॥

Now I would discourse on differentiation between *gulma* (a gaseous swelling of the abdomen) and an abscess for clarity.

As both *gulma* and the abscess occur because of aggravation of similar *doṣas* and similar etiology why is it that *gulma* does not suppurate whereas an abscess does so ?

The *gulmas* are without any base whereas the abscesses are with it; the vitiated *doṣas* themselves form into the shape of a *gulma* whereas the abscesses are confined to muscles and blood.

8. A dangerous abscess in the abdomen (peculiar to lying in women) (M.W.p.771/3).

A *gulma* is just like a knobbly swelling of water bubble moving within the (abdominal) cavity, hence it does not undergo suppuration.

The abscess proceeds to suppuration because of preponderance of muscles and blood. The *gulma* does not proceed to suppuration due to lack of muscles and blood.

The *gulma* is situated within its own *doṣas* whereas the abscess is in the muscles and blood; therefore the abscess suppurates and the *gulma* does not suppurate.

34/1. The Incurable Abscesses

हृन्नाभिवस्तिजः पववो वज्यो यश्च त्रिदोषजः ।

Suppurations occurring in the heart, umbilicus and urinary bladder and also those due to a combination of the three *doṣas* should be discarded (from treatment).

34/2-38. Osteomyelitis

अथ मज्जपरीपाको घोरः समुपजायते ॥३४॥

सोऽस्थिमांसनिरोधेन द्वारं न लभते यदा ।

ततः स व्याधिना तेन ज्वलनेनेव दह्यते ॥३५॥

अस्थिमज्जोष्मणा तेन शीर्यते दह्यमानवत् ।

विकारः शल्यभूतोऽयं क्लेशयेदातुरं चिरम् ॥३६॥

अथास्य कर्मणा व्याधिद्वारं तु लभते यदा ।

ततो मेदःप्रभं स्निग्धं शुक्लं शीतमथो गुह्य ॥३७॥

भिन्नोऽस्थिनिःस्रवेत् पूयमेतदस्थिगतं विदुः ।

विद्वधिं शास्त्रकुशलाः सर्वदोषरुजावहम् ॥३८॥

Now (sometimes) the bone marrow gets supplicated severely. When it (the suppuration) does not gain an exit due to obstruction of bone and muscles in this disease the patient feels burning sensation like (being burnt in) a fire.

ग्रन्थपच्यर्बुद-गलगण्डानां निदानम्

Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres

S. S. II. 11

SUMMARY

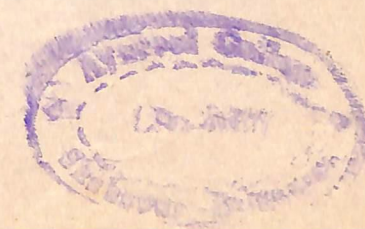
This chapter deals with the etiology, pathogenesis and clinical features of glandular swellings, lymphadenitis, tumours and goitres.

Circular knotted inflammatory swellings have been defined as *granthi* (3); five types of these have been described (4-9). The description of *granthi* caused by *meda* could be that of a sebaceous cyst or a lipoma (7). Swellings connected with the blood vessels have also been included (8, 9).

Lymphadenitis occurring in the cervical and axillary regions have been described as *apaci* (10-12). Matted character of lymph nodes has been aptly compared to spawn of the fish and its chronic course has been well emphasized (10-12).

Non-suppurating, slow growing and circular swellings with little pain have been defined as *arbuda* (tumours) (13-15/1); six types of these have been described. Multiple tumour formation has been described as of bad prognostic sign (20).

Goitres (22-29) have been described as swellings occurring in the neck with the bilobed shape of a scrotum. Three varieties of goitres have been described. Goitres causing dyspnoea, emaciation and hoarseness of voice (thyroid carcinoma) have been mentioned as incurable. Some features of myxoedema, retrosternal goitre and thyrotoxicosis have also been mentioned.



एकादशोऽध्यायः

Chapter Eleven

1. अथातो ग्रन्थपच्यर्बुदगलगण्डानां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon“ The Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres”.

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Pathogenesis of Granthi (Glandular Swelling, Cyst etc.)

वातादयो मांसमसृक् च दुष्टाः संदूष्य मेदश्च कफानुविद्धम् ।

वृत्तोन्नतं विग्रथितं तु शोफं कुर्वन्त्यतो ग्रन्थिरिति प्रदिष्टः ॥३॥

When the deranged *vāta* etc. vitiate the *māmsa*, *śoṇita* and *meda* mixed up with *kapha* they produce circular, raised and knotted inflammatory swellings called *granthi*.

4. Vātika Granthi

आयस्यते व्यथ्यत एति तोदं प्रत्यस्यते कृत्यत एति भेदम् ।

कृणोऽमृदुर्बस्तिरिवाततश्च भिन्नः स्रवेच्चानिलजोऽस्त्रमच्छम् ॥४॥

The *granthi* of *vāta* origin produces a feeling of stretching, pain, pricking and (falling) as if being thrown and also cutting and tearing pains. It is black and hard and is like a bladder distended with air and when burst, discharges sero-sanguinous fluid.

5. Paittika Granthi

दन्द्ध्यते धूप्यति चूष्यते च पापच्यते प्रज्वलतीव चापि ।
रक्तः सपीतोप्यथवाऽपि पित्तादिभन्नः स्रवेदुष्णमतीव चाक्षम् ॥५॥

And the *granthi* due to *pitta* produces a sensation of severe burning, fuming, sucking, throbbing and as if being burnt to ashes. It is red and/or yellow and when burst, discharges hot and excessive amount of blood.

6. Kaphaja Granthi

शीतोऽविवर्णोऽल्परुजोऽतिकण्डूः पाषाणवत् संहननौपपन्नः ।
चिराभिवृद्धिश्च कफप्रकोपाद्भिन्नः स्रवेच्छुक्लघनं च पूयम् ॥६॥

The (*granthi*) due to vitiation of *kapha* produces a cold swelling without any discolouration associated with mild pain and excessive itching having the consistency of a stone.

It increases slowly and when burst, white and thick pus is discharged.

7. Meda Granthi¹

शरीरवृद्धिक्षयवृद्धिहानिः स्निग्धो महानल्परुजोतिकण्डूः ।
मेदःकृतो गच्छति चात्र भिन्ने पिण्याकर्षापिः प्रतिमं तु मेदः ॥७॥

The (*granthi*) due to *medas* increases or decreases according to the increase or decrease of (fat) in the body; it is smooth, big in size and is associated with mild pain and excessive itching; and when burst it discharges fat which is similar to oil-cake and *ghee*.

8, 9. Sirāja Granthi (Swelling of Vascular Origin)

व्यायामजातैरबलस्य तैस्तैराक्षिप्य वायुहि सिराप्रतानम् ।
संपीड्य सङ्कोच्य विशोष्य चापि ग्रन्थिं करोत्युन्नतमाशु वृत्तम् ॥८॥

1. *Lipoma*; ? *Sebaceous Cyst*.

ग्रन्थिः सिराजः स तु कृच्छ्रसाध्यो भवेद्यदि स्यात् सरुजश्चलश्च ।
अरुक् स एवाप्यचलो महाश्च मर्मोत्थितश्चापि विवर्जनीयः ॥९॥

A weak person who undertakes excessive exercise gets his network of veins affected due to *vāyu* which in turn compresses, squeezes and dries it up and produces *granthi* quickly which is raised and circular.

The *granthi*, originating in the veins becomes curable with difficulty, if it is associated with pain and is mobile. If it is painless, and also fixed, big in size and situated over the vital spots, it should be discarded (from treatment).

10-12. Apacī (Cervical and Axillary Lymphadenitis)

हन्वस्थिकक्षाक्षकबाहुसन्धिमन्यागलेषूपक्षितं तु मेदः ।

ग्रन्थिं स्थिरं वृत्तमथायतं वा स्निग्धं कफश्चाल्परुजं करोति ॥१०॥

तं ग्रन्थिभिस्त्वामलकास्थिमात्रैर्मत्स्याण्डजालप्रतिमैस्तथाऽन्यैः ।

अनन्यवर्णैरुपचीयमानं चयप्रकर्षदिपचीं वदन्ति ॥११॥

कण्डूयुतास्तेऽल्परुजः प्रभिन्नाः स्रवन्ति नश्यन्ति भवन्ति चान्ये ।

मेदः कफाभ्यां खलु रोग एष सुदुस्तरौ वर्षगणानुबन्धी ॥१२॥

The *medas* and *kapha* collected in the regions of mandible, axilla, clavicle, shoulder joint, posterior and anterior cervical regions produce *granthis* which are fixed, extensive, circular in shape, smooth and associated with mild pain.

Some of these swellings are of the size of kernel of *āmalaka* while others are like the spawn of fish in shape. They are of the same colour (as skin) and are progressively increasing and because of the continuous growth they are called *apacī*.

They are associated with itching and mild pain; when burst they discharge, and disappear while others appear. This disease caused by *medas* and *kapha* is difficult to treat and lasts for several years.

13-15/1.

Tumour

गात्रप्रदेशे क्वचिदेव दोषाः संमूर्च्छिता मांसमभिप्रदूष्य ।

वृत्तं स्थिरं मन्दरुजं महान्तमनल्पमूलं चिरवृद्धपाकम् ॥१३॥

कुर्वन्ति मांसोपचयं तु शोफं तमर्बुदं शास्त्रविदो वदन्ति ।

वातेन पित्तेन कफेन चापि रक्तेन मांसेन च मेदसा च ॥१४॥

तज्जायते तस्य च लक्षणानि ग्रन्थेः समानानि सदा भवन्ति ।

The *doṣas* having got vitiated in any part of the body and afflicting the *māṃsa* produce swelling in the latter. This (lesion) is circular, fixed, slightly painful, big in size, broad based, slowly growing and it does not suppurate; the same is called *arbuda* by the experts of this science. This is produced by (vitiating) *vāta*, *pitta* and *kapha* and by *rakta* and *māṃsa* and also by *medas*. Its clinical features are always like that of *granthi*.

15/2-17/1.

Raktārbuda

दोषः प्रदुष्टो रुधिरं सिरास्तु संपीड्य सङ्कोच्य गतस्त्वपाकम् ॥१५॥

साल्मावमुन्नहति मांसपिण्डं मांसाङ्कुरैराचितमाशुवृद्धिम् ।

लवत्यजलं रुधिरं प्रदुष्टमसाध्यमेतद्रुधिरात्मकं स्यात् ॥१६॥

रक्तक्षयोपद्रवपीडितत्वात् पाण्डुर्भवेत् सोऽर्बुदपीडितस्तु ।

The vitiated *doṣas* compressing and contracting the *śoṇita* and vessels without undergoing suppuration and alongwith the discharge make the muscular lumps prominent. This is studded with fleshy buds and increases rapidly. This continuously discharges vitiated blood and is incurable and is known as *raktārbuda*. Because of the complication of haemorrhage the patient with this tumour becomes anaemic.

17/2-19.

Māmsārbuda

मुष्टिप्रहारादिभिरदितेऽङ्गे मांसं प्रदुष्टं प्रकरोति शोफम् ॥१७॥

अवेदनं स्निग्धमनन्यवर्णमपाकमहमोपममप्रवाल्यम् ।

प्रदुष्टमांसस्य नरस्य बाढमेतद्भवेन्मांसपरायणस्य ॥१८॥

मांसार्बुदं त्वेतदसाध्यमुक्तं साध्येष्वपीमानि विवर्जयेत् ।

संप्रसृतं मर्मणि यच्च जातं स्रोतःसु वा यच्च भवेदचात्यम् ॥१९॥

Due to fist blows etc. the muscles of injured parts get vitiated and swollen. This is painless and smooth, is of the same colour (as skin), is non-suppurating, is like a stone and is fixed. This vitiated muscle increases much more in the non-vegetarian. This is *māmsārbuda* and is said to be incurable. Even out of those which are curable, those which discharge, those situated over the vital parts or over the *srotasas* and those which become fixed, should be discarded from treatment.

20.

Multiple Tumours

यज्जायतेऽन्यत् खलु पूर्वजाते ज्ञेयं तदध्यर्बुदमर्बुदज्ञैः ।

यद्वद्वजातं युगपत् क्रमाद्वा द्विर्बुदं तच्च भवेदसाध्यम् ॥२०॥

When another tumour grows over the pre-existing one, that is known as *adhyarbuda* by the oncologist. When two tumours grow simultaneously or one after the other, that is called *dvirarbuda*, and both these are incurable.

21.

Non-suppuration of Tumours

न पाकमायान्ति कफाधिकत्वान्मेदोबहुत्वाच्च विशेषतस्तु ।

दोषस्थिरत्वाद् ग्रथनाच्च तेषां सर्वाब्दान्येव निसर्गतस्तु ॥२१॥

All tumours by nature do not undergo suppuration because of preponderance of *kapha* in them and specially because of the preponderance of *medas* and also because of the immobilization and knotting of the *doṣas* in them.

22.

Goitre

वातः कफश्चैव गले प्रवृद्धौ मन्ये तु संसृत्य तथैव मेदः ।

कुर्वन्ति गण्डं क्रमशः स्वलङ्गैः समन्वितं तं गलगण्डमाहुः ॥२२॥

Vāta and *kapha* having aggravated in the neck and having accumulated in *manyā* and alongwith *medas* produce glandular enlargements with their characteristic symptoms. It is known as goitre (*galagaṇḍa*).

23, 24. Vātika Goitre

तोदान्वितः कृष्णसिरावनद्धः कृष्णोऽरुणो वा पवनात्मकस्तु ।
मेदान्वितश्चोपचितश्च कालाद्भवेदतिस्निग्धतरोऽरुजश्च ॥२३॥
पारुण्ययुक्तश्चिरवृद्धपाको यदृच्छया पाकमियात् कदाचित् ।
वैरस्यमास्यस्य च तस्य जन्तोर्भवेत्तथा तालुगलप्रशोषः ॥२४॥

The goitre originating due to (vitiated) *vāta* is black or red, is associated with pricking pain and is full of blackish veins. And when *medas* combines with it or collects there in due course of time, the same (goitre) becomes very smooth and painless.

It is hard, increases gradually in size and does not suppurate; however, it rarely suppurates for unknown reasons. Loss of taste in the mouth and dryness of palate and throat occur in that person.

25, 26/1. Kaphaja Goitre

स्थिरः सवर्णोऽल्परुग्णकण्डूः शीता महाश्चापि कफात्मकस्तु ।
चिराभिवृद्धिं कुस्ते चिराच्च प्रपच्यते मन्दरुजः कदाचित् ॥२५॥
माधुर्यमास्यस्य च तस्य जन्तोर्भवेत्तथा तालुगलप्रलेपः ।

The goitre due to (vitiated) *kapha* is fixed, is of the same colour as skin, has mild pain and excessive itching. It is cold and big in size, increases slowly and after a long time, rarely suppurates and has mild pain. Taste of the mouth becomes sweet in that person and the palate and throat feel as if pasted.

26/2—27. Medaja Goitre

स्निग्धो मृदुः पाण्डुरनिष्टगन्धो मेदःकृतो नीरुगथातिकण्डूः ॥२६॥

प्रलम्बतेऽलाबुवदल्पमूलो देहानुरूपक्षयवृद्धियुवतः ।

स्निग्धास्यता तस्य भवेच्च जन्तोर्गलेऽनुशब्दं कुस्ते च नित्यम् ॥२७॥

The goitre due to *meda* is smooth, soft, pale, has an offensive odour, is painless and has excessive itching. It hangs down like a gourd, with a narrow base, and its increase or decrease in size occurs corresponding to that of the body (in general). Stickiness of the mouth occurs in that person and a continuous sound is produced from his throat.¹

28. The Incurable Goitre

कृच्छ्राच्छ्वसन्तं मृदुसर्वगात्रं संवत्सरातीतमरोचकार्तम् ।

क्षीणं च वैद्यो गलगण्डिनं तु भिन्नस्वरं चैव विवर्जयेत् ॥२८॥

The patient of goitre who breathes with difficulty, whose whole body has become flaccid², whose disease has lasted more than a year, who has anorexia, is emaciated³ and has hoarseness of voice⁴ should be discarded from treatment by the clinician.

29. Definition of Goitre

निबद्धः श्वयथुर्यस्य मुष्कवत्लम्बते गले ।

महान् वा यदि वा ह्रस्वो गलगण्डं तमादिशेत् ॥२९॥

Goitre has been defined as the swelling, big or small, which hangs like scrotum in the neck.

इति सुश्रुतसंहितायां निदानस्थाने गलगण्डगण्डमालापच्य-

र्बुदनिदानं नामैकादशोऽध्यायः ॥११॥

Thus ends the eleventh chapter entitled "Diagnosis of Glandular Swellings, Cervical Lymphadenopathy, Tumours and Goitres" of the *Nidāna-Sthāna* of *Suśruta-Samhitā*.

1. Stridor as a pressure symptom from tracheal compression due to retrosternal or massive goitre.

2. ? Myxoedematous.

3. ? Thyrotoxicosis.

4. ? Recurrent laryngeal nerve involvement due to carcinoma.

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study of the diseases mentioned in this chapter e.g. tumours, goitres, lymphadenitis etc. with other systems of medicine should be done.
2. *Doṣika* etiology (13-19) of the formation of tumours could be studied with benefit. Exact cause of neoplastic growth is largely unknown yet.
3. A study of the *doṣika* etiology (22-27) in the formation of idiopathic goitre or thyroid swellings could be carried out.
4. A study could be undertaken to establish the clinical identity of the diseases mentioned in this chapter.

निदान-स्थानम्
द्वादशोऽध्यायः

बृद्ध्युपदंश-श्लीषदानां निदानम्
Diagnosis of Scrotal Swellings, Venereal Diseases
and Elephantiasis

S. S. II. 12

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of scrotal swellings, venereal diseases and elephantiasis.

Pathogenesis and prodromal symptoms of seven types of scrotal and inguinoscrotal swellings (3-5) have been described including hydrocele, filarial scrotum and hernia. The descent of intestines into the scrotum and its reduction with a gurgling sound has been emphasized among the clinical features of hernia as also sudden increase of intra-abdominal pressure as an important etiological factor (6).

