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A Conceptual Study of *Vataja Gulma* and its Modern Interpretation

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ABSTRACT

Background: *Gulma roga* is a condition in which a mass of cell is formed within the abdomen. All tumors and tumor like growths in the body are caused due to conflict between *vata* and *kapha* doshas.

Objective: To study the concept of *vataja gulma* along with its modern interpretation.

Method: All the classical text along with modern books are been thoroughly studied.

Discussion: Correlation of *Gulma roga* is quite difficult as any palpable mass found in the nine quadrant can be correlated. Based on the signs and symptoms here *vataja gulma* is correlated with chronic intussusception, phantom tumor and umbilical hernia.

Conclusion: The signs and symptoms of *vataja gulma* are quite similar to chronic intussusception, phantom tumor and umbilical hernia. Hence, an attempt has been made to focus on the above concept.

KEYWORDS

Vataja Gulma, Phantom tumor, Hernia



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INTRODUCTION

Gulma has been named based on its *akriti*(shape). It is characterised by pain as the most important symptom and a palpable lump as the most important sign. It manifests only in five *sthana*- *hridaya*, *nabhi*, two *parswa* and *basti*. *Gulma* is a *vata Pradhan udara vikara*. Any types of *gulma* cannot develop without vitiation of *vayu*. It can occur in any of the nine quadrants of the abdomen which correspond to the five *sthanas* of *gulma* mention by our *acharyas*. Types of *gulma* mentioned by various acharyas are *Charak* (5), *sushrut*(5), *Vagbhata*(8), *Madhav kar*(5), *Bhavaprakash* (5), *Sarangadhara*(8), *Bhela*(5), *Kashyap*(5), *Harita*(5). *Gulma* is not a single disease. It is a single name representing a collection of many medical and surgical condition which occurs in intra abdominal

organs. Any type of pain associated with palpable mass which occur in any quadrants of the abdomen may create a suspicion of *gulma*.

AIMS AND OBJECTIVES

To study about the concept of *vataja gulma* and its modern interpretation

MATERIALS AND METHODS

A conceptual study is made after reviewing all Ayurvedic texts and their commentaries, relevant data from articles , periodicals, journal and published articles, internet media

Nidan of Vataja Gulma:

Acharya Charak has only mentioned about the *nidan* of *vataja gulma* specifically. However, *Acharya Sushrut* and *Vagbhata* has only mentioned about the *samanya nidan* only.

Table 1 Nidan of Vataja Gulma

<i>Charak</i> ¹
<ul style="list-style-type: none"> • Intake of <i>Vata</i> aggravating food. • Adoption of regimens which are exceeding cold. • Administrating of emetic or purgation therapy without oleation. • Vomiting without manifested urges. • Suppression of the manifested urge for passing flatus, urine and stool. • Intake of fresh water in excess specially after heavy food. • Travel in exceedingly jolting vehicles. • Excessively indulgence in sexual act, physical exercise, drink and anxiety. • Assault • Sitting, sleeping, standing, or moving in irregular posture • Indulgence in physical exercise of this sort in irregular posture.

PATGHOGENESIS²:

NIDAN





Vata gets aggravated ,



enters the alimentary tract (*mahasrota*) which later has become hard and round due to ununctuousness,



then spreads and gets localized in *hriday, basti*, sides of the chest or umbilicus region.



It produces colic pain and various types of nodules and remains in a round form.



Vataja gulma.

Table 2 Lakshana

CHARAK³	SUSHRUT⁴	VAGBHAT⁵
<i>Sansthana ruja vikalpa</i>	<i>Hritkukshi sula</i>	<i>Manya sira sula</i>
<i>Vidavatasanga</i>	<i>Mukha kantha sosha</i>	<i>Jwara, pliha vikara</i>
<i>Galavaktra sosha</i>	<i>Vayu nirodha</i>	<i>Antrakujana, vyadha suchyeva</i>
<i>Syavaarunatwat</i>	<i>Visamagnita</i>	<i>Krichaavasana muhu ,stambha</i>
<i>Sisirajwaram</i>	<i>Vikara pavanatmakashcha</i>	<i>gatre</i>
<i>Karuti jeerna abhyaadhikam</i>		<i>Mukhasosha, karshya</i>
<i>prakopa</i>		<i>Visamavahnita</i>
<i>Bhukto mridutwam</i>		<i>Rukshakrisnatvagaditya</i>
<i>hritkukshiparswashirarujam</i>		<i>Gulma sphrutata tuddate</i>

DISCUSSION

Correlation between ayurvedic concept through a modern aspect is a tough process. But observing some similarities between signs and symptoms we can correlate it with the following:

- Chronic intussusception
- Umbilical and Epigastric Hernia
- Phantom tumour

INTUSSUSECPTION⁶

DEFINITION:-

It is telescoping or invagination of own position of the bowel into adjacent segment. It is the most common abdominal emergency affecting child under 2 years old.