Five types of venereal diseases (7-9) have been described. The description includes various types (8) of specific as also nonspecific lesions of the genitals. Unhygienic conditions of the genitals and physical trauma also have been mentioned as etiological factors (7).

Three *doṣika* types of elephantiasis have been described (10), although predominance of *kapha* in all types has been emphasized. It has been mentioned that elephantiasis was endemic in marshy lands which is significant (14). Elephantiasis of hands has also been described (15). Chronic elephantiasis of more than one year's duration has been considered incurable (12).

द्वादशोऽध्यायः

Chapter Twelve

1. अथातो वृद्ध्युपदंशश्लीपदानां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Scrotal Swellings, Venereal Diseases and Elephantiasis".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3, 4. Scrotal Swellings: Pathogenesis

वातपित्तश्लेष्मशोणितमेदोमूत्रान्त्रनिमित्ताः सप्तवृद्धयो भवन्ति ।
तासां मूत्रान्त्रनिमित्ते वृद्धी वातसमुत्थे, केवलमुत्पत्तिहेतुरन्यतमः ॥३॥

अधः प्रकुपितोऽन्यतमो हि दोषः फलकोशवाहिनीरभिप्रपद्य धमनीः
फलकोषयोर्वृद्धिं जनयति, तां वृद्धिमित्याचक्षते ॥४॥

The seven types of scrotal swellings (*vṛddhi*) are due to *vāta*, *pitta*, *kapha*, *śoṇita*, *meda*, *mūtra* and *āntra*. Out of them, the scrotal swellings due to *mūtra* (urine) and *āntra* (intestines) are also associated with increased *vāta*, the only difference being in their immediate aetiological factors¹.

Any one of the *doṣas* having got vitiated in the lower² portion, enters the channels of scrotum and produces its swelling: the same is called *vṛddhi*.

1. Urine like fluid in *mūtra-vṛddhi* (hydrocele) and intestines in *āntravṛddhi* (hernia).

2. Lower half of abdomen.

5. Prodromal Features

तासां भविष्यतीनां पूर्वरूपाणि—वस्तिफटीमुष्कमेद्रेषु वेदना
मारुतनिग्रहः फलकोशशोफश्चेति ॥५॥

Their prodromal features would be: pain in the bladder, waist, testes and penis, obstruction to passage of flatus and swelling of scrotum.

6. Clinical Features

तत्रानिलपरिपूर्णा वस्तिमिवाततां परुषामनिमित्तानिलरुजां
वातवृद्धिमाचक्षते; पववोदुम्बरसङ्काशां ज्वरदाहोष्मवतीं चाशुस-
मुत्थानपाकां पित्तवृद्धिं; कठिनामल्पवेदनां शीतां कण्डूमतीं श्लेष्मवृद्धिं;
कृष्णस्फोटावृतां पित्तवृद्धिलिङ्गां रक्तवृद्धिं, मृदुस्निग्धां कण्डूमती-
मल्पवेदनां तालफलप्रकाशां मेदोवृद्धिं; मूत्रसंधारणशीलस्य
मूत्रवृद्धिर्भवति, सा गच्छतोऽम्बुपूर्णा दृतिरिव क्षुभ्यति मूत्रकृच्छ्रवेदनां
वृषणयोः श्वयथुं कोशयोश्चापादयति, तां मूत्रवृद्धिं विद्यात्; भारहरण-
बलवद्विग्रहवृक्षप्रपतनादिभिरायासविशेषैर्वायुरभिप्रवृद्धः प्रकुपितश्च
स्थूलान्त्रस्येतरस्य चैकदेशं विगुणमादायाधो गत्वा वडक्षणसन्धिसुपेत्य
ग्रन्थिरूपेण स्थित्वाऽप्रतिक्रियमाणे च कालान्तरेण फलकोशं प्रविश्य
मुष्कशोफमापादयति, आध्यातो वस्तिरिवाततः प्रदीर्घः स शोफो
भवति, सशब्दमवपीडितश्चोर्ध्वमुपैति, विमुक्तश्च पुनराध्मायते,
तामन्त्रवृद्धिमसाभ्यामित्याचक्षते ॥६॥

(i) That (swelling) which is distended like a bladder full of air, is hard and which produces *vātaja* pains without any reason is the scrotal swelling of *vāta* origin.

(ii) That which is coloured like a ripe *udumbara* fruit, is associated with fever, burning, hot sensation and which appears and gets inflamed quickly is the scrotal swelling of *pitta* origin¹.

1. ? *Acute epididymo-orchitis*.

(iii) That which is hard, has mild pain, is cold and is itching is the scrotal swelling of *śleṣma* origin.¹

(iv) That which is soft, glossy and itching with mild pain, and which shines like palm fruit is the scrotal swelling of *meda* origin.²

(v) That which is covered with blackish blisters and is associated with the features of *pittaja viddhi* is the scrotal swelling of *rakta* origin.³

(vi) *Mūtraja* scrotal swelling occurs in them who habitually withhold urine; it swings like a water drum while walking and dysuria; pain in both the testes and oedema in the scrotum are produced; that is known as the scrotal swelling due to *mūtra*.⁴

(vii) Due to carrying heavy weights, fighting with stronger opponent, fall from a tree etc. and other special strains, the *vāta* gets vitiated and aggravated and having afflicted a part of the large bowel or of the other one (small bowel) goes down and reaches the hip joint regions⁵; then remaining there like a glandular swelling it enters the scrotum like a distended bladder. On squeezing it goes up (reduces) with a gurgling noise and on releasing, it again swells (reappears). This is called hernia (*āntravyddhi*) and is incurable.⁶

7. Venereal Diseases : Pathogenesis

तत्रातिसंयुनादतिब्रह्मचर्याद्वा तथाऽतिब्रह्मचारिणीं चिरोत्सृष्टां
रजस्वलां दीर्घरोमां कर्कशरोमां सङ्कीर्णरोमां निगूढरोमामल्पद्वारां

1. ? *Chronic epididymo-orchitis*.

2. *Haematocele*.

3. ? *Filarial scrotum*.

4. *Hydrocele*.

5. *Inguinal region*.

6. *Inguinal hernia*.

महाद्वारामप्रियामकामामचौक्षसलिलप्रक्षालितयोनिमप्रक्षालितयोनिं
योनिरोगोपसृष्टां स्वभावतो वा दुष्टयोनिं वियोनिं वा नारीमत्यर्थ-
मुपसेवमानस्य तथा करजदशनविषशूकनिपातनाद्वन्धनाद्वस्ताभि-
घाताच्चतुष्पदीगमनादचौक्षसलिलप्रक्षालनादवपीडनाच्छुक्रवेगविधारणा-
न्मैथुनान्ते वाऽप्रक्षालनादिभिर्मोदमागम्य प्रकुपिता दोषाः क्षतेऽक्षते
वा श्वयथुमुपजनयन्ति, तमुपदंशमित्याचक्षते ॥७॥

Due to excessive sexual intercourse, or due to prolonged celibacy, intercourse with a woman observing excessive abstinence¹ or with one who has been discarded (by her folks) for a long time, or with a woman who is menstruating, who has long hairs², rough hairs, dense hairs or who has hairs in the internal parts, or with one whose vaginal orifice is too small or too large, or with one who is not loved or who does not like sex, or one who has washed the genitals with dirty water or one who has not washed the genitals, or the one having genital diseases and intercourse with the one usually having distorted and infected genitals and in those men who enjoy such women excessively and because of the injury due to nails, teeth, poison or *śūka*³, due to tying (of the penis), due to injury during masturbation, intercourse with female quadrupeds, due to washing the penis with dirty water, squeezing it, due to suppressing the discharge at the end of the intercourse or not washing the penis (at the end of intercourse), vitiated *doṣas* reaching the penis produce oedema with or without an ulcer; that is known as *upadamśa*.

1. Due to abstinence for a long time, the genital parts and vaginal orifice get excessively contracted; intercourse with such a lady would cause venereal diseases—*Dalhaṇa*.

2. Hairs over the genitals.

3. S. S. II. 14.

8. Types of Venereal Diseases

स पञ्चविधस्त्रिभिर्दोषैः पृथक् समस्तेरसृजा चेति ॥८॥

That (*upadamśa*) is of five types; due to the three vitiated *doṣas* separately, all combined together and that due to (vitiated) blood.

9. Clinical Features

तत्र वातिके पारुष्यं त्वक्परिपुटनं स्तब्धमेदता परुषशोफता विविधाश्च वातवेदनाः; पित्तिके ज्वरः श्वयथुः पववोदुम्बरसङ्काशस्ती-
व्रदाहः क्षिप्रपाकः पित्तवेदनाश्च; श्लेष्मिके श्वयथुः कण्डूमान् कठिनः
स्निग्धः श्लेष्मवेदनाश्च; रक्तजे कृष्णस्फोटप्रादुर्भावोऽत्यर्थमसृक्प्रवृत्तिः
पित्तलिङ्गान्यत्यर्थं ज्वरदाहौ शोषश्च; याप्यश्चैव कदाचित्; सर्वजे
सर्वलिङ्गदर्शनमवदरणं च शोफसः कृमिप्रादुर्भावो मरणं चेति ॥९॥

Now, in *upadamśa* caused by (vitiated) *vāta*, roughness, cracks in the skin, rigidity in the penis, induration, and different types of *vātika* pains¹ occur.

In *upadamśa*, caused by *pitta*, fever, oedema, redness like that of ripe *udumbara*, excessive burning, early suppuration and *pañtika* pains² occur.

In *upadamśa* caused by *kapha*, oedema, itching, hardness and glossiness and *śleṣmika* pains³ occur.

In *upadamśa* caused by *rakta*, appearance of black blisters, tendency for excessive bleeding, *pañtika* features, excessive fever, burning and dryness occur; this is sometimes relievable.

In *upadamśa* caused by all the *doṣas* (together), features of all the *doṣas* are seen, tearing of penis occurs, growth of organisms takes place and death results.

1. Neuralgic pains.

2. Burning pains.

3. Mild itching pains.

10. Elephantiasis: Pathogenesis

कुपितास्तु दोषा वातपित्तश्लेष्माणोऽधःप्रपन्ना वडक्षणोरुजानु-
जङ्घास्त्ववतिष्ठमानाः कालान्तरेण पादमाश्रित्य शनैः शोफं जनयन्ति, तं
श्लीपदमित्याचक्षते। तत्रिविधं—वातपित्तकफनिमित्तमिति ॥१०॥

The vitiated *doṣas*, *vāta*, *pitta* and *kapha* having gone down
and having got into the waist, thighs, knees, and legs and in
due course of time having got located into the feet slowly, pro-
duce swelling; that is called as *ślīpada* (elephant's feet).

That is of three types—due to *vāta*, *pitta* and *kapha*.

11. Clinical Features of Elephantiasis

तत्र वातजं खरं कृष्णं परुषमनिमित्तानिलरुजं परिस्फुटति च
बहुशः, पित्तजं तु पीतातभासमोषन्मृदु ज्वरदाहप्रायं च; श्लेष्मजं तु
श्वेतं स्निग्धावभासं मन्दवेदनं भारिकं महाग्रन्थिकं कण्टकैरुपचितं
च ॥११॥

In (elephantiasis) due to *vāta*, skin becomes uneven,
black, rough, with many cracks and *vātika* pains occur without
any reason.

In (elephantiasis) due to *pitta*, yellowishness, slight softness,
fever and burning often occur.

In (elephantiasis) due to *kapha*, whiteness, glossiness, mild
pain, heaviness and big glandular enlargements occur and
skin gets studded with thorns.

12. The Incurable Elephantiasis

तत्र संवत्सरातीतमतिमहद्वल्मीकजातं प्रसृतमिति वर्जनीयानि ॥१२॥

That (elephantiasis) which is one year old, is too extensive,
is like an anthill, and that which discharges should be discarded
(from treatment).

13. Predominence of Kapha in Elephantiasis

भवन्ति चात्र—

त्रीण्यप्येतानि जानीयाच्छ्लीपदानि कफाच्छ्रयात्।

गुरुत्वं च महत्त्वं च यस्मान्नास्ति विना कफात् ॥१३॥

So these verses have been quoted.

Though the elephantiasis is due to the three *doṣas*, still
it should be known to be due predominantly to *kapha* because
its heaviness and extensiveness cannot be without *kapha*.

14. Climatic Endemicity of Filaria

पुराणोदकभूयिष्ठाः सर्वतुषु च शीतलाः।

ये देशास्तेषु जायन्ते श्लीपदानि विशेषतः ॥१४॥

Elephantiasis occurs specially in those places where there
is always a collection of stagnating water and dampness round
the year.

15. Elephantiasis of Hands

पादवद्वस्तयोश्चापि श्लीपदं जायते नृणाम्।

कर्णाक्षिनासिकौष्ठेषु केचिदिच्छन्ति तद्विदः ॥१५॥

Elephantiasis is produced in the hands also as in the feet
of human beings. Some experts say that it occurs in the ears,
eyes, nose and lips also.

इति सुश्रुतसंहितायां निदानस्थाने वृद्ध्युपदंशश्लीपदनिदानं

नाम द्वादशोऽध्यायः ॥१२॥

Thus ends the twelfth chapter entitled “Diagnosis of
Scrotal Swellings, Venereal Diseases and Elephantiasis” of the
Nidāna-śthāna of *Suśruta-Saṁhitā*.

SUGGESTED RESEARCH PROBLEMS

1. The clinical features described are very suggestive of the identity of the diseases today. A historical and comparative study of these diseases in other systems of medicine would be of value.

2. Specific mention of hydrocele, hernia and filarial scrotum (6) point to their prevalence in those days. A historical study on the early recorded descriptions of these diseases may bring out new facts.

3. Lack of sexual hygiene and trauma due to improper technique or otherwise have been mentioned as the etiological factors of venereal diseases which can be said to be somewhat true even today. An intact mucous membrane is an effective barrier to any infective organism. This may be the first recorded description of venereal diseases. A historical study in this regard may be useful (7).

4. Association of swamp and elephantiasis is very significant. A study on the early records of this disease regarding the etiological factors in other systems would be interesting (14).

निदान-स्थानम्
त्रयोदशोऽध्यायः

क्षुद्ररोगाणां निदानम्
Diagnosis of Minor Diseases

CHAPTER THIRTEEN
NIDĀNA-STHĀNA

S.S.II.13

SUMMARY

This chapter deals with the etiology, pathogenesis and clinical features of forty-four unclassified minor diseases. The description includes various congenital (41-44), inflammatory and neoplastic (27, 28/1) lesions of the skin and its appendages, acute lymphadenitis (14-17), phimosis (52/2-54), paraphimosis (47/2-50/1), anal stricture (55, 56) and rectal prolapse (61). The clinical and prognostic features of some of the diseases could have been of eruptive fevers (38) and plague (20).

त्रयोदशोऽध्यायः

Chapter Thirteen

1. अथातः क्षुद्ररोगाणां निदानं व्याख्यास्यामः॥१॥

Now we would expound upon "The Diagnosis of Minor Diseases."

2. यथोवाच भगवान् धन्वन्तरिः॥२॥

As was described by Lord *Dhanvantari*.

3. Enumeration

समासेन चतुश्चत्वारिंशत् क्षुद्ररोगा भवन्ति । तद्यथा—अज-
गल्लिका, यवप्रख्या, अन्धालजी, विवृता, कच्छपिका, वल्मीकं, इन्द्रवृद्धा,
पनसिका, पाषाणगर्दभः, जालगर्दभः, कक्षा, विस्फोटकः, अग्निरो-
हिणी, चिपं, कुनखः अनुशयी, विदारिका, शर्कराबुदं, पामा,
विचर्चिका, रकसा, पाददारिका, कदरं, अलसेन्द्रलुप्तौ, दाहणकः,
अहंषिका, पलितं, मसूरिका यौवनपिडका, पद्मिनीकण्टकः, जतुमणिः,
मशकः, चर्मकीलः, तिलकालकः, न्यच्छं, व्यङ्गः, परिवर्तिका, अवपाटिका,
निहृदप्रकशः, संनिहृदगुदः, अहिपूतनं, वृषणकच्छुः, गुदभ्रंशश्चेति॥३॥

The minor diseases are forty-four in number in all. They are :

- | | |
|--------------------------|--|
| 1. <i>Ajagallikā</i> | 2. <i>Yavaprakhyā</i> |
| 3. <i>Andhālajī</i> | 4. <i>Vivṛtā</i> |
| 5. <i>Kacchapikā</i> | 6. <i>Valmika</i> (<i>actinomycosis</i>) |
| 7. <i>Indravṛddhā</i> | 8. <i>Panasikā</i> |
| 9. <i>Pāṣāṇagardabha</i> | 10. <i>Jālagardabha</i> |
| 11. <i>Kakṣā</i> | 12. <i>Viśphoṭaka</i> |
| 13. <i>Agñirohinī</i> | 14. <i>Cippa</i> (<i>whitlow</i>) |

- | | |
|---|--|
| 15. <i>Kunakha</i> (paronychia) | 16. <i>Anuśayī</i> |
| 17. <i>Vidārikā</i> | 18. <i>Śarkarārbuda</i> |
| 19. <i>Pāmā</i> | 20. <i>Vicarcikā</i> |
| 21. <i>Rakasā</i> | 22. <i>Pādādārikā</i> (rhagades) |
| 23. <i>Kadara</i> | 24. <i>Alasā</i> |
| 25. <i>Indralupta</i> (alopecia) | 26. <i>Dāruṇaka</i> |
| 27. <i>Aruṇikā</i> | 28. <i>Palita</i> |
| 29. <i>Masūrīkā</i> | 30. <i>Yauvanapīḍakā</i> (pimples) |
| 31. <i>Pāminīkaṇṭaka</i> | 32. <i>Jatumanī</i> |
| 33. <i>Maśaka</i> | 34. <i>Carmakīla</i> (warts) |
| 35. <i>Tīlakālaka</i> | 36. <i>Nyaccha</i> |
| 37. <i>Vyaṅga</i> | 38. <i>Parivartikā</i> (paraphimosis) |
| 39. <i>Avapāṭikā</i> | 40. <i>Niruddhaprakāśa</i> (phimosis) |
| 41. <i>Sanniruddhaguda</i>
(anal stenosis) | 42. <i>Ahipūtana</i> (napkin rash) |
| 43. <i>Vṛṣṇakacchu</i> and | 44. <i>Gudabhrāṇśa</i> (rectal prolapse) |
| 4. <i>Ajagallikā</i> | |

स्निग्धा सवर्णा ग्रथिता नीरुजा मुद्गसन्निभा ।

कफवातोत्थिता ज्ञेया बालानामजगल्लिका ॥४॥

Ajagallikā should be known to occur in children, is produced by vitiated *kapha* and *vāta*, is glossy, has same colour as that of skin, is knotted, painless and is like a *mudga*.

5. *Yavaprakhyā*

यवाकारा सुकठिना ग्रथिता मांससंश्रिता ।

पिडका श्लेष्मवाताभ्यां यवप्रत्येति सोच्यते ॥५॥

That eruption is called *yavaprakhyā* which is produced by *kapha* and *vāta*, is of the shape of barley¹, is very firm, knotted and is located in the muscles.

1. Spindle shaped.

6. *Andhālajī*

घनामवक्रां पिडकामुन्नतां परिमण्डलाम् ।

अन्धालजीमल्पपूयां तां विद्यात् कफवातजाम् ॥६॥

That swelling is known as *andhālajī* which is due to *kapha* and *vāta*, is firm, without a punctum, raised, circular and contains little pus.

7. *Vivṛtā*

विवृतास्यां महादाहां पक्वोदुम्बरसन्निभाम् ।

विवृतामिति तां विद्यात् पित्तोत्थां परिमण्डलाम् ॥७॥

That is known as *vivṛtā* which arises due to *pitta*, has a wide mouth, excessive burning, has the colour of a ripe *udumbara* fruit and is circular.

8. *Kacchapikā*

ग्रथिताः पञ्च वा षड्वा दारुणाः कच्छपोन्नताः ।

कफानिलाभ्यां पिडका ज्ञेया कच्छपिका बुधैः ॥८॥

The wise call those swellings as *kacchapikās* which are due to *kapha* and *vāta*, are knotted, five or six in number, are hard and have a hump like that of a tortoise.

9, 10. *Valmika*¹

पाणिपादतले सन्धौ ग्रीवायामूर्ध्वजत्रुणि ।

ग्रन्थिर्वल्मीकवद्यस्तु शनैः समुपचीयते ॥९॥

तोद्वलेदपरीदाहकण्डूमद्भिर्मुखैर्वृतः ।

व्याधिर्वल्मीक इत्येष कफपित्तानिलोद्भवः ॥१०॥

That disease is *valmika* which is due to *kapha*, *pitta* and *vāta*, which arises on the surfaces of palms and soles, in the joints of neck, and in the regions above the clavicles, is knotted

1. ? *Actinomyces*, *Madura Foot*.

like an anthill, increases slowly and in which pricking pain, soddening, burning sensation and itching occur around the openings.

11. Indravṛddhā

पद्मपुष्करवन्मध्ये पिडकाभिः समाचिताम् ।

इन्द्रवृद्धां तु तां विद्याद्वातपित्तोत्थितां भिषक् ॥११॥

The physician calls that *indravṛddhā* which arises due to *vāta* and *pitta* and is full of small boils in the centre as in a lotus fruit.

12/1, 2. Gardabhikā

मण्डलं वृत्तमुत्सन्नं सरवतं पिडकाचितम् ।

रुजाकरीं गर्दभिकां तां विद्याद्वातपित्तजाम् ।

Those eruptions are known as *gardabhikās* which are produced by *vāta* and *pitta*, are circular, raised spherically, full of blood and produce pain.

12/3, 4. Panasikā

कणौ परि समन्ताद्वा पृष्ठे वा पिडकोग्ररूक् ।

शालूकवत्पनसिकां तां विद्याच्छ्लेष्मवातजाम् ॥१२॥

That swelling is known as *panasikā* which is due to *kapha* and *vāta*, occurs on the ears or around them, or on the back, has severe pain and is like the root of a waterlily.

13. Pāṣāṇa-gardabha¹

हनुसन्धौ समुद्भूतं शोफमल्परुजं स्थिरम् ।

पाषाणगर्दभं विद्याद्बलासपवनात्मकम् ॥१३॥

1. ? Parotitis

That is known as *pāṣāṇagardabha* which arises due to *kapha* and *vāta*, occurs in the region of temporomandibular joints, has inflammation, mild pain and is fixed.

14. Jāla-gardabha

विसर्पवत् सर्पति यो दाहज्वरकरस्तनुः ।

अपाकः श्वयथुः पित्तात् स ज्ञेयो जालगर्दभः ॥१४॥

That is known as *jālagardabha* which is produced due to *pitta*, spreads like cellulitis, produces burning sensation and fever, is slender, non-suppurating and is oedematous.

15. Irivellikā¹

पिडिकामुत्तमाङ्गस्थां वृत्तामुग्ररुजाज्वराम् ।

सर्वात्मकां सर्वलिङ्गां जानीयादिरिवेल्लिकाम् ॥१५॥

That swelling should be known as *irivellikā* which is due to all the three (*vāta*, *pitta* and *kapha*), has the features of all (the vitiated *doṣas*), is situated in the head, is circular and has severe pain and fever.

16. Kakṣā

बाहुपाश्वसिकक्षासु कृष्णस्फोटं सवेदनाम् ।

पित्तप्रकोपसंभूतां कक्षामिति विनिर्दिशेत् ॥१६॥

That should be known as *kakṣā* which is due to vitiation of *pitta*, occurs in the arms, lateral chest wall, shoulder and axilla, has black blisters and is associated with pain².

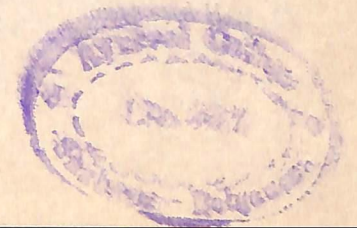
17. Gandhanāmā (subvariety of Kakṣā)

एकामेवंविधां दृष्ट्वा पिटिकां स्फोटसन्निभाम् ।

त्वग्गतां पित्तकोपेन गन्धनामां प्रचक्षते ॥१७॥

1. This disease, however, has not been enumerated in the beginning.

2. Axillary lymphadenitis.



In the same way another swelling seen with blisters of similar colour situated in the skin, due to vitiated *pitta* is called *gandhanāmā*.

18. Visphoṭaka

अग्निदग्धनिभाः स्फोटाः सज्वराः पित्तरक्ततः ।

क्वचित् सर्वत्र वा देहे स्मृता विस्फोटका इति ॥१८॥

They are known as *visphoṭaka* which are due to *pitta* and *rakta*, occur at one place or all over the body, have blisters similar to those produced by fire cautery and are associated with fever.

19, 20. Agnirohiṇī¹

कक्षाभागेषु ये स्फोटा जायन्ते मांसदाह(र)णाः ।

अन्तर्दाहज्वरकरा दीप्तपावकसन्निभाः ॥१९॥

सप्ताहाद्वा दशाहाद्वा पक्षाद्वा घ्नन्ति मानवम् ।

तामग्निरोहिणीं विद्यादसाध्यां सन्निपाततः ॥२०॥

That is known as *agnirohiṇī* which is due to all (the three *doṣas* i.e. *vāta*, *pitta* and *kapha*), which produces blisters in the region of axilla, tears the muscles, gives rise to burning sensation internally, and fever, is coloured like a blazing fire, kills the person in a week, ten days or fortnight and is incurable.

21, 22/1. Cippa (Whitlow)

नखमांसमधिष्ठाय पित्तं वातश्च वेदनाम् ।

करोति दाहपाकौ च तं व्याधिं क्षिप्पमादिशेत् ॥२१॥

तदेवाक्षत्ररोगाख्यं तथोपनखमित्यपि ।

1. *Lymphadenitis*, high fever and rapidly fatal course of the disease are characteristic features of bubonic plague which it could very well have been.

That disease is known as *cippa* which is due to *pitta* and *vāta*, occurs in the nail and nail bed, is painful and produces burning and suppuration. This is also called *akṣata* disease and is synonymous with *upanakha*.

22/2, 23/1. Kunakha (Paronychia)

अभिघातात् प्रदुष्टो यो नखो रूक्षोऽसितः खरः ॥२२॥

भवेत्तं कुनखं विद्यात् कुलीनमिति संज्ञितम् ।

That nail which is damaged by trauma, is dry, blackish and rough is known as *kunakha* and is called as *kulina*.

23/2, 24/1. Anuśayī

गम्भीरामल्पसंरम्भां सवर्णामुपरिस्थिताम् ॥२३॥

कफादन्तःप्रपाकां तां विद्यादनुशयीं भिषक् ।

The physician should recognise that as *anuśayī* which is due to *kapha*, occurs on the head, is deep, mildly oedematous, is of the colour of skin, and suppurates internally.

24/2-25/1. Vidārikā

विदारीकन्दवृत्तां कक्षावडक्षणसन्धिषु ॥२४॥

रक्तां विदारिकां विद्यात् सर्वजां सर्वलक्षणाम् ।

That is known as *vidārikā* which is due to all (the three *vāta*, *pitta* and *kapha*) and has the features of all the *doṣas*, occurs within the folds of axillae and groins, is circular like the bulb of *vidāri* and is reddish.

25/2-28/1. Śarkarārbuda

प्राप्य मांससिरास्नायु श्लेष्मा मेदस्तथाऽनिलः ॥२५॥

ग्रन्थिं कुर्वन्ति भिन्नोऽसौ मधुसर्पिर्वसानिभम् ।

स्ववत्यास्नावमत्यर्थं तत्र वृद्धिं गतोऽनिलः ॥२६॥

मांसं विशोष्य ग्रथितां शर्करां जनयेत् पुनः ।

दुर्गन्धं विलम्बमत्यर्थं नानावर्णं ततः सिराः ॥२७॥

स्त्वन्ति सहसा रक्तं तद्विद्याच्छर्कराबुद्धम् ।

Muscles, vessels, ligaments, *kapha*, fat and *vāta* mixing together produce glandular swellings upon the bursting of which an excessive secretion similar to honey, ghee and fat is discharged; then, *vāyu* having increased, and having atrophied the muscles produces concretions in the gland again. Bad odour, excessive soddening, and sudden discharge of blood of various colours occurs from the vessels; that is known as *śarkarārbuda*.¹

28/2.

पामाविचव्यौ कुण्ठेषु रकसा च प्रकीर्तिता ॥२८॥

Pāmā, *vicarcikā*, and *rakasā* have been described with *kuṣṭha* diseases.

29.

Pādadārikā (Rhagades)

परिक्रमणशीलस्य वायुरत्यर्थरूक्षयोः ।

पादयोः कुरुते दारिं सरुजां तलसंश्रितः ॥२९॥

In the excessively dry feet of those who do a lot of walking, the *vāyu* getting located in the soles produces painful fissures.

30, 31. *Kadara* (Corn and Callosity)

शर्करोन्मथिते पादे क्षते वा कण्टकादिभिः ।

मेदोरक्तानुगंश्चैव दोषैर्वा जायते नृणाम् ॥३०॥

सकीलकठिनो ग्रन्थिर्निम्नमध्योन्नतोऽपि वा ।

कोलमात्रः सरुक् स्यावी जायते कदरस्तु सः ॥३१॥

When the feet get traumatised repeatedly by gravels or injured by thorns etc. the vitiated *doṣas* following the *meda* and

1. Dermoid or Sebaceous cysts.

rakta produce *kadara* in human beings; these lesions have a central core, are hard, knotted, depressed or else elevated in the centre, are about the size of a seed of plum, are painful and have a discharge.

32.

Alasa

विलम्बाङ्गुल्यन्तरौ पादौ कण्डूदाहृग्वितौ ।

दुष्टकर्मसंस्पर्शदिलसं तं विनिदिशेत् ॥३२॥

That is called *alasa* which occurs in the sodden interdigital clefts of feet coming into contact with dirty mud. They are associated with itching, burning and pain.

33, 34.

Indralupta (Alopecia)

रोमकूपानुगं पित्तं वातेन सह मूर्च्छितम् ।

प्रच्यावयति रोमाणि ततः श्लेष्मा सशोणितः ॥३३॥

रुणद्धि रोमकूपांस्तु ततोऽन्येषामसंभवः ।

तदिन्द्रलुप्तं खालित्यं रुज्येति च विभाव्यते ॥३४॥

Pitta combining with *vāta* and getting into the pores of hairs (hair follicles) causes fall of hairs; then *kapha* along with *rakta* obstructs the pores of those hairs and makes it impossible for other hairs to grow. That is known as *indralupta*, *khālitya* or *rujyā*.

35.

Dāruṇaka

दारुणा कण्डूरा रूक्षा केशभूमिः प्रपाटयते ।

कफवातप्रकोपेण विद्याद्दारुणकं तु तम् ॥३५॥

That should be known as *dāruṇaka*, in which the scalp becomes hard, itching, dry and fissured due to aggravation of *kapha* and *vāta*.

36.

Arunṣikā

अरुंषि बहुवक्त्राणि बहुक्लेदीनि मूर्धनि ।
कफासृक्कृमिकोपेन नृणां विद्यादरुंषिकाम् ॥३६॥

When excessively sodden lesions having multiple openings are produced in the head of human beings due to vitiation of *kapha*, *rakta* and organisms, that should be known as *arunṣikā*¹.

37.

Palita

क्रोधशोकश्रमकृतः शरीरोष्मा शिरोगतः ।
पित्तं च केशान् पचति पलितं तेन जायते ॥३७॥

Warmth produced by anger, grief and exertion in the body, having gone to the head, as also the *pitta*, mature the hairs; *palita* (grey hairs) is thus produced.

38.

Masūrikā

दाहज्वररुजावन्तस्तामाः स्फोटाः सपीतकाः ।
गात्रेषु वदने चान्तर्विज्ञेयास्ता मसूरिकाः ॥३८॥

Blisters which are coppery as well as yellowish and are found all over the body and on the face as well as within the oral cavity and which are associated with burning sensation, fever and pain are known as *masūrikā*².

39.

Mukhadūṣikā (Pimples)

शाल्मलीकण्टकप्रख्याः कफमारुतशोणितैः ।
जायन्ते पिडका यूनां वक्त्रे या मुखदूषिकाः ॥३९॥

The boils which are produced in the face of the young, which are like the thorns of *śālmālī* and which are due to *kapha*, *vāta* and *rakta* are *mukhadūṣikās*.

1. ? Eczema of the scalp.

2. Generalized coppery eruptions with high fever are the features of small pox. This description could have been of small pox and other eruptive fevers.

40.

Padmini-kaṇṭaka

कण्टकैराचितं वृत्तं कण्डूमत् पाण्डुमण्डलम् ।
पद्मिनीकण्टकप्रख्यैस्तदाख्यं कफवातजम् ॥४०॥

That is known as *padmini-kaṇṭaka* which is full of thorns, is circular, itching, has a yellowish periphery and is like the thorns of *padmini*; this is produced by *kapha* and *vāta*.

41.

Jatumaṇi

नीरुजं सममुत्सन्नं मण्डलं कफरक्तजम् ।
सहजं रक्तमीषच्च इलक्षणं जनुर्मणि विदुः ॥४१॥

That lesion which is painless, raised evenly, circular, produced by *kapha* and *rakta*, is hereditary, reddish and smooth is called *jatumaṇi*¹.

42.

Maṣaka

अवेदनं स्थिरं चैव यस्य गात्रेषु दृश्यते ।
माषवत्कृष्णमुत्सन्नमनिलान्मषकं वदेत् ॥४२॥

Those eruptions which are seen all over the body, are painless and fixed, are raised and blackish, like pulse of *māṣa* and are due to *vāta* are called *maṣaka*.

43.

Tilakālaka

कृष्णानि तिलमात्राणि नीरुजानि समानि च ।
वातपित्तकफोच्छोषात्तान् विद्यात्तिलकालकान् ॥४३॥

Those eruptions which are blackish, are of the size and shape of sesamum, are painless, and are due to drying up of *vāta*, *pitta* and *kapha* are known as *tilakālaka*.

1. Moles or birthmarks.

44. Nyaccha

मण्डलं महदल्पं वा श्यामं वा यदि वा सितम् ।
सहजं नीरुजं गात्रे न्यच्छमित्यभिधीयते ॥४४॥

Those circular eruptions on the body which are big or small, blackish or whitish, which are hereditary and painless are called *nyaccha*.

45/1. Carmakīla

समुत्थाननिदानाभ्यां चर्मकीलं प्रकीर्तितम् ।

Because of similarity in the pathogenesis and diagnosis *carmakīla* has already been described.¹

45/2-47/1. Vyāṅga and Nilikā.

क्रोधायासप्रकृपितो वायुः पित्तेन संयुतः ॥४५॥
सहसा मुखमागत्य मण्डलं विसृजत्यतः ।
नीरुजं तनुकं श्यावं मुखे व्यङ्गं तमादिशेत् ॥४६॥
कृष्णमेवंगुणं गात्रे मुखे वा नीलिकां विदुः ।

The *vāyu* aggravated by anger and exertion in combination with *pitta*, reaching the face suddenly produces circular patches there, which are painless, small in size and blackish and are called *vyāṅga*.

Eruptions in the body and the face with same features (as *vyāṅga*) but blackish in colour are known as *nilikā*.

47/2-50/1. Parivartikā (Paraphimosis)

मर्दनात् पीडनाच्चाति तथैवाप्यभिघाततः ।
मेढ्रचर्म यदा वायुर्भजते सर्वतश्चरः ॥४७॥

2. S. S. II. 2. 18-20.

तदा वातोपसृष्टं तु चर्म प्रतिनिवर्तते ।
मणेरधस्तात् कोशश्च ग्रन्थिरूपेण लम्बते ॥४८॥
सवेदनः सदाहश्च पाकं च व्रजति क्वचित् ।
मारुतागन्तुसंभूतां विद्यात्तां परिवर्तिकाम् ॥४९॥
सकण्डूः कठिना चापि सैव श्लेष्मसमुत्थिता ।

Due to excessive rubbing and squeezing and also due to excessive trauma, when the all pervading (*vyāna*) *vāyu* comes to the skin of the penis, the *vāyu* having got located there retracts the skin leaving the glans below; and then the prepuce swells up like a gland. In some it is associated with pain, burning and suppuration. This is produced by *vāta* and the external factors (such as trauma etc.) and is known as *parivartikā*. If it is associated with itching and is hard, the same should be known to have arisen due to *kapha*.