TYPE:

➤ Antegrade: Most common

➤ Retrograde: Rare

CAUSE:

- Change in diet during weaning
- Upper respiratory tract viral infection
- Intestinal polyp
- Submucosal lipoma
- Meckel's diverticulum
- Carcinoma
- Purpuric submucosal haemorrhage

CLINICAL FEATURE:

1. Initially colicky pain (75%) which eventually become severe and persistent.
2. Sudden onset of pain in male child with progressive distension of abdomen,



vomiting with passage of “red –currant jelly” stool

3. On examination, a mass is felt either on the right or left of the umbilicus, which is smooth firm and not movable with respiration

4. Right iliac fossa is empty (*sign of dance*)

INVESTIGATION:

- Barium enema
- USG
- Plain X-ray abdomen

TREATMENT;

Mainly surgical

UMBILICAL HERNIA⁷

- Any hernia which appears to be closely related to the umbilicus can be called as umbilical hernia.
- Umbilical hernia develops due to either absence of umbilical fascia or incomplete closure of umbilical defect. Weakest part in the umbilical cicatrix is upper part where hernia begins.

CONGENITAL UMBILICAL HERNIA

- This hernia comes out from the congenital weak umbilical scar. It generally appear first few months after birth.
- It is common in infants and children, occurs commonly due to neonatal sepsis.
- Common in *Down's syndrome*, *Beck-whit-Weidman syndrome*

- Male: female - 2:1

ACQUIRED UMBILICAL HERNIA

- It occurs when part of the intestine or fatty tissue bulges through the muscle near the umbilicus.
- Common in female than male.

COMMON CAUSES-

- Pregnancy, Ascitis, Bowel distension, Ovarian cyst and Fibroid

MANAGEMENT-

- Treat the underlying cause.

PHANTOM TUMOUR⁸

A swelling resembling a tumor is usually caused by muscle contraction or gaseous distention of the intestine.

DISCUSSION

Any palpable localised bulge/lump which moves in the abdomen, associated with stasis of feces, flatus and pain is known as Gulma. Pain relieves on taking food and aggravates on empty stomach. Due to the obstruction of flatus and feces there is increase in flatulance especially in the large intestine. Air moves as a bolus along with the lumen of *brhdantra* through ascending, transverse and descending colon causing movement of palpable air buldge in the flanks (due to the gas in ascending and descending colon), *hrdayaudarik pradesa* (due to gas in the transverse colon).



CONCLUSION

Any type of pain associated with palpable mass which occur in any quadrants of the abdomen may create a suspicion of *gulma*. Gulma is a vata pradhana disease so its diagnosis is completely based on the vikrit lakshana of vayu. The treatment of Gulma should be comprised of vata pacifying agent and therapies.



REFERENCES

1. Charak Samhita By R.K.Sharma, Bhaghwan Dash, Part II, Nidan Sthan Chapter 3 /6, Pg. No. 44-45, choukhambha Sanskrit, Varanasi
2. Charak Samhita By R.K.Sharma, Bhaghwan Dash, Part II, Nidan Sthan Chapter 3 /7, Pg. No. 45-46, choukhambha Sanskrit, Varanasi
3. Charak Samhita By R.K.Sharma, Bhaghwan Dash, Part III, Chikitsa Sthan Chapter 5 /9-11, Pg. No. 255-256, choukhambha Sanskrit, Varanasi
4. Sushrut Samhita, By. P.V. Sharma, Part III, Uttar tantra, Chapter 42/ 10, Pg. No. 421-422
- 5 Astanga Hrudaya, By Brahmananda Tripathy, Nidan Sthan Chapter 11/41-43, Pg. No. 508
6. SRB's Manual Of Surgery, 4th edition, By Sriram Bhat M, Jaypee Publications, Pg. No. 994-995
7. A concise textbook of Surgery by S. Das, pg. No.1115
8. <https://medical-dictionary.thefreedictionary.com>