50/2-52/1. Avapāṭikā (Prepuce tears)

अल्पीयः खां यदा हर्षाद्दालां गच्छेत् स्त्रियं नरः ॥५०॥
हस्ताभिघातादथवा चर्मण्युद्धतिते बलात् ।
मर्दनात्पीडनाद्वापि शुक्रवेगविघाततः ॥५१॥
यस्यावपाटयते चर्म तां विद्यादवपाटिकाम् ।

When an excited man does sexual intercourse with an adolescent girl having narrow vaginal orifice, or due to manual trauma, the foreskin gets forcibly retracted or due to rubbing, squeezing or also due to suppressing seminal discharge, penile skin gets torn; that is known as *avapāṭikā*.

52/2-54. Niruddhaprakāśa (Acquired Phimosis)

वातोपसृष्टमेवं तु चर्म संश्रयते मणिम् ॥५२॥
मणिश्चर्मोपनद्धस्तु सूत्रस्रोतो रुणद्धि च ।
निरुद्धप्रकशो तस्मिन्मन्दधारमवेदनम् ॥५३॥

मूत्रं प्रवर्तते जन्तोर्मणिर्न च विदीर्यते ।

निरुद्धप्रकाशं विद्यादुदुहं चावपाटिकाम् ॥५४॥

When the *vāyu* having got vitiated and located in the prepuce and the glans, produces adhesions between the two, the urinary passage gets obstructed. With the passage getting narrow he passes thin stream of urine without pain and the glans cannot be exposed. This is also known as *niruddha-prakaśa* and is also due to improper healing of *avapāṭikā*.

55, 56. Sanniruddhaguda (Anal Stenosis)

देगसंधारणाद्वायुर्विहतो गुदमाश्रितः ।

निरुद्धि महत्स्रोतः सूक्ष्मद्वारं करोति च ॥५५॥

मार्गस्य सौक्ष्म्यात् कृच्छ्रेण पुरीषं तस्य गच्छति ।

सन्निरुद्धगुदं व्याधिमेनं विद्यात् सुदुस्तरम् ॥५६॥

Due to suppression of the evacuatory processes, the *vāyu* gets vitiated and having got located in the rectum, obstructs the large bowel and narrows its external opening. Due to the smallness of the passage, the faeces are passed with difficulty in the person and this disease is known as *sanniruddhaguda* and is curable with difficulty.

57, 58. Ahipūtana (Napkin rash)

शक्रन्मूत्रसमायुक्तेऽधौतेऽपाने शिशोर्भवेत् ।

स्विन्नस्यास्नाध्यमानस्य कण्डू रक्तकफोद्भवा ॥५७॥

कण्डूयनात्ततः क्षिप्रं स्फोटाः स्रावश्च जायते ।

एकीभूतं व्रणैर्घोरं तं विद्यादहिपूतनम् ॥५८॥

When the faeces and urine are present near the anus which has not been cleaned with water and in those infants to whom even after perspiration a bath has not been given, itching is produced due to *rakta* and *kapha*. Then due to itching,

blisters and discharges are quickly produced and all the ulcers become one and this serious disease is called *ahipūtana*.

59, 60. Vṛṣaṇakacchū (Scrotal dermatitis)

स्नानोत्सादनहीनस्य मलो वृषणसंश्रितः ।

यदा प्रविलयते स्वेदात् कण्डू संजनयेत्तदा ॥५९॥

तत्र कण्डूयनात् क्षिप्रं स्फोटाः स्रावश्च जायते ।

प्राहुर्वृषणकच्छूं तां श्लेष्मरक्तप्रकोपजाम् ॥६०॥

When, in absence of baths and annointments, faeces accumulate in the scrotal region and when that becomes sodden due to sweat, itching is produced. Then due to that itching, blisters and a discharge are quickly produced. This is called *vṛṣaṇakacchū* and is due to aggravation of *kapha* and *rakta*.

61. Guda-bhranśa (Prolapse Rectum)

प्रवाहणातिसाराभ्यां निर्गच्छति गुदं बहिः ।

रूक्षदुर्बलदेहस्य तं गुदभ्रंशमादिशेत् ॥६१॥

Due to straining and diarrhoea the rectum comes out in the dehydrated and emaciated person; that is called prolapse rectum.

इति सुश्रुतसंहितायां निदानस्थाने क्षुद्ररोगनिदानं

नाम त्रयोदशोऽध्यायः ॥१३॥

Thus ends the thirteenth chapter entitled "Diagnosis of Minor Diseases" of *Nidāna-Sthāna* of *Suśruta-Samhitā*.

SUGGESTED RESEARCH PROBLEMS

1. A historical and comparative study on the reasons for putting acute and fatal diseases and very minor diseases together would be interesting and may give an insight into the approach of the ancients.
2. A study for the identification of the clinical entities described here would be useful in many ways.
3. *Doṣika* etiology may be investigated to explain the various idiopathic skin diseases.

निदान-स्थानम्
चतुर्दशोऽध्यायः

शूकदोष-निदानम्
Diagnosis of Śūka-doṣa

CHAPTER FOURTEEN
NIDĀNA-STHĀNA

S.S.II.14

SUMMARY

Eighteen types of infective and traumatic lesions of the penis produced by the local applications of watermoss (*śūka*) to elongate it have been described alongwith their *doṣika* etiology and clinical features. Description of these lesions produced by the unhygeinic and improper medications possibly included ulcerative and neoplastic lesions.

चतुर्दशोऽध्यायः

Chapter Fourteen

1. अथातः शूकदोषनिदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of *Śūka-doṣa*"¹.

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Enumeration of Eighteen *Śūka* Diseases

लिङ्गवृद्धिमिच्छतामक्रमप्रवृत्तानां शूकदोषनिमित्ता दश
चाष्टौ च व्याधयो जायन्ते । तद्यथा—सर्षपिका, अष्ठीलिका,
ग्रथितं, कुम्भीका, अलजी, मृदितं, समूढपिडका, अवमन्थः, पुष्करिका,
स्पर्शहानिः, उत्तमा, शतपोनकः, त्वक्पाकः शोणितार्बुदं, मांसार्बुदं,
मांसपाकः, विद्रधिः, तिलकालकश्चेति ॥३॥

In those desirous of getting their penis enlarged and in those engaged in irregular procedures, eighteen diseases are produced due to *śūka-doṣa*. They are as follows :

- | | |
|---------------------------|-----------------------|
| 1. <i>Sarṣapikā</i> , | 2. <i>Aṣṭhīlikā</i> , |
| 3. <i>Grathita</i> , | 4. <i>Kumbhīkā</i> , |
| 5. <i>Alajī</i> , | 6. <i>Mṛdita</i> , |
| 7. <i>Samūḍhapidakā</i> , | 8. <i>Avamantha</i> , |

1. Wrong use of recipes for enlarging the penis, the *śūka* (recipes) being watermoss with organisms (*Dalhana*).

- | | |
|------------------|------------------|
| 9. Puṣkarikā, | 10. Sparśahāni, |
| 11. Uttamā, | 12. Satapōnaka, |
| 13. Tvakpāka, | 14. Śoṇitārbuda, |
| 15. Māmsārbuda, | 16. Māmsapāka, |
| 17. Vidradhi and | 18. Tilakālaka. |
4. Sarṣapikā

गौरसर्षपतुल्या तु शूकदुर्भग्नहेतुका ।

पिडका कफरक्ताभ्यां ज्ञेया सर्षपिका बुधैः ॥४॥

The boils which are like white mustard and which are due to (vitiated) *kapha* and *rakta* as a result of improper use of the recipes for elongating the penis are known as *sarṣapikā* by the wise.

5. Aṣṭhīlikā

कठिना विषमैरन्तैर्मस्तिस्थ प्रकोपतः ।

शूकैस्तु विषसंभुग्नैः पिडकाऽऽठीलिका भवेत् ॥५॥

The boils which are hard with irregular edges and are due to vitiation of the *vāta* as a result of the use of recipes for enlarging the genitals, along with poisonous materials are called *aṣṭhīlikā*.

6. Grathita and Kumbhikā

शूकैर्यत् पूरितं शश्वद्ग्रथितं तत् कफोत्थितम् ।

कुम्भीका रक्तपित्तोत्था जाम्बवास्थिनिभाऽशुभा ॥६॥

Grathita is that which is produced due to constant use of *śūka* and arises due to vitiated *kapha*.

Kumbhikā arises due to vitiation of *rakta* and *pitta*, is like the seed of jambu, and is black.

7. Alaji and Mr̥dita

अलजोलक्षणैर्युक्तामलजौ च वितर्कयेत् ।

मृदितं पीडितं यत्तु संरब्धं वायुकोपतः ॥७॥

*Alaji*¹ has already been discussed alongwith its features.

Mr̥dita is that which due to compression, is associated with inflammation, and is due to vitiation of *vāta*.

- 8/1. Sammūḍha

पाणिभ्यां भृशसंमूढे संमूढपिडका भवेत् ।

Sammūḍha-piḍakā is produced by rubbing the penis with both hands.

- 8/2, 9/1. Avamantha

दीर्घा बहुव्यञ्ज्य पिडका दीर्यन्ते मध्यतस्तु याः ॥८॥

सोऽवमन्थः कफासृग्भ्यां वेदनारोमहर्षकुत् ।

Those *piḍakās* which are large, numerous and cracked in the centre are *avamanthas*; they are due to vitiated *kapha* and blood and produce pain and horripilation.

- 9/2, 10. Puṣkarikā & Sparśalāni

पित्तशोणितसंभूता पिडका पिडकाचिता ॥९॥

पद्मपुष्करसंस्थाना ज्ञेया पुष्करिकेति सा ।

जनयेत् स्पर्शहानिं तु शोणितं शूकदूषितम् ॥१०॥

That *piḍakā* which is due to vitiation of *pitta* and *śoṇita*, which is surrounded by many smaller *piḍakās*, and which is like a lotus seed is known as *puṣkarikā*.

Sparśahāni (loss of sensation) is produced by vitiated *śoṇita* due to *śūka*.

11. Uttamā

मुद्गमाषोपमा रक्ता पिडका रक्तपित्तजा ।

उत्तमेषा तु विज्ञेया शूकाजीर्णनिमित्तजा ॥११॥

1. S.S.II.6.18/2.

The *piḍakās* which are like *mudga* and *māṣa* are red, and are due to vitiated *rakta* and *pitta*, should be known as *uttamā*. They are due to repeated use of *śūka* for a long time.

12. Śataponaka

छिद्रैरणमुखैर्वस्तु चितं यस्य समन्ततः ।
वातशोणितजो व्याधिर्विज्ञेयः शतपोनकः ॥१२॥

That disease in which there are multiple tiny openings alround the penis and which is due to vitiation of *vāta* and *śoṇita*, is known as *śataponaka*.

13/1. Tvakpāka

पित्तरक्तकृतो ज्ञेयस्त्वक्पाको ज्वरदाहवान् ।

That should be known as *tvakpāka* which is due to vitiated *pitta* and *rakta*, and which produces fever and burning sensation.

13/2, 13/3. Śoṇitārbuda

कृष्णैः स्फोटैः सरक्तैश्च पिडकाभिश्च पीडितम् ।
यस्य वास्तुर्जश्चोग्रा ज्ञेयं तच्छोणितार्बुदम् ॥१३॥

Those *piḍakās* which are associated with black and red blisters, and in which there is severe pain in the penis should be known as *śoṇitārbuda*.

14/1. Māmsārbuda

मांसदोषेण जानीयादर्बुदं मांससंभवम् ।

Māmsārbuda should be known as being produced due to the vitiation of *māmsa*.

14/2, 15/1. Māmsapāka

शीर्यन्ते यस्य मांसानि यत्र सर्वाश्च वेदनाः ॥१४॥
विद्यात्तं मांसपाकं तु सर्वदोषकृतं भिषक् ।

That in which muscles putrefy and there is pain of all types is known as *māmsapāka* by the clinician; this is due to vitiation of all the *doṣas*.

15/2. Vidradhi

विद्रधिं सन्निपातेन यथोक्तमभिनिर्दिशेत् ॥१५॥

Vidradhi is due to a combination of all the *doṣas* together, and has already been described¹.

16, 17. Tilakālaka

कृष्णानि चित्राण्यथवा शूकानि सविषाणि च ।
पातितानि पचन्त्याशु मेढ्रं निरवशेषतः ॥१६॥
कालानि भूत्वा मांसानि शीर्यन्ते यस्य देहिनः ।
सन्निपातसमुत्थानं तं विद्यात्तिलकालकम् ॥१७॥

Tilakālaka is that condition which is due to vitiation of all the *doṣas* where black and mottled or poisonous *śūkas* being used putrefy the whole penis very quickly and the muscles become black and necrosed.

18. Incurable Types

तत्र मांसार्बुदं यच्च मांसपाकश्च यः स्मृतः ।
विद्रधिश्च न सिध्यन्ति ये च स्युस्तिलकालकाः ॥१८॥

Out of all these *māmsārbuda*, *māmsapāka*, *vidradhi* and *tilakālaka* are incurable.

इति सुश्रुतसंहितायां निदानस्थाने शूकदोषनिदानं
नाम चतुर्दशोऽध्यायः ॥१४॥

Thus ends the fourteenth chapter entitled "Diagnosis of Disorders due to 'Śūka-doṣa' of *Nidāna-Sthāna* of *Suśruta-Saṁhitā*.

SUGGESTED RESEARCH PROBLEMS

1. A whole chapter devoted to the lesions caused by local applications to increase the size of the penis indicates its prevalent practice. A historical and comparative study on this practice in other civilizations may be interesting.
2. Clinical features of cancer penis can be identified in some lesions (4-18) described. Associations of cancer and application of irritants is significant and should be further looked into.
3. A study to correlate the conditions described here (4-18) with modern clinical terminology may be undertaken.
4. An experimental study to evaluate the properties of local applications of watermoss especially in increasing the size of tissues may be useful; a harmless preparation could later be developed and judged in cases of non-endocrinal hypogenitalism etc.

निदान-स्थानम्
पञ्चदशोऽध्यायः

भग्न-निदानम्

Diagnosis of Fractures and Dislocations

S.S.II.15.

SUMMARY

Various etiological and clinical features of fractures and dislocations have been dealt with in this chapter. Trauma, accidental or otherwise, has been mentioned as the cause of all bony injuries (3).

Six types of dislocations and twelve types of fractures have been described (4).

Loss of function of the joints and tenderness have been described as the general clinical features of dislocations (6). Description of the different types of dislocations includes displacements in all directions and also some fracture-dislocations (5, 7).

Fractures have been classified into twelve types. The description includes almost all types of bony injuries including greenstick and fissured fractures and subperiosteal hematomas (8).

Crepitus, tenderness, and loss of function have been mentioned as general features of fractures (9).

Individual fractures were diagnosed on the type of injury and the deformity caused (10).

Comminuted, impacted and compound fractures have been considered difficult to treat. Very old or young and malnourished persons have been mentioned as bad risk patients (11).

Further, fractures involving head and neck, pelvis and chest were thought to be incurable (12, 13).

Pathological fractures occurring in congenitally diseased bones have also been mentioned as incurable (14).

The fractures have been said to heal better in young adults (15).

The different types of bones have been mentioned to sustain different types of fractures (16).

पञ्चदशोऽध्यायः

Chapter Fifteen

1. अथातो भग्नानां निदानं व्याख्यास्यामः ॥१॥

Hereafter we would expound upon "The Diagnosis of Fractures and Dislocations".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Etiology

पतनपीडनप्रहाराक्षेपणव्यालमृगदशनप्रभृतिभिरभिघातविशेषैरनेक-
विधमस्थनां भङ्गमुपदिशन्ति ॥३॥

Fall, compression, blows, throwing and specific traumas from teeth etc. of ferocious or docile animals are mentioned to cause various types of bony injuries.

4. Classification

तत्र भङ्गः (ग्न) जातमनेकविधमनुसार्यमाणं द्विविधमेवोपपद्यते
सन्धिमुवृतं, काण्डभग्नं च । तत्र षड्विधं सन्धिमुवृतं द्वादशविधं
काण्डभग्नं भवति ॥४॥

Now, bony injuries produced by various means are conventionally classified into two groups only—dislocation of joints and breaking of bones (fractures). The dislocations are of six types and the fractures are of twelve types.

5. Types of Dislocations

तत्र सन्धिमुक्तम्—उत्पिष्टं, विश्लिष्टं, विवर्तितम्, अवक्षिप्तं, अतिक्षिप्तं, तिर्यक्क्षिप्तमिति षड्विधम् ॥५॥

The six types of dislocations are :

1. *Utpiṣṭa* —Fracture-Dislocation.
2. *Viśliṣṭa* —Subluxation.
3. *Vivartita* —Dislocation with lateral displacement.
4. *Avakṣipta* —Dislocation with downward displacement.
5. *Atikṣipta* —Dislocation with overriding.
6. *Tiryakṣipta* —Dislocation with oblique displacement.

6. General Clinical Features of Dislocations

तत्र प्रसारणाकुञ्चनविवर्तनाक्षेपणाशक्तिरुग्ररुजत्वं स्पर्शसहृत्वं चेति सामान्यं सन्धिमुक्तलक्षणमुक्तम् ॥६॥

Inability of extension (and abduction), flexion (and abduction), circumduction or any movement, severe pain and hyperaesthesia, are the general clinical features of dislocations.

7. Specific Features of Dislocations

वंशेषिकं तूत्पिष्टे सन्धावुभयतः शोफो वेदनाप्रादुर्भावो विशेषतश्च नानाप्रकारा वेदना रात्रौ प्रादुर्भवन्ति; विश्लिष्टेऽल्पः शोफो वेदनासातत्यं सन्धिविक्रिया च; विवर्तिते तु सन्धिपाश्चात्पगमनाद्विषमाङ्गता वेदना च; अवक्षिप्ते सन्धिविश्लेषस्तीव्ररुजत्वं च; अतिक्षिप्ते द्वयोः सन्ध्यस्थनोरतिक्रान्तता वेदना च; तिर्यक्क्षिप्ते त्वेकास्थिपाश्चात्पगमनमत्यर्थं वेदना चेति ॥७॥

Specifically in the *utpiṣṭa* variety, swelling on both sides of the joint and pain occur; various types of pain specially occur in the nights.

In *viśliṣṭa* type, slight swelling, persistent pain and derangement of the joint occurs.

And, in the *vivartita* type of dislocation deformity and pain occur due to lateral displacement of the joint. In *avakṣipta* type of dislocation separation of the joint and severe pain occur. In *atikṣipta* type of dislocation there is pain and overriding of both bones of the joint. In *tiryakṣipta* type of dislocation one of the bones gets obliquely displaced and excessive pain occurs.

8. Types of Fractures

काण्डभग्नमत ऊर्ध्वं वक्ष्यामः—कर्कटकम्, अश्वकर्णं, चूर्णितं, पिच्छितम्, अस्थिच्छलितं, काण्डभग्नं, मज्जानुगतम्, अतिपातितं, वक्रं, छिन्नं, पाटितं, स्फुटितमिति द्वादशविधम् ॥८॥

Now we would describe the fractures which are of twelve types :

- | | |
|--------------------------|--------------------------|
| 1. <i>Karkṭaka</i> | —Fracture with hematoma. |
| 2. <i>Aśvakarṇa</i> | —Oblique fracture. |
| 3. <i>Cūrṇita</i> | —Comminuted fracture. |
| 4. <i>Piccita</i> | —Compression fracture. |
| 5. <i>Asthicchallita</i> | —Subperiosteal hematoma. |
| 6. <i>Kāṇḍabhagna</i> | —Transverse fracture. |
| 7. <i>Majjānugata</i> | —Impacted fracture. |
| 8. <i>Atipātita</i> | —Complete fracture. |
| 9. <i>Vakra</i> | —Greenstick fracture. |
| 10. <i>Chinna</i> | —Incomplete fracture. |
| 11. <i>Pāṭita</i> | —Cracked fracture. |
| 12. <i>Sphuṭita</i> | —Fissured fracture. |

9. General Features of Fractures

श्वयथुबाहुल्यं स्पन्दनविवर्तनस्पर्शसहिष्णुत्वमवपीड्यमाने शब्दः स्रस्ताङ्गता विविधवेदनाप्रादुर्भावः सर्वास्ववस्थासु न शर्मलाभ इति समासेन काण्डभग्नलक्षणमुक्तम् ॥९॥

Marked swelling, inability to bear movements or rotation and touch, crepitus on squeezing, looseness of the parts, appearance of various types of pain and no relief of pain in any posture, are briefly the general clinical features of fractures.

10. Specific Features of Fractures.

विशेषस्तु संमूढमुभयतोऽस्थिमध्ये भ(ल)ग्नं ग्रन्थिरिवोन्नतं कर्कटकम्, अश्वकर्णवदुद्गतमश्वकर्णकं, स्पृश्यमानं शब्दवच्चूर्णितमवगच्छेत्, पिच्छितं पृथुतां गतमनल्पशोफं, पार्श्वयोरस्थिहीनोद्गतमस्थिच्छलितं, वेल्लते प्रकम्पमानं काण्डभग्नम्, अस्थ्यवयवोऽस्थिमध्यमनुप्रविश्य मज्जानमुन्नह्यतीति मज्जानुगतम्, अस्थि निःशेषतश्छिन्नमतिपातितम्, आभुग्नमविमुक्तास्थि वक्रम्, अन्यतरपार्श्वविशिष्टं छिन्नं, पातितमणुबहुविदारितं वेदनावच्च, शूकपूर्णमिवाध्मातं विपुलं विस्फुटितं स्फुटितमिति ॥१०॥

Specifically in *karkataka* types there is loss of function on both sides of the fracture and in the centre it is raised like a gland (fracture hematoma).

In *aśvakārṇaka* the fracture is raised like the ears of a horse.

In *cūrṇita* type of fracture there is sound on palpation.¹

In *piccita* type of fracture there is flattening and marked swelling.

In *asthicc halita* type of fracture the bones are slightly elevated on the sides.

In *kāṇḍabhagna* the fracture moves on shaking.

In *majjānugata* type of fracture, the bony spicules get impacted into the middle of the bone and let out the bonemarrow.

In *atipātita* type of fracture, the bone is completely broken.

In *vakra* type of fracture the bones get bent, but not broken.

In *chinna* type of fracture the other side remains unbroken.

In *pāṭita* type of fracture many small cracks occur along with pain.

1. *Crepitus*.

In *sphuṭita* the fracture is swollen as if full of bristles and has multiple cracks.

11—13.

Prognosis

तेषु चूर्णितच्छिन्नातिपातितमज्जानुगतानि कृच्छसाध्यानि, कृशवृद्धबालानां क्षतक्षीणकुष्ठिश्वासिनां सन्ध्युपगतं चेति ॥११॥

भवन्ति चात्र—

भिन्न कपालं कट्यां तु सन्धिमुक्तं तथा च्युतम् ।

जघनं प्रति पिष्टं च वर्जयेत्तच्चिकित्सकः ॥१२॥

असंहिलष्टं कपालं तु ललाटे चूर्णितं च यत् ।

भग्नं स्तनान्तरे शङ्खे पृष्ठे मूर्ध्नि च वर्जयेत् ॥१३॥

Out of them *cūrṇita*, *chinna*, *atipātita* and *majjānugata* (types of fractures) are curable with difficulty, as are also those in the weak, the old and the children and in those suffering from consumption, emaciation, leprosy (and other skin diseases) and asthma and in those in whom the joint is also involved.

These verses have been quoted in this context.

Fractures of the skull and waist as well as their dislocations and subluxation, as also, the crushing of the hip bones should be discarded from treatment by the physician.

Separation of skull sutures, *cūrṇita* fractures of the forehead, and fractures in the intermammary region, temples, back and vertex should be discarded (from treatment).

14,15/1. Pathological Fractures

आदितो यच्च दुर्जातमस्थि सन्धिरथापि वा ।

सम्यग्यमितमप्यस्थि दुर्गसाद्दुर्निबन्धनात् ॥१४॥

संक्षोभाद्वापि यद्गच्छेद्विक्रियां तच्च वर्जयेत् ।

The bones and joints which were abnormal even prior to injury or were so since birth¹, or those fractures which even

1. *Pathological fractures*.

though reduced properly, have become complicated due to improper immobilisation and bandaging or due to movements should be discarded from treatment.

15/2, 16/1. Healing of Fractures at Different Ages

मध्यस्य वयसोऽवस्थास्ति स्रो याः परिकीर्तिताः ॥१५॥

तत्र स्थिरो भवेज्जन्तुरपक्रान्तो विजानता ।

If treated by the expert clinician the fractures become stable after proper treatment in the middle one of three age groups¹ as described (elsewhere).

16/2-17. Types of Fractures in Different Bones

तरुणास्थीनि नम्यन्ते भज्यन्ते नलकानि तु ॥१६॥

कपालानि विभिद्यन्ते स्फुटन्ति रुचकानि च ॥१७॥

The cartilaginous bones bend, the tubular bones break, the flat bones get fissured and the small bones get cracked.

इति सुश्रुतसंहितायां निदानस्थाने भग्ननिदानं

नाम पञ्चदशोऽध्यायः ॥१५॥

Thus ends the fifteenth chapter entitled "Diagnosis of Fractures and Dislocations" of the *Nidāna-Sthāna* of *Suśruta-Saṃhitā*.

S.S.II.15

SUGGESTED RESEARCH PROBLEMS

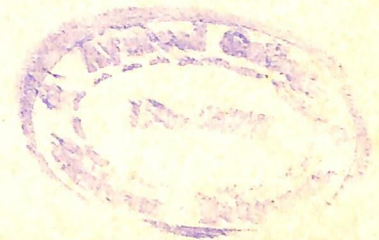
1. A historical and comparative study on the early records of the division of bony injuries into dislocations and fractures and their further classifications should be carried out.

2. A study on the diagnostic features described for various types of fractures and dislocations should be conducted to establish their clinical identity (7, 10).

3. Mention of pathological fractures is significant. A study on the recorded mention of pathological fractures in other systems of medicine would be interesting (14).

4. Similarly a study on early mention of differential healing time in different age groups and different types of fractures occurring in different types of bones could be carried out (15, 16).

5. There has been no mention of *doṣas* in this chapter either in the etiology or symptomatology. It would be interesting to investigate into the reasons for this.



निदान-स्थानम्
षोडशोऽध्यायः

मुखरोग-निदानम्
Diagnosis of Oral Diseases

CHAPTER SIXTEEN
NIDĀNA-STHĀNA

S.S.II.16

SUMMARY

Etiology and clinical features of sixty-five diseases occurring at seven sites in the oral cavity have been dealt with in this chapter (3).

Eight diseases of the lips have been described; the description includes the clinical features of chapped lips, herpes labialis, and neoplasms (4-12).

Fifteen types of gum diseases have been enumerated. They include pyorrhoea alveolaris (17) and other inflammatory lesions of the gums leading to loosening and exfoliation of the teeth (16-24/1), impacted tooth (25/2-26/1) and alveolar sinuses (26/2).

Eight dental diseases (27) including caries, collection of tartar and odontitis have been described (27-35). Dislocation of the jaw (35) has been included in dental diseases.

Three *doṣika* types, carcinoma tongue and ranula have been included in the five tongue diseases (36-39). Clinical features of nine diseases of the palate have been described (40-45); enlarged uvula, and tonsils have been included in the description.

Seventeen diseases of the throat include the description of diphtheria, pharyngeal abscess, peritonsillar abscesses and neoplastic lesions (46-63).

Four types of stomatitis (64-66) have been described.

षोडशोऽध्यायः

Chapter Sixteen

1. अथातो मुखरोगाणां निदानं व्याख्यास्यामः ॥१॥

Now we would expound upon "The Diagnosis of Oral Diseases".

2. यथोवाच भगवान् धन्वन्तरिः ॥२॥

As was described by Lord *Dhanvantari*.

3. Classification of Oral Diseases

मुखरोगाः पञ्चषष्टिर्भवन्ति सप्तस्वायतनेषु । तत्रायतनानि--ओष्ठौ, दन्तमूलानि, दन्ताः, जिह्वा, तालु, कण्ठः, सर्वाणि चेति । तत्राष्टावोष्ठयोः, पञ्चदश दन्तमूलेषु, अष्टौ दन्तेषु, पञ्च जिह्वायां, नव तालुनि, सप्तदश कण्ठे, त्रयः सर्वेष्वायतनेषु ॥३॥

The diseases of oral cavity are sixty-five (in number) and they occur at seven sites. These sites are : the lips, gums, teeth, tongue, palate, throat, and the whole oral cavity. There are eight diseases of the lips, fifteen of the gums, eight of the teeth, five of the tongue, nine of the palate, seventeen of the throat and three affecting the whole oral cavity.

4. Aetiology of Lip Diseases

तत्रौष्ठप्रकोपा वातपित्तश्लेष्मसन्निपातरक्तमांसमेदोभिघात-
निमित्ताः ॥४॥

The diseases of lips are due to *vta*, *pitta*, *kapha* seperately and together, *śoṇita*, *māmsa*, *medas* and trauma.

5. The Clinical Features of Lip Diseases (5—12)

Diseases of Lips due to Vāta¹

कर्कशौ परुषौ स्तब्धौ कृष्णौ तीव्रहृगन्वितौ ।

दाल्येते परिपाट्येते ह्याष्टौ मारुतकापतः ॥५॥

The lips afflicted by *vāta* are rough, hard, rigid, black, acutely painful and have cracks and fissures.

6. Diseases of Lips due to Pitta²

आचितौ पिडकाभिस्तु सर्षपाकृतिभिर्भृशम् ।

सदाहपाकसंस्नावौ नीलौ पीतौ च पित्ततः ॥६॥

The lips afflicted by *pitta* are full of mustard like furuncles leading quickly to burning, suppuration and discharge and they appear blue or yellow.

7. Diseases of Lips due to Kapha³

सवर्णाभिस्तु चीयेते पिडकाभिरवेदनौ ।

कण्डूमन्तौ कफाच्छूनौ पिच्छिलौ शीतलौ गुरु ॥७॥

The lips afflicted by (vitiated) *kapha* are painless and are associated with vesicles having the same colour (as that of lips), have itching and oedema, and are slimy, cold and heavy.

8. Diseases of Lips due to the Three Doṣas (Vāta, Pitta and Kapha) together⁴

सकृत् कृष्णौ सकृत् पीतौ सकृच्छ्वेतौ तथैव च ।

सन्निपातेन विज्ञेयावनेकपिडिकाचितौ ॥८॥

1. It seems to be a viral infection in which crustation is accompanied with the features described here.

2. It could have been herpes zoster or furunculosis.

3. ? Allergic manifestation as after insect bite.

4. ? Herpes labialis.

The lips afflicted by all the three *doṣas* together are known by their being sometimes black, sometimes yellow and sometimes white and by their having vesicles of many types.

9. Diseases of Lips due to Śoṇita¹

खर्जूरफलवर्णाभिः पिडकाभिः समाचितौ ।

रक्तापसृष्टौ रुधिरं स्रवतः शोणितप्रभौ ॥९॥

The lips afflicted by *śoṇita* have a bloody discharge, shine like blood and are associated with vesicles of the colour of date fruit.

10. Diseases of Lips due to vitiated Māmsa²

मांसदुष्टौ गुरु स्थूलौ मांसपिण्डवदुदगतौ ।

जन्तवश्चात्र मूर्च्छन्ति सृक्कस्योभयतो मुखात् ॥१०॥

The lips afflicted by vitiated *māmsa* are heavy, thick, and raised like muscular lumps and maggots appear at both the angles of the mouth.

11. Diseases of Lips due to vitiated Medas³

मेदसा घृतमण्डाभौ कण्डूमन्तौ स्थिरौ मृदू ।

अच्छं स्फटिकसङ्काशमास्त्रावं स्रवतो गुरु ॥११॥

The lips afflicted by vitiated *meda* are like the clear upper layers of *ghṛta*, have itching, are fixed, soft, and heavy with a colourless crystal like discharge.

12. Diseases of Lips due to Chronic Trauma

क्षतजाभौ विदीर्येते पाट्येते चाभिघाततः ।

ग्रथितौ च समाख्यातावोष्ठौ कण्डूसमन्वितौ ॥१२॥

1. ? Erythema multiformi.

2. ? Malignant granuloma or chancre.

3. ? Leucoplakia.

The lips afflicted by trauma are bloody red in colour, have cracks and fissures, have knotty swellings and are associated with itching.

13. Diseases of the Gums (13-26)

दन्तमूलगतास्तु—शीतादो, दन्तपुप्पुटको, दन्तवेष्टकः, शौषिरो, महाशौषिरो, परिदर, उपकुशो, दन्तवैदर्भो, वर्धनः, अधिमांसो, नाड्यः पञ्चेति ॥१३॥

The diseases of the gums are—*Śītāda*, *dantapuppuṭaka*, *dantaveṣṭaka*, *śauṣira*, *mahāśauṣira*, *paridara*, *upakuśa*, *dantavaidarbha*, *vardhana*, *adhimāṃsa*, and the five types of sinuses.

14, 15. Śītāda (Spongy gums)

शोणितं दन्तवेष्टेभ्यो यस्याकस्मात् प्रवर्तते ।
दुर्गन्धीनि सकृष्णानि प्रक्लेदीनि मृदूनि च ॥१४॥
दन्तमांसानि शीर्यन्ते पचन्ति च परस्परम् ।
शीतादो नाम स व्याधिः कफशोणितसंभवः ॥१५॥

That disease in which there is sudden bleeding from the gums¹, in which foul smelling, black, soft and sodden gums get necrosed and start receding is called *śītāda*. It is produced by *kapha* and *śoṇita*.

16. Dantapuppuṭaka (Periodontitis)

दन्तयोस्त्रिषु वा यस्य श्वयथुः सरुजो महान् ।
दन्तपुप्पुटको ज्ञेयः कफरक्तनिमित्तजः ॥१६॥

That disease, in which there is a painful, big inflammatory swelling in two or three teeth together should be known as *dantapuppuṭaka* and is due to *kapha* and *rakta*.

1. Even with gentle touch.

17. Dantaveṣṭa (Pyorrhoea)

स्त्रवन्ति पूयशुधिरं चला दन्ता भवन्ति च ।
दन्तवेष्टः स विज्ञेयो दुष्टशोणितसंभवः ॥१७॥

That disease in which pus and blood are discharged and teeth become loose, should be known as *dantaveṣṭa* and is produced by vitiated *śoṇita*.

18. Śauṣira (Apical Abscess, Root Abscess)

श्वयथुर्दन्तमूलेषु रुजावान् कफरक्तजः ।
लालास्रावी स विज्ञेयः कण्डूमाज् शौषिरो गदः ॥१८॥

That disease in which there is swelling at the roots of teeth, which is painful, has excessive salivation and has itching should be known as *śauṣira* and is due to *kapha* and *rakta*.

19, 20/1. Mahāśauṣira (Palatal Abscess)

दन्ताश्चलन्ति वेष्टेभ्यस्तालु चाप्यवदीर्यते ।
दन्तमांसानि पच्यन्ते मुखं च परिपीडयते ॥१९॥
यस्मिन् स सर्वजो व्याधिर्महाशौषिरसंज्ञकः ।

That disease in which the teeth become loose from their sockets, there is tearing of the palate, suppuration of gums, and pain in the mouth is called *mahāśauṣira* and is due to vitiation of all the three *doṣas* together.

20/2, 21/1. Paridara (Bleeding Gums)

दन्तमांसानि शीर्यन्ते यस्मिन् ष्ठीवति चाप्यसृक् ॥२०॥
पित्तासृक्कफजो व्याधिर्ज्ञेयः परिदरो हि सः ।

That disease in which the gums decay and blood comes on spitting, is known as *paridara* and is due to *pitta*, blood and *kapha*.

21/2-23/1. Upakuśa (Suppurative Gingivitis)

द्वेष्टेषु दाहः पाकश्च तेभ्यो दन्ताश्चलन्ति च ॥२१॥

आघट्टिताः प्रस्त्रवन्ति शोणितं मन्दवेदनाः ।

आध्मायन्ते स्त्रुते रक्ते मुखं पूति च जायते ॥२२॥

यस्मिन्नुपकुशः स स्यात् पित्तरक्तकृतो गदः ।

That disease, in which there is burning sensation and inflammation in the gums, the teeth become loose, there is bleeding with mild pain on moving them and swelling occurs after discharge of blood and there is foetid odour in the mouth, is known as *upakuśa* and is due to *pitta* and *rakta*.

23/3, 24/1. Danta-vaidarbha (Traumatic Periodontitis)

घृष्टेषु दन्तमूलेषु संरम्भो जायते महान् ॥२३॥

भवन्ति च चला दन्ताः स वैदर्भोऽभिघातजः ।

That disease, in which severe oedema is produced upon rubbing the roots of teeth, and the teeth become loose, is called *vaidarbha* and is due to trauma.

24/2, 25/1. Vardhana (Supernumerary Teeth)

मारुतेनाधिको दन्तो जायते तीव्रवेदनः ॥२४॥

वर्धनः स मतो व्याधिजति रक् च प्रशाम्यति ।

That disease, in which the supernumerary tooth is produced by *vāta* and is severely painful, is known as *vardhana* and the pain subsides upon eruption.

25/2, 26/1. Adhimāṁsa (Impacted Tooth)

हानव्ये पश्चिमे दन्ते महाञ्छोथो महारुजः ॥२५॥

लालास्रावी कफकृतो विज्ञेयः सोऽधिमांसकः ।

That disease, in which there is severe inflammation, intense pain in the jaw behind the last tooth, and salivation is known as *adhimāṁsa* and is due to *kapha*.

26/2. Alveolar Sinuses

दन्तमूलगता नाड्यः पञ्च ज्ञेया यथेरिताः ॥२६॥

As described (earlier) five types of sinuses are known to occur in the roots of teeth.

27. Diseases of the Teeth (27-35)

दन्तगतास्तु—दालनः, क्रिमिदन्तको, दन्तहर्षो, भञ्जनकः, दन्तशर्करा, कपालिका, श्यावदन्तको, हनुमोक्षश्चेति ॥२७॥

Diseases of the teeth are : *dālana*, *kṛmidantaka*, *dantaharṣa*, *bhañjanaka*, *dantaśarkarā*, *kapālikā*, *śyāvadantaka* and *hanumokṣa*.

28. Dālana (Odontalgia)

दाल्यन्ते बहुधा दन्ता यस्मिन्स्तीव्ररुगन्विताः ।

दालनः स इति ज्ञेयः सदागतिनिमित्तजः ॥२८॥

That disease in which many teeth get cracked and in which severe pain is produced, is known as *dālana* and is known to be due to *vāta*.

29. Kṛmidanta (Caries)

कृष्णश्छिद्री चलः स्रावी ससंरम्भो महारुजः ।

अनिमित्तरुजो वाताद्विज्ञेयः कृमिदन्तकः ॥२९॥

That disease in which the teeth have black colour, have cavities and become loose, have a discharge, swelling and bouts of severe pain without any apparent cause, should be known as *kṛmidanta* and is due to *vāta*.

30. Dantaharṣa (Hyperaesthesia of the Teeth)

शीतमुष्णं च दशनाः सहन्ते स्पर्शनं न च ।

यस्य तं दन्तहर्षं तु व्याधि विद्यात् समीरणात् ॥३०॥

That disease in which the teeth are unable to bear the touch of cold or hot is known as *dantaharṣa* and is due to *vāta*.

31. Bhañjanaka (Fracture Teeth)

वक्त्रं वक्त्रं भवेद्यस्मिन् दन्तभङ्गश्च तीव्ररूक् ।

कफवातकृतो व्याधिः स भञ्जनकसंज्ञितः ॥३१॥

That disease in which the mouth becomes distorted and there is fracture of teeth alongwith severe pain is called *bhañjanaka* and is due to *kapha* and *vāta*.

32. Dantaśarkarā (Tartar)

शर्करेव स्थिरीभूतो मलो दन्तेषु यस्य वै ।

सा दन्तानां गुणहरी विज्ञेया दन्तशर्करा ॥३२॥

That disease in which tartar gets deposited on the teeth like gravel, and which destroys the qualities of the teeth should be known as *dantaśarkarā*.

33. Kapālikā (Non-vital Teeth)

दलन्ति दन्तवल्कानि यदा शर्करया सह ।

ज्ञेया कपालिका सैव दशनानां विनाशिनी ॥३३॥

That disease, in which enamel of the teeth alongwith gravel gets cracked, is known as *kapālikā* and this destroys the teeth.

34. Śyāvadantaka (Discoloured Teeth)

योऽसृङ्गमिश्रेण पित्तेन दग्धो दन्तस्त्वशेषतः ।

श्यावतां नीलतां वाऽपि गतः स श्यावदन्तकः ॥३४॥

That disease, in which the teeth gets charred due to mixed action of *śoṇita* and *pitta* and which become blackish or blue is known as *śyāvadantaka*.

35. Hanumokṣa (Dislocation of Jaw)

वातेन तैस्तेभविस्तु हनुसन्धिविसंहतः ।

हनुमोक्ष इति ज्ञेयो व्याधिरदितलक्षणः ॥३५॥

That disease in which the mandibular joint becomes dislocated due to *vāta* aggravated by its various causes is known as *hanumokṣa* and has the features of *ardita* disease¹.

36. Diseases of the Tongue (36-39)

जिह्वागतास्तु—कण्टकास्त्रिविधास्त्रिभिर्दोषैः, अलास, उपजिह्विका चेति ॥३६॥

Diseases of the tongue are : the three types of *kaṇṭakas* caused by the three *doṣas*, *alāsa*, and *upajihvikā*.

37. The Three Kaṇṭakas (Glossitis)

जिह्वाऽनिलेन स्फुटिता प्रसुप्ता भवेच्च शाकच्छनदप्रकाशा ।

पित्तेन पीता परिदह्यते च चिता सरक्तरपि कण्टकैश्च ।

कफेन गुर्वी बहला चिता च मांसोद्गमैः शाल्मलिकण्टकाभैः ॥३७॥

The tongue vitiated by *vāta* becomes furred, loss of sensation occurs and it is rough like the leaf of *śāka* tree². The tongue vitiated by *pitta* becomes yellow, has burning sensation and is full of bloody thorns³. The tongue vitiated by *kapha* becomes heavy, thick and is full of muscular papillae like thorns of *śālmali*⁴.

38. Alāsa

जिह्वातले यः श्वयथुः प्रगाढः सोऽलाससंज्ञः कफरक्तमूर्तिः ।

जिह्वां स तु स्तम्भयति प्रवृद्धो मूले तु जिह्वा भृशमेति पाकम् ॥३८॥

That disease which causes an indurated swelling⁵ on the

1. Facial paralysis.

2. Furred tongue.

3. Acute glossitis.

4. Chronic hypertrophic glossitis.

5. ? Carcinoma tongue.

undersurface of the tongue is called *alāsa* and is due to (vitiated) *kapha* and *rakta*. When fully developed it fixes the tongue and causes severe inflammation at the root of the tongue.

39. Upajihvikā¹

जिह्वारूपः श्वयथुर्हि जिह्वामुन्नम्य जातः कफरक्तयोनिः ।
प्रसेककण्डूपरिदाहयुक्ता प्रकथ्यतेऽसावुपजिह्विकेति ॥३९॥

That disease, in which the swelling is shaped like the tip of the tongue, which by being underneath it raises the tongue, and is associated with salivation, itching and burning sensation, is called *upajihvikā* and this is caused by (vitiated) *kapha* and *rakta*.

40. Diseases of the Palate (40-45)

तालुगतास्तु—गलाशुण्डिका, तुण्डिकेरी, अध्रुषः, कच्छपः, अबुदं,
मांससङ्घातः, तालुपुप्फुटः, तालुशोषः, तालुपाक इति ॥४०॥

Diseases of the palate are : *galaśuṇḍikā*, *tuṇḍikerī*, *adhruṣa*, *kacchapa*, *arbuda*, *māmsasanghāta*, *tālupuppuṭa*, *tāluśoṣa* and *tālupāka*.

41. Galaśuṇḍikā (Uvulitis)²

श्लेष्मासृग्भ्यां तालुमूलात् प्रवृद्धो दीर्घः शोफो ध्मातवस्तिप्रकाशः ।
तृष्णाकासश्वासकृत् संप्रदिष्टो व्याधिवैद्यैः कण्ठशुण्डीतिनाम्ना ॥४१॥

That disease, which is caused by (vitiated) *kapha* and *rakta*, which spreads from the base of the palate, produces an

1. Sublingual swelling such as ranula, dermoid etc.

2. Literally gala means throat and *śuṇḍī* trunk of the elephant : *galaśuṇḍikā* or *kaṇṭhaśuṇḍī* therefore means a swelling hanging down in the throat like the trunk of an elephant.

oblong swelling, and looks like a distended bladder, and is further complicated by thirst, cough and dyspnoea, is named *kaṇṭhaśuṇḍī* by the clinicians.

42/1. Tuṇḍikerī (Quinsy)

शोफः स्थूलस्तोददाहप्रपाकी प्रागुक्ताभ्यां तुण्डिकेरी मता तु ।

That disease in which there is oedema, increase in size (of the palate), pricking pain, burning sensation and suppuration is called *tuṇḍikerī* and is due to the above mentioned two (*kapha* and *rakta*).

42/2. Adhruṣa (Acute Inflammation of the Soft Palate)

शोफः स्तब्धो लोहितस्तालुदेशे रक्ताज्ज्ञेयः सोऽध्रुषो रज्ज्वराढ्यः ॥४२॥

That disease, in which there is oedema, fixity and redness in the region of the palate alongwith pain and fever, is called *adhruṣa* and is due to *rakta*.

43/1. Kacchapa¹ (Torus Palatinus)

कूर्मोत्सन्नोऽवेदनोऽशीघ्रजन्माऽरक्तो ज्ञेयः कच्छपः श्लेष्मणा स्यात् ।

That (swelling) which is raised like a tortoise, is painless, takes a longtime to arise and is not reddish is called *kacchapa*; it is due to (vitiated) *kapha*.

43/2. Arbuda (Tumour of the Palate)

पद्माकारं तालुमध्ये तु शोफं विद्याद्रक्तादर्बुदं प्रोक्तलिङ्गम् ॥४३॥

1. ? *Torus Palatinus* : A variety of osteoma palate in which overgrowth occurs in the midline of the hard palate, consisting histologically of laminated deposition of cancellous bone, is dry, hard, the shape and size varying from a flat and small elevation to a large nodular growth (Stones, 1954).

That swelling which is of the shape of a lotus, is in the middle of the palate, and has aforesaid features¹ of *raktārbuda* is called *arbuda*.

44. Māmsasanghāta

दुष्टं मांसं श्लेष्मणा नीरुजं च ताल्वनःस्थं मांससङ्घातमाहुः ॥४४॥

That disease in which muscles inside the palate get vitiated and which is painless, is called *māmsasanghāta* and is due to (vitiating) *kapha*.

45/1. Tālupuppuṭa²

नीरुक् स्थायी कोलमात्रः कफात् स्यान्मेदोयुक्तात् पुष्पुटस्तालुदेशे ।

That swelling in the region of the palate which is painless, fixed, is of the size of a plum is *tālupuppuṭa* and is due the *kapha* alongwith *meda*.

45/2. Tāluśoṣa

शोषोऽत्यर्थं दीर्यते चापि तालुः श्वासो वातात्तालुशोषः सपित्तात् ।

That disease in which there is excessive dryness, cracks in the palate and dyspnoea is called *tāluśoṣa* and is due to (vitiating) *vāta* alongwith *pitta*.³

45/3. Tālupāka (Palatal Abscess)

पित्तं कुर्यात् पाकमत्यर्थघोरं तालुन्येनं तालुपाकं वदन्ति ॥४५॥

Pitta causes excessively severe suppuration in the palate, and this is called *tālupāka*.

1. S.S.II.11.15/2-17/1.

2. Palatal swellings like mixed salivary tumours or cysts etc.

3. Probably it alludes to local palatal manifestation of some systemic disease.

46. Diseases of Throat

कण्ठगतास्तु—रोहिण्यः पञ्च, कण्ठशालूकम्, अधिजिह्वो, वलयो, बलास, एकवृन्दो, वृन्दः, शतघ्नी, गिलायुः, गलविद्रधिः, गलौघः, स्वरघ्नो, मांसतानो, विदारी चेति ॥४६॥

Diseases of the throat are : Five types of *rohini*, *kantpaśālūka*, *adhijihva*, *valaya*, *balāsa*, *ekavṛnda*, *vṛnda*, *śataghñī*, *gilāyu*, *galavi-drādhi*, *galaugha*, *svaraghna*, *māmsatāna*, and *vidāri*.

47. Rohiṇi (Diphtheria)

गलानिलः पित्तकफौ च मूर्च्छितौ

पृथक् समस्ताश्च तथैव शोणितम् ।

प्रदूष्य मांसं गलरोधिनोऽङ्कुरान्

सृजन्ति यान् सासुहरा हि रोहिणी ॥४७॥

The fatal disease, in which the throat is afflicted by (vitiating) *vāta*, *pitta* and *kapha* separately or all together and also by *śoṇita* which vitiate the muscular tissue and produce buds which obstruct the throat, is called *rohiṇi*.

48. Vātarohiṇi.

जिह्वां समन्ताद्भृशवेदना ये मांसाङ्कुराः कण्ठनिरोधिनः स्युः ।

तां रोहिणीं वातकृतां वदन्ति वातात्मकोपद्रवगाढयुक्ताम् ॥४८॥

That disease, in which the muscular buds are present around the tongue, which are extremely painful and which obstruct the throat is called *rohiṇi* due to the action of *vāta*; this is accompanied with severe complications of *vāta*.

49. Pitta and Kapha Rohiṇi

क्षिप्रोद्गमा क्षिप्रविदाहपाका तीव्रज्वरा पित्तनिमित्तजा स्यात् ॥

क्षोतोनिरोधिन्यपि मन्दपाका गुर्वी स्थिरा सा कफसंभवा वै ॥४९॥

That *rohiṇī*, in which (muscular buds) appear quickly and soon produce burning pain and suppuration and are accompanied with high fever is known to be due to *pitta*; that in which the channels get obstructed, which is mildly suppurating, heavy and localized is due to *kapha*.

50. Rohiṇī due to Three Doṣas and Blood

गम्भीरपाकाऽप्रतिवारवीर्या त्रिदोषलिङ्गा त्रयसंभवा स्यात् ।
स्फोटाचिता पित्तसमानलिङ्गाऽसाध्या प्रदिष्टा रुधिरात्मिकेयम् ॥५०॥

That *rohiṇī*, which has deep seated suppuration, which is uncontrollable by all measures and which has the features of all the *doṣas*, is due to all the three *doṣas* together; that which is full of blisters, has features like those of *pitta* and is incurable, is due to *śoṇita*.

51. Kaṇṭhaśālūka

कोलास्थिमात्रः कफसंभवो यो ग्रन्थिर्गले कण्ठकशूकभूतः ।
खरः स्थिरः शस्त्रनिपातसाध्यस्तं कण्ठशालूकमिति ब्रुवन्ति ॥५१॥

That disease in which glandular swelling of the size of a plumseed occurs in the throat, has pain like that of a thorn or bristle, and which is rough, localized and curable by surgical measures only, is called *kaṇṭhaśālūka* and this is due to *kapha*.

52. Adhijihvā¹

जिह्वाग्ररूपः श्वयथुः कफात् जिह्वाग्रबन्धोपरि रक्तमिश्रात् ।
ज्ञेयोऽधिजिह्वः खलु रोग एष विवर्जयेदागतपाकमेनम् ॥५२॥

That disease in which swelling of the shape of the tip of the tongue occurs at the base of the tongue due to *kapha*

1. Swelling in the posterior part of dorsum of the tongue.

alongwith *śoṇita* should be known as *adhijihvā*. It should be discarded (from treatment) when it undergoes suppuration.

53. Valaya¹

बलास एवायतमुन्नतं च शोफं करोत्यन्नगतिं निवार्य ।
तं सर्वथैवाप्रतिवारवीर्यं विवर्जनीयं बलयं वदन्ति ॥५३॥

That disease, which is due to *kapha* and which produces diffuse and raised swelling, which obstructs the passage of food and which is uncontrollable is called *valaya* and should be discarded (from treatment).

54. Balāsa²

गले तु शोफं कुरुतः प्रवृद्धौ श्लेष्मानिलौ श्वासरुजोपपन्नम् ।
मर्मच्छिदं दुस्तरमेतदाहुर्बलाससंज्ञं निपुणा विकारम् ॥५४॥

That disease in which the vitiated *kapha* and *vāta* cause inflammation in the throat, and produce dyspnoea and pain, which also injures the vital spots and is treatable with great difficulty is called by the name of *balāsa* by the wise.

55. Ekavṛnda³

वृत्तोन्नतो यः श्वयथुः सदाहः कण्ठवन्वितोऽपाक्यमृदुर्गुरुश्च ।
नाम्नैकवृन्दः परिकीर्तितोऽसौ व्याधिर्बलासक्षतजप्रसूतः ॥५५॥

That disease, in which raised and circular inflammation alongwith burning sensation is produced, which is associated with itching, is non-suppurating, and is hard and heavy, is

1. *Valaya* literally means a bangle.

2. *Balāsa* literally means cough. The disease could have been some inflammatory lesion of the throat.

3. ? Chronic pharyngitis.

known by the name of *ekavṛnda* and is caused by *kapha* and *śoṇita*.

56. Vṛinda¹

समुन्नतं वृत्तममन्ददाहं तीव्रज्वरं वृन्दमुदाहरन्ति ।
तं चापि पित्तक्षतजप्रकोपाद्विद्यात् सतोदं पवनास्रजं तु ॥५६॥

That disease, in which there is raised and circular swelling with severe burning sensation, and high fever is known as *vṛnda*, and that should be known to be caused due to vitiation of *pitta* and *śoṇita*. If pricking pain is present it is due to *vāta* and *śoṇita*.

57. Śataghni²

वर्तिर्घना कण्ठनिरोधिनी या च्छिताऽतिमात्रं पिशितप्ररोहः ।
नानारुजोच्छ्रायकरी त्रिदोषाज्ज्ञेया शतघ्नीव शतघ्न्यसाध्या ॥५७॥

That disease in which a thick wick like swelling obstructs the throat, which is full of numerous muscular buds, which produces various types of pain, and is shaped like a *śataghni* (weapon) is called *śataghni*; this is due to all the three *doṣas* together and is incurable.

58. Gilāyu³

ग्रन्थिर्गले त्वामलकास्थिमात्रः
स्थिरोऽल्परुक्स्यात् कफरक्तमूर्तिः ।
संलक्ष्यते सक्तमिवाशनं च
स शस्त्रसाध्यस्तु गिलायुसंज्ञः ॥५८॥

That glandular swelling in the throat, which is of the size

1. ? Acute pharyngitis.
2. Probably some malignant lesion in the throat.
3. ? Polyp.

of a seed of *āmlaka*, which is localised, has mild pain and is due to *kapha* and *rakta*, which feels like an obstructed bolus and is curable by surgery only, is called *gilāyu*.

59. Galavidradhi¹

सर्वं गलं व्याप्य समुत्थितो यः
शोफो रुजो यत्र च सन्ति सर्वाः ।
स सर्वदोषो गलविद्रधिस्तु
तस्यैव तुल्यः खलु सर्वजस्य ॥५९॥

That disease, which produces inflammation after involving the whole of the throat and has pains of all the three types of *doṣas*, is called *galavidradhi*. It is due to all the *doṣas* together and has their combined features also.

60. Galaugha²

शोफो महान्नजलावरोधी तीव्रज्वरो वातगतेर्निहन्ता ॥
कफेन जातो रुधिरान्वितेन गले गलौघः परिकीर्त्यतेऽसौ ॥६०॥

That disease, in which there is severe inflammation in the throat, obstruction to food and water, high fever and which obstructs the movements of wind, is called *galaugha* and is due to *kapha* and *śoṇita*.

61. Svaraghna³

योऽतिप्रताम्यन् श्वसिति प्रसक्तं भिन्नस्वरः शुष्क-विमुक्तकण्ठः ।
कफोपदिग्धेऽनिलायनेषु ज्ञेयः स रोगः श्वसनात् स्वरघ्नः ॥६१॥

That disease, in which (the patient) has constant dyspnoea, hoarseness of voice, dry and paralysed throat and in which

1. ? Retropharyngeal Abscess.
2. Quinsy.
3. ? Acute laryngitis.

kapha occupies the places normally occupied by *vāta*, is known as *svarghna* and is due to *vāta*.

62. Māmsatāna¹

प्रतानवान् यः श्वयथुः सुकण्ठो गलोपरोधं कुरुते क्रमेण ।
स मांसतानः कथितोऽवलम्बी प्राणप्रणुत् सर्वकृतो विकारः ॥६२॥

That disease, in which the painful, spreading inflammation produces obstruction in the throat gradually is called *māmsatāna*; it is pendulous, is fatal and is due to all the *doṣas* together.

63. Vidārī²

सदाहतोदं श्वयथुं सरक्तमन्तर्गले प्लुतिविशीर्णमांसम् ।
पित्तेन विद्याद्वदने विदारिं पार्श्वे विशेषात् स तु येन शेते ॥६३॥

That inflammation, which is associated with burning and pricking sensation, alongwith redness and putrified sodden flesh in the throat, is known as *vidārī* disease of the oral cavity; it is due to (vitiated) *pitta* and occurs specially on the side in which the patient sleeps.

64-66. Sarvasara (Stomatitis)³

सर्वसरास्तु वातपित्तकफशोणितनिमित्ताः ॥६४॥
स्फोटैः सतोदैर्वदनं समन्ताद्यस्याचितं सर्वसरः स वातात् ।
रक्तैः सदाहैस्तनुभिः सपीतैर्यस्याचितं चापि स पित्तकोपात् ॥६५॥
कण्डूयुतैरल्परुजैः सवर्णैर्यस्याचितं चापि स वै कफेन ।
रक्तेन पित्तोदित एक एव कैश्चित् प्रदिष्टो मुखापाकसंज्ञः ॥६६॥

1. A malignant lesion, probably carcinoma.

2. Probably some form of malignancy with superadded secondary infection.

The *sarvasara* diseases are due to *vāta*, *pitta*, *kapha* and *śoṇita*.

Vāta and Pitta Sarvasara :

That *sarvasara* which has blisters, alongwith pricking pain all over the mouth, is due to (vitiated) *vāta*. And that *sarvasara* which is covered with reddish, slender and yellow (blisters) associated with burning sensation is due to (vitiated) *pitta*.

Kaphaja Sarvasara and Mukhapāka:

That *sarvasara* which is associated with itching and mildly painful blisters of the same colour as that of the mouth is due to (vitiated) *kapha*.

The *sarvasara* produced by (vitiated) *śoṇita* and *pitta* are one and the same; some call it *mukhapāka*.

इति सुश्रुतसंहितायां निदानस्थाने मुखरोगनिदानं नाम
षोडशोऽध्यायः ॥१६॥

Thus ends the sixteenth chapter entitled 'Diagnosis of Diseases of Oral Cavity' of *Nidāna-sthāna* of *Suśruta-Saṁhitā*.

इति भगवता श्रीधन्वन्तरिणोपदिष्टायां तच्छिष्येण
महर्षिणा सुश्रुतेन विरचितायां सुश्रुतसंहितायां
द्वितीयं निदानस्थानम् ॥२॥

Thus ends second canto, *Nidāna-Sthāna* of *Suśruta-Saṁhitā* written by the great saint *Suśruta*, the disciple of and as preached by Lord *Dhanvantari*.

S.S.II.16

SUGGESTED RESEARCH PROBLEMS

1. A comparative study could be done to establish the identity of the various diseases described in this chapter.
2. Hare-lip has not been mentioned in the diseases of the lips, although *Vāgbhatta* has mentioned it as *khaṇḍośtha*. A historical study regarding the early mention of this condition in other systems of medicine may be interesting.
3. Among the clinical features of the five types of 'rohini' specially the respiratory obstruction and its fatal course are the features of diphtheria. A study on the early mention of this disease would be worthwhile.

Reference :

Stones, H.H. (1954) : Oral and Dental Diseases,
E & S. Livingston Ltd, Edinburgh and London, p. 868.

INDEX

DIAGNOSTIC CONSIDERATIONS IN
ANCIENT INDIAN SURGERY

by

G. D. SINGHAL, L. M. SINGH & K. P. SINGH

A	Abortion	128
	Abscess	
Abdominal	anorectal (<i>bhagandara</i>	
disorders, features of	<i>pidakā</i>)	71
enlargements	apical/dental root	
aetio-pathogenesis	(<i>śausira</i>)	235
ascites in, terminal	breast	158
<i>baddhagudodara</i>	classification	137
(intestinal	diagnosis	133-146
obstruction)	differentiation from	
clinical features	<i>gulma</i>	143
<i>dakodara</i>	discharges	138
eight types	features	
<i>kaphodara</i>	clinical	140
<i>parisrāvyudara</i>	specific	141
(<i>āgantuka</i>)	incurable	144
<i>pittodara</i>	internal, aetiology of	140
<i>plihodara</i>	<i>kaphaja</i>	138
(splenomegaly)	palate	
prodromal features	<i>mahāśauśira</i>	235
<i>sannipātodara</i>	<i>tālupāka</i>	242
<i>vātodara</i>	pathogenesis	137
<i>yakrddālyudara</i>	<i>pittaja</i>	138
(hepatomegaly)	prognosis of	140
<i>Abhyantarāyāma</i>	<i>raktaja</i>	139
(emprosthotonos)	root (<i>śauśira</i>)	235
Abnormalities, urinary	<i>sannipātaja</i>	139
(see <i>prameha</i>)	sites	140

- traumatic (*āgantuja*) 139
vātaja 138
 Actinomycosis (*valmīka*
 Madura foot) 191
Adhijihvā 243, 244
Adhimāmsa 236
Ādhmāna (*valmīka*) 30
Adlruṣa 240, 241
Adhyarbuda 169
Agni-rohīṇī 189, 194
Ah pītānā 190, 202
Āj gūllikā 189, 190
Akṣaṭa 195
Ākṣepaka 22, 24
Alaji 104
 penile disease 209, 210
Alasa 190, 197
Alāsa (? carcinoma tongue) 239
 Alopecia 190, 197
 Ambrosia 11
Amlameha 99, 101
 Anal
 lips 38
 sphincters 38
pravāhiṇī 38
samvarṇī 38
 stenosis 190, 202
visarjanī 38
Andhālī 189, 191
Antarvidradhi 140, 141
 (see also abscess, internal)
Āntravṛddhi (hernia,
 inguino-scrotal) 179
Anuśayī 190, 195
Apaci (lymphadenitis) 161-167,
 172
Apāna vāyu 13, 15, 19
Apatānaka 23, 24
Apatantraka 25
 Aphasia 30
Arbuda (tumour) 165, 168, 169
adhyarbuda 169
dvirarbuda 169
māmsārbuda 168
 non-suppurative of 169
raktārbuda 168
tālu-arbuda 240, 241
Ardita (facial paralysis) 26
Arśa (see also piles) 33-47
Aruṇa 81, 82
Arunśikā 190, 198
 Ascites (*dakodara*), 118
 terminal 119
Aśmari (calculi, urinary) 49-62
Asthichallita (subperiosteal
 hematoma) 221, 222
Asthilikā penile disease 209, 210
Aśvakarṇa, *aśvakarṇaka*
 (oblique fracture) 221, 222
Atikṣiptā (dislocation with
 overriding) 220, 221
Atipātita (complete
 fracture) 221, 222
Audumbara 81, 82
Avabāhuka 29
Avakṣipta (dislocation with
 downward displacement)
 220, 221
Avamantha penile
 disease 209, 211
Avapāṭikā 190, 201

B

- Baddhagudodara* (intestinal
 obstruction) 117
Bādhīrya (deafness) 29
Bāhyāyāma (opisthotonos) 24
Balāsa 245
Bhagandara (fistula-in-ano)
 63-73

- piḍakā* (ano-rectal
 abscess) 71
Bhagna (fracture and
 dislocations) 215-225
kāṇḍabhagna
 (fractures) 219, 221, 222
sandhimukta
 (dislocations) 219, 220
Bhagavān 12
Bhañjānaka (fracture teeth) 238
Bījaka 126
 Bladder, urinary 59-61
 „ pain (*tūnī*) 30
 Boil, perianal 71
 Brachial neuralgia
 (*viśvāci*) 28
 Breast
 abscess 158
 diseases 147-151, 156
- C**
- Caesarian section 129
 Calculi, urinary
 (*aśmari*) 49-62
 aetio-pathogenesis 53, 60
 age in relation to 57
 clinical features 54
 formation 60
 premonitory symptoms 54
 types 53
 oxalate 56
 phosphate 55
 urate 55
 uric acid 55
 Callosity 196
 Carcinoma tongue (*alāsa*) 239
 Caries tooth (*kṛmidanta*) 237
Carmadala 83
Carmakīla (warts) 44, 190, 200
 Cellulitis 147-153
 aetiology 151
 of combined origin 152
 of *kapha* origin 152
 of *pitta* origin 152
 of traumatic origin 153
 of *vāta* origin 151
 prognosis 153
 spreading 151
Chinna (incomplete
 fracture) 221, 222
 Chyluria 95, 101
Cippa (whitlow) 189, 194
 Concretions, seminal
 (*śukrāśmari*) 57
 Contagious diseases,
 spread of 90
 Convulsions 22-25
 aetiology 24
ākṣepaka 22, 24
apatantraka 25
 incurable 24
 repeated (*apatānaka*) 23, 24
 Corn 196
 Cripple (*paṅgu*) 28
Cūrṇita (comminuted
 fracture) 221, 222
 Cyst 165
 Cysto-urethritis (*uṣṇa-vāta*) 58
- D**
- Dadru* 81, 82
Dakodara (ascites) 118
Dālana (odontalgia) 237
Dandāpatānāka (orthotonos) 23
Danta-puppuṭaka (periodontitis)
 234
 — *roga* (diseases of the
 teeth) 237-239
 — *śarkarā* (tartar) 237, 238
 — *vaidarbha* 234, 236

- *veṣṭa* (pyorrhoea) 234, 235
Dāruṇaka 190, 197
 Dead foetus, signs of 129
 Deafness (*bādhīrya*) 29
 Death, foetal, causes of 129
 Dental hyperaesthesia 237
 Dermatitis, scrotal 203
Dhanustambha 23, 24
 Diabetes (*madhumeha*) 105-107
 Dilatation, acute gastric (*pratyādhmāna*) 31
 Diphtheria (*rohiṇī*) 243, 244
 kapha rohiṇī 243
 pitta rohiṇī 243
 rohiṇī due to all the three *doṣas* 244
 rohiṇī due to blood (*śoṇita*) 244
 vāta rohiṇī 243
 Disease, diseases
 abdominal 109-120
 breast 147, 149, 156-158
 calculous, urinary 49-62
 contagious 90
 elephantiasis 173-177, 182, 183
 fistula-in-ano 63-73
 minor 185-204
 neoplastic 168, 169
 of abnormal foetal presentations 121-131
 of gums 231, 234-237
 of lips 231-234
 of lymph-nodes 161, 163, 167
 of oral cavity 231, 248, 249
 of palate 231, 240-242
 of penis 205-214
 of teeth 231, 237-239
 of throat 231, 243-248
 of thyroid 161, 163, 165, 169-172
 of tongue 231, 239, 240
 oral 227-250
 orthopaedic 215-225
 piles 33-47
 pyogenic 133-146
 scrotal 173-184
 skin 75-92, 147-156
 urinary 93-107
 vātika 7-32
 venereal 173, 175, 177, 179-181
 Dislocation (*sandhimukta*) 215-225, 238
 clinical features
 general 220
 specific 220
 etiology 219
 jaw (*hanumokṣa*) 238
 types of 220, 221
 atikṣipta (dislocation with over riding) 220, 221
 avakṣipta (dislocation with downward displacement) 220, 221
 tiryakṣipta (dislocation with oblique displacement) 220, 221
 utpiṣṭa (fracture-dislocation) 220
 viśliṣṭa (subluxation) 220, 221
 vivartita (dislocation with lateral displacement) 220, 221
Dūṣyodara 116
Dviarbuda 169
 Dysuria 54

E

- Earache (*karṇaśūla*) 30
 Ear, effect of vitiated *vāyu* on 16
Ekakuṭṭha 83

- Ekavṛnda* 245
 Elephantiasis (*ślīpada*) 173, 175, 177, 182, 183
 climatic endemicity 183
 clinical features 182
 diagnosis of 177
 incurable 182
 kapha predominance in 183
 of hands 183
 pathogenesis 182
 Emprosthotonos (*abhyantarāyāma*) 23, 24
 Enlargements, abdominal 109-120
 Epididymo-orchitis, acute 178
 , chronic 179
 Erythema multiformi 233
- F**
- Facial paralysis (*ardita*) 26
 Filariasis scrotum 179
 (see also elephantiasis)
 Fistula-in-ano (*bhagandara*) 63-73
 aetiology and types 67
 parisāvi 69
 prodromal features 71
 prognosis 72
 śambūkāvarta 70
 śataponaṅka 68
 unmārgi 70
 uṣṭragrīva 69
 Fit, convulsive 25
 Foetal death 129
 Presentation, abnormal 121-131
 aetiology 125
 bijaka type 126
 definition 125
 kila type 126
 parigha type 129
 pratikhura type 126
 prognosis 127
 types of 126, 127
 Foetus, signs of dead 129
 Foot, madura (*valmika*, actinomycosis) 191
 Fracture, fractures (*kāṇḍa-bhagna*) 215-225, 238
 diagnosis of 215, 217, 219
 different ages and 224
 etiology 219
 features
 general clinical 221
 specific 222
 pathological 223
 prognosis 223
 teeth 238
 types of
 asthicchallita (subperiosteal hematoma) 221, 222
 aśvakarṇa (oblique fracture) 221, 222
 atipātita (complete fracture) 221, 222
 chinna (incomplete fracture) 221, 222
 cūrṇita (comminuted fracture) 221, 222
 kāṇḍabhagna (transverse fracture) 221, 222
 karkaṭaka (fracture with hematoma) 221, 222
 majjānugata (impacted fracture) 221, 222
 pāṭita (crack fracture) 221, 222
 piccita (compression fracture) 221, 222
 sphuṭita (fissured

- fracture) 221, 223
vakra (greenstick fracture) 221, 222
 types of, in different bones 224
- G**
- Gadgada* (stammering) 30
Galagaṇḍa (goitre) 161-165, 169-171
Galaśuṇḍikā (uvulitis) 240
Galaugha 243, 247
Galavidradhi 243, 247
Gandhanāmā 193
Gardabhikā 192
Gilāyu 243, 246
 Gingivitis, suppurative 236
 Glossitis 239
 Goitre (*galagaṇḍa*) 161-165, 169-171
 definition 171
 diagnosis 161, 163, 165, 169-171
 incurable 171
 kaphaja 170
 medaja 170
 vātika 170
 Gout (*vāta-rakta*) 20-22
 aetiology 20
 pedal symptoms in 21
 prodromal features 22
 prognosis 22
 spread 22
Granthi 161-167
 diagnosis 161, 165
 kaphaja 166
 medaja 166
 pañtīka 166
 pathogenesis 165
 sirāja 166
 vātika 165
- Grathita* penile disease 209, 210
 Gravel, urinary (*śarkarā*) 57, 58
Gridhrasī (sciatica) 27
Gudabhramśa (prolapse rectum) 203
Gudapiḍakā (perianal boil) 71
Gulma 143
 differentiation from abscess 143
 Gum, bleeding (*paridara*) 235
 , diseases of 227-231, 234-237
 , spongy (*śitāda*) 234
 suppurative gingivitis (*upakuśa*) 236
- H**
- Haematocele 179
Hanugraha (trismus) 23
Hanumokṣa (dislocation of jaw) 238
Haridrāmeha 99, 101
Hastimeha 99, 102
 Heel pain (*vāta kaṇṭaka*) 29
 Hemiplegia (*pakṣāghātā*) 25
 Hepatomegaly 116
 (*yakṛddālyudara*) 116
 Hernia, inguinal 179
 Hydrocele 179
 Hyperaesthesia, dental (*dantaharṣa*) 237
- I**
- Ikṣuvālikāmeha* 99, 100
Indralupta (alopecia) 190, 197
Indravṛddhā 189, 192
 Injuries,
 to bones (see fracture) 215-225, 238
 to joints (see

- dislocation) 215-225, 238
 Intestine, effects of vitiated *vāyu* on 16
 Intestinal obstruction 117
Irivellikā 193
- J**
- Jālagardabha* 189, 193
Jālinī 103
Jatumaṇi 190, 199
 Jaw, dislocation of 238
 Joint, wasting of shoulder 29
- K**
- Kacchapa* (torus palatinus) 241
Kacchapikā 189, 191
Kacchu kuṣṭha 85
Kadara 190, 196
Kākaṇaka kuṣṭha 81, 82
Kakṣā 189, 193
Kalāyakhāṇḍja (lathyrism) 28
Kāṇḍabhagna (fractures) 215-225
Kaṇṭakas (glossitis) 239
Kaṇṭhaśālūkā 243, 244
Kapālakūṣṭha 81, 82
Kapha rohinī 243
Kaphodara 115
Karkaṭaka fracture 221, 222
Karṇaśūla (earache) 30
Khālitya 197
Khaṇḍja 28
Kila 126
Kilāsa (leucoderma) 86
Kiṭibha kuṣṭha 85
Kṛmidanta (caries tooth) 237
Kroṣṭukaśirṣā (synovitis knee) 23
Kṣārameha 99, 101
Kṣaudrameha 99, 102
Kṣudra kuṣṭhas 81, 83-86
Kṣudraroga 189
- Kumbhikā* penile disease 209, 210
Kunakha 190, 195
Kuṣṭha (see also leprosy) 75-92
 major 81, 82
 aruṇa 81, 82
 audumbara 81, 82
 dadru 81, 82
 kākaṇaka 81, 82
 kapāla 81, 82
 puṇḍarika 81, 82
 ṛṣyāḥva 81, 82
 minor 83-86
 carmadala 81, 83
 ekakuṣṭha 81, 83
 kacchū 85
 kiṭibha 81, 85
 mahākuṣṭha 81, 83
 pāmā 81, 85
 parisarpa 81, 84
 rakasā 81, 85
 śidhma 81, 84
 sthūlārūṣka 81, 83
 vicarcikā 81, 84
 visarpa 81, 84
 types of 80, 81
- L**
- Labour, normal 128
 Lamē (*khaṇḍja*) 28
 Lathyrism (*kalāya khaṇḍja*) 28
Lavaṇameha 99, 100
 Leprosy (see also *kuṣṭha*) 77-92
 as hereditary disease 89
 complications of 87
 involving *asthi* 89
 involving *majjā* 89
 involving *māmsa* 88
 involving *meda* 89
 involving skin 88
 involving *śoṇita* 88

- involving *śukra* 89
 prognosis of 90
 sequelae of 87
 Leucoderma (*kilāsa*) 86
 Lip diseases 227-234
 Lymphadenopathy (*apāci*)
 161, 163, 165, 167
 axillary 163, 167
 cervical 163, 167
- M**
- Madhumeha* (diabetes) 105-107
Madhumehi (diabetic) 105-107
Madura foot (*valmika*) 191
Mahākuṣṭha 81, 83
Mahāśauśira (palatal
 abscess) 235
Majjānugata (impacted
 fracture) 221, 222
Majjāparipāka (osteomyelitis) 144
Makkalla 142
 raktavidradhi (puerperal
 sepsis) 142
Māmsapāka penile
 disease 210, 212
Māmsārbuda 168
 penile disease 210, 212
Māmsāsaṅghāta 240, 242
Māmsatāna 243, 248
Māñjiṣṭhāmeha 99, 101
Manyāstambha (wry neck) 26
Maṣaka 190, 199
Masūrīkā 104, 190, 198
Meteorism (*ādhmāna*) 30
 Milk
 normal 158
 secretion 156
 vitiated 157, 158
Minmina (nasal twang) 30
 Minor diseases
- diagnosis of 185-204
 enumeration of 189, 190
 Miscarriage 128
 Miscellaneous sites, effects
 of vitiated *vāyu* on 17
Myḍita penile disease 209, 210
Mūḍhagarbha (see foetal presen-
 tation, abnormal)
Mūka (aphasia) 30
Mukhadūṣikā (pimples) 198
Mukhapāka (stomatitis) 248, 249
Mukharoga (see diseases,
 oral) 227-250
Mūtravṛddhi (hydrocele) 179
- N**
- Nāḍi* (sinuses) 147-151, 154-156
 diagnosis 147-151, 154-156
 due to foreign body 156
 due to *kapha* 155
 due to *pitta* 154
 due to the three *doṣas* 155
 due to two *doṣas* 155
 due to *vāta* 154
 pathogenesis 154
 types 154
 Napkin rash 190, 202
 Nasal twang (*minmina*) 30
 Neuralgia, brachial 28
 Neuritis, peripheral 29
Nilameha 99, 101
Nīlikā 200
Niruddhaprakāśa (phimosis,
 acquired) 190, 201
Nyaccha 190, 200
- O**
- Obstruction, intestinal
 (*baddhagudodara*) 117
 Odontalgia (*dālana*) 237

- Opisthotonos*
 (*bāhyāyāma*) 23, 24
 Oral diseases 227-250
 classification 231
Orthotonos (*daṇḍāpatānaka*) 23
Osteomyelitis
 (*majjāparipāka*) 144
Otalgia (*karṣaśūla*) 30
- P**
- Pādadāha* 29
Pādadārikā 190, 196
Pādaharṣa 29
Padmini-kaṇṭaka 190, 199
Pakṣāghāta (hemiplegia) 25
 Palate
 abscess (*mahāśauśira*) 235
 abscess (*tālupāka*) 242
 diseases of 227-231, 235,
 240-242
 māmsasaṅghāta 242
 soft, acute inflammation of
 (*adhruṣa*) 241
 tālupuppūṭa 242
 tāluśoṣa 242
 torus palatinus (*kacchapa*) 241
 tumour of (*tālu arbuda*) 241
 quinsy (*tunḍikeri*) 241
 uvulitis (*galaśundikā*) 240
Palita 190, 198
Palsy, khesārī (*kalāyakhāṇja*,
 lathyrism) 28
Pāmā
 kuṣṭha 85
 minor disease 190, 196
Panasikā 189, 192
Paṅgu 28
 Paralysis, facial (*ardita*) 26
 Paraphimosis
 (*parivartikā*) 190, 200
- Paridara*
 (gum bleeding) 234, 235
Parigha 126
Parisarpa kuṣṭha 84
Parisāvī fistula-in-ano 67, 69
Parisāvvyudara 117
Parivartikā
 (paraphimosis) 190, 200
 Paronychia 190, 195
Pāṣāṇa-gardabha 189, 192
Pāṭita (crack) fracture 221, 222
 Penile diseases 205-214
 Perforation, intestinal 117, 118
 Periodontitis 234
 traumatic 236
Phenamha 99, 100
 Phimosis, acquired
 (*niruddhaprakāśa*) 190, 201
Piccita (compression)
 fracture 221, 222
Pīḍakā
 bhagandara (anorectal
 abscess) 71
 guda, (perianal boil) 71
 prameha 103-105
 Piles 33-47
 aetio-pathogenesis 37
 clinical features 39
 complications, serious 45
 diagnosis 33-47
 fleshy excrescences,
 resembling 43
 hereditary 42
 paittika 40
 prognosis 42, 45
 raktaja 41
 saṁargaja 45
 sannipātaja 41
 śleṣmika 40
 types 37

- vātika* 39
 Pimples 190, 198
Piṣṭameha 99, 100
Pitta-rohiṇī 243
Pittodara 115
Plīhodara (splenomegaly) 116
Prameha, 93-107
 aetiology of 98
 associated boils 103
 classification of 98, 99
 complications of 102
 doṣas in relation to 99
 general features of 98
 kaphaja 98-100
 pathogenesis of 97, 106
 piḍakā 103-105
 aetiology 104
 clinical features 103
 incurable 104
 types, pathogenesis 103
 alajī 103, 104
 jālinī 103
 kacchapikā 103
 masūrikā 103, 104
 putriṇī 103, 104
 śarāvikā 103
 sarṣapikā 103
 vidārikā 103, 104
 vidradhikā 103, 104
 vinatā 103, 104
 pittaja 98, 99, 101
 predisposing factors 97
 prodromal features 98
 prognosis 98, 99
 vātaja 98, 99, 101
Pramehī 105
Prāṇavāyu 9, 13, 18
Pratikhura 126
Pratitūnī (proctalgia) 30
Pratyādhmāna (dilatation, acute gastric) 31
Pratyasṭhīlā (prostate, malignant enlargement) 31
Pravāhīnī 38
 Prepucial tear (*avapāṭikā*) 201
 Presentations, abnormal
 foetal (see foetal) 121-131
 Proctalgia (*pratitūnī*) 30
 Prostate, enlargement of,
 benign (*vātaṣṭhīlā*) 31
 malignant (*pratyasṭhīlā*) 31
 Puerperal sepsis 142
Puṇḍarika kuṣṭha 82
Puṣkarikā penile disease 210, 211
Putriṇī 103, 104
 Pyorrhoea (*dantaveṣṭa*) 234, 235
- Q**
- Quinsy (*tundikerī*) 240, 241
- R**
- Rakasā kuṣṭha* 81, 85
Raktārbuda 168
Raktavidradhi, makkalla 142
Rasa 15
 Rash, napkin 190, 202
 Rectum
 anatomical considerations 38
 prolapse 190, 203
 Rhagades 190, 196
Roga, kṣudra 185-204
Rohiṇī (diphtheria) 243, 244
 Root abscess, dental (*śauṣira*) 235
Rṣyajihva kuṣṭha 81, 82
Rujyā 197
- S**
- Śambūkāvarta* fistula-in-ano 67, 70
Sammūḍha penile disease 209, 211

- Samvarṇī* 38
Sandhimukta (dislocations) 219, 220
 clinical features
 general 220
 specific 220, 221
 types 220
Sannīpātodara 116
Śanairameha 99, 100
Sannīrudhaguda (anal stenosis) 190, 202
Śarāvikā 103
Śarkarā (gravel, urinary) 57, 58
Śarkarārbuda 190, 195
Sarpimeha 99, 101
Sarṣapikā 103
 penile disease 209, 210
Sarvasara (stomatitis) 248, 249
Śataghñī 243, 246
Śataponaaka 67, 68, 210, 212
 fistula-in-ano 67, 68
 penile disease 210, 212
Śauṣira (dental root abscess) 234, 235
 Sciatica (*grāhṛasī*) 27
 Scrotal
 dermatitis 203
 filariasis 179
 swellings 173-179
 features, clinical 178, 179
 ,, prodromal 178
 pathogenesis 177
 Secretion of milk 156
 Section, caesarian 129
 Seminal concretions
 (*śukrāśmarīs*) 57
 Sepsis, puerperal 142
Sidhma kuṣṭha 81, 84
Siktāmeha 99, 100
 Sinuses (*nāḍī*) 147-151, 154-156
Śītāda (gum, spongy) 234
 Skin
 diseases 75-92
 effects of vitiated *vāyu* on 16
 leprosy (*kuṣṭha*) 75-92
Ślīpada (see elephantiasis) 173-177, 182, 183
 Soft palate, acute inflammation of 241
Śonitameha 101
Śorūtārbuda penile disease 210, 212
Sparśahāni penile disease 210, 211
 Speech disorders 30
 Sphincters, anal 38
Sphuṭita (fissured) fracture 221, 223
 Splenomegaly (*plīhodara*) 116
 Spongy gum (*śītāda*) 234
 Stammering (*gadgāda*) 30
Stanya roga 147-151, 156-158
 Stenosis, anal 190, 202
Sthūlāruṣka kuṣṭha 81, 83
 Stomach, effects of vitiated
 vāyu on 16
 Stomatitis 248
 Stones, urinary (see also calculi) 49-62
paittika (uric acid and urate calculi) 55
ślaiṣmika (phosphate calculi) 55
vātika (oxalate calculi) 56
 Sublingual swelling (*upajihvikā*) 240
Śūkadoṣa 205-214
 diagnosis 209

- enumeration 209
- incurable types
- types
- alajī* 209, 210
- aṣṭhālikā* 209, 210
- avamantha* 209, 211
- grathita* 209, 210
- kumbhikā* 209, 210
- māmsapāka* 210, 212
- māmsārbuda* 210, 212
- mṛdita* 209, 210
- puṣkarikā* 210, 211
- sammūdhapiḍakā* 209, 211
- sarṣapikā* 209, 210
- śatapōnaka* 210, 212
- śoṇitārbuda* 210, 212
- sparsahāni* 210, 211
- tilakālaka* 210, 213
- tvakpāka* 210, 212
- uttamā* 210, 211
- vīdradhī* 210, 213
- Sukrameha* 99, 100
- Sukrāsmari* (seminal concretions) 57
- Svaraghna* 243, 247
- Swellings
- glandular 161-167
- diagnosis 165
- of vascular origin 166
- pathogenesis 165
- scrotal 173-179
- clinical features 178
- diagnosis 177
- pathogenesis 177
- prodromal features 178
- Śyāvadantaka* 237, 238
- Syndrome, burning feet 29
- Synovitis knee
- (*kroṣṭukaśīrṣa*) 28
- T**
- Tālu-arbuda* 240, 241
- pāka* 240, 242
- puppuṭa* 240, 242
- śoṣa* 240, 242
- Tartar (*dantaśarkarā*) 237, 238
- Tear, prepuccial (*avapāṭikā*) 190, 201
- Teeth (see tooth)
- Throat, diseases of 227-231, 243-248
- Tilakālaka* penile disease 199, 213
- Tiryakṣipta* dislocation 220, 221
- Tongue
- carcinoma (*alāsa*) 239
- diseases of 227-231, 239, 240
- glossitis 239, 240
- Tooth
- abscess, apical (*śausīra*) 234, 235
- alveolar sinuses 234, 237
- caries (*kṛmidanta*) 237
- discoloured (*śyāvadantaka*) 237, 238
- fracture (*bhañjānaka*) 237, 238
- hyperaesthesia (*dantaharṣa*) 237
- impacted (*adhimāmsa*) 234, 236
- non-vital (*kapālika*) 237, 238
- odontalgia (*dālana*) 237
- periodontitis (*dantapuppuṭaka*) 234
- pyorrhoea (*dantaveṣṭa*) 234, 235
- supernumerary (*vardhana*) 234, 236

- tartar (*dantaśarkarā*) 237, 238
- traumatic periodontitis (*danta vaidarbha*) 234, 236
- Torticollis (*manyāstambha*) 26
- Torus palatinus (*kacchapa*) 240, 241
- Trismus (*hanugraha*) 23
- Tumours (*arbuda*) 168, 169
- multiple 169
- non-suppurative of 169
- of palate (*tālu-arbuda*) 240, 241
- Tuṇḍikeri* (quinsy) 240, 241
- Tūnī* (bladder pain) 30
- Tvakpāka* penile disease 210, 212
- Tympanitis (*ādhmāna*) 30
- U**
- Udakameha* 99, 100
- Udara* (see abdominal enlargements also) 109-120
- Unmārgī* fistula-in-ano 67, 70
- Upadāmsa*
- clinical features 181
- diagnosis 173-177
- pathogenesis 179
- types 181
- Upajīhvikā* 239, 240
- Upakuṣa* 234, 236
- Upanakha* 195
- Urate calculi 55
- Uric acid calculi 55
- Urinary abnormalities 93-107 (see *prameha*)
- Urinary bladder
- anatomical considerations 59
- effects of *vāta* on 61
- physiological
- considerations 59
- calculi (see calculi, urinary) 49-62
- gravel (*śarkarā*) 57, 58
- Uṣṇavāta* (cysto-urethritis) 58
- Uṣṭragrīva* fistula-in-ano 67, 69
- Utpīṣṭa* fracture-dislocation 220
- Uttamā* penile disease 210, 211
- Uvulitis (*galasūṇḍikā*) 240
- V**
- Vakra* (greenstick) fracture 221, 222
- Valaya* 243, 245
- Valmika* (? actinomycosis, Madura foot) 189, 191
- Vardhana* (supernumerary teeth) 234, 236
- Vasāmeha* 99, 101
- Vāta* (see also *vāyu*)
- functions in health 13
- general characteristics 12
- kanṭaka* (heel pain) 29
- masking of 18
- rakta* (see also gout) 20-22
- rohiṇī* 243
- types 13-15
- apāna* 15, 19
- prāṇa* 13, 18
- samāna* 14, 19
- udāna* 14, 19
- vyāna* 14, 19
- vitiated 15-18
- vyādhi* 11
- Vātaṣṭhīlā* (prostate enlargement, benign) 31
- Vātika* diseases 7-32
- Vātodara* 113, 115
- Vāyu* (see also *vāta*)
- apāna* 15, 19

PAEDIATRIC & GYNAECOLOGICAL CONSIDERATIONS
AND APHORISMS IN ANCIENT INDIAN SURGERY
based on *Kaumāra-tantra* portion of *Uttarā-tantra* of *Suśruta*
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Dr. K. L. Shrimali

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3368

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