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Critical understanding of *Rajayakshma Samprapti* with special reference to Respiratory Dominant Pulmonary Tuberculosis

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ABSTRACT

Rajyakshma is one among the *Asthamahagada* explained by *Acharya Charaka* and termed as king of the disease. It had always been challenge to diagnose and treat due to its syndromic manifestation and also the multisystem involvement. So before planning the treatment it is very necessary to understand the *Nidana* and *Samprapti* in detail. *Rajayakshma* has been correlated to many Immunodeficiency Syndromes but on critical analysis on symptomatology, it clinically resembles a respiratory dominant multisystem disease. The condition was also identified as an *Aupsargika Vyadhi* and also a set of predisposing factors i.e., *Chaturvidha Nidana*. Due to the indulgence in *Nidana* there is viatiation of *Tridoshas* and *Sapta Dhatu*. In modern era *Rajyakshma* which affecting the *Pranavaha Srotas* can be correlated to pulmonary tuberculosis. Though there is difference in the pathogenesis of *Rajayakshma* and pulmonary tuberculosis the clinical picture of both is quite similar. The western medicine deals more with the infective focus, it method of spread and different modalities of diagnosis and standard WHO Antimicrobial agents. Aims and objectives of the paper to express the basic concept of *Hetu* and *Samprapti* of *Rajayakshma* which affecting the *Prana Vaha Srotas* w.s.r to pulmonary tuberculosis to its full perspective.

Key words: *Rajayakshma, Nidana, Samprapti, Pulmonary TB*

INTRODUCTION

Rajayaksma is a group of disease gets manifested with the vitiation of *Tridosha* and *Saptadhatu*. The group of symptoms is *Vyadhi* a group of *Vyadhi is Yakshma* and king among the *Yakshma* is *Rajyakshma* which means of fraying condition huge magnitude. Where *Anulomana* and *Pratilomana* are in types of etiopathogenesis. *Rajayakshma*[3] is studied in detail in ancient India since the *Vedic* period and tuberculosis is the nearest clinical entity for *Rajyakshma*. The maximum impact of *Rajyakshma* in India is on respiratory system and meninges however every structure is affected by it but the present study is more focus on respiratory presentation of *Rajyakshma.* Symptoms of *Rajyakshma* are *Jwara*, *Kasa*, *Shwasa*, *Parshwashoola* etc. Therefore the present study has been designed to evaluate the critical and complete understanding of etiopathogenesis of *Rajayakshma* based on the clinical as well as literature survey .by throwing a light of *Ayurvedic* concepts and modern view. Though there is difference in the pathogenesis of *Rajayakshma* and pulmonary tuberculosis the clinical picture of both is quite similar.

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Aims and Objectives

To study the *Ayurvedic* concept of *Rajayakshma* (which affecting *Pranavaha Srotas*) etiopathogenesis with its correlation with the pulmonary tuberculosis

Materials and Methods

Different *Ayurveda* texts, journals, research paper, authentic websites are refereed to study the concepts of *Nidana* and *Samprapti* of *Rajayakshma* w.s.r. to pulmonary tuberculosis.

Concept of *Rajayakshma* and pulmonary tuberculosis

In the classical texts *Acharyas* have classified mainly four main causative factors

1. *Sahasa*
2. *Sandharana*
3. *Vegadharana*
4. *Kshaya*

Other *Nidanas* like;

Aupasargika Nidana

Nidanartha Kara Roga

1. ***Sahasa -*** Among the four *Nidana* of *Rajyakshma* *Sahasa* has been found as the prime etiological factor in every literature. It is also called *Ayathabalamarambha*, *Balavadvigraha*, *Aghata*, and *Sanghata* are the synonyms used for the *Sahasa*. *Sahasa* in the context of *Rajyakshma* may be not only physical work but also consist of certain atypical works like continuous speaking, studies etc. Various type of *Sahasa Karmas* are enumerated in *Charaka Samhita*;

- *Langhana* - observing fast for a very long time
- *Adhyayana* - reciting mantras loudly or continuous speech
- *Plavana* - swimming for a long distance
- *Adhwa* - walking long distance
- *Vishwamachesta* - unusual/irregular activities
- *Bhara Vahana* - carrying excessive weight
- *Dhanusha Vyayachchana* - exertion with big bow
- *Utsadana Padaghata* - restoring to forceful massage and application of pressure by feet
- *Yuddha* - fighting with strong person
- *Patina* - falling from height
- *Abhighata* - subjecting oneself to trauma or assault

Sahasa - working beyond one's own capacity is *Ativyayama*. If a person indulges in such activities his chest gets injured (*Urakshata*) and due to that *Vata* vitiates and initiates the process of pathogenesis. *Urakshata* is given the prime importance in the pathogenesis of *Rajayakshma*

Urakshata - The concept of *Urakshata* can be considered in different dimension. *Urakshata* means *Kshata*/injury to the chest. This can refer to a direct traumatic injury to the chest or indirect injury due to non-traumatic causes. Pulomonary contusion causes severe immune dysfunction of splenocytes, macrophages and monocytes in different local compartments and systematically. Immunosupression is associated with an increased susceptibility to infectious complications. The initial defence against infection with mycobacterium tuberculosis once it reaches the lower respiratory tract is the alveolar macrophages. This cell is capable of inhibiting growth of the bacillus through phagocytosis which gets suppressed in chest injuries. The stress of exercise may have allowed a reactivation of the pathogens responsible for infection. During exercise exposure to airborne pathogens is increased due to higher rate and depth of breathing. An increase in gut permeability may also allow increased entry of gut bacterial endotoxins into the circulation particularly during prolonged exercise. Bouts of excess exercise cause temporary depression of various aspects of immune function like neutrophil, respiratory burst, lymphocyte proliferation etc. Within the respiratory tract, defense from pathogens is accomplished largely through the

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action of alveolar macrophages and the production of cytokines. The alveolar macrophage is an important cell of the innate defense system located within the respiratory tract that has the capacity to take up pathogens in a nonspecific manner. The macrophage can limit replication of pathogens thus limiting further spread of the infection.

2. ***Vega Sandharan*** - It is also known as *Vega Pratighata*, *Vega Samrodha* and *Gatirodha*. One of the important *Nidana* of *Rajyakshma*, it is clarified that only the suppression of the urge of *Mutra*, *Pureesha* and *Vata Vega* are to be considered as *Rajyakshma Hetu*. Where the causative factor itself is an important stimulus for the aggravation of *Vata* urges are driven by *Vayu* present in different because of its *Chala Guna*. Suppressing the elimination of *Mala* leads to *Mala Sanchaya*. *Mala Sanchaya* results in *Tridosha Prakopa*. Suppression of *Mutra*, *Mala* and *Vata* leads to provokes *Apanavata*. *Dushta Vata* will further provoke *Pitta* and *Kapha Dosha* and may result in *Rajayakshma*.

3. ***Kshaya*** - It is understood as *Dhatu Kshaya* in the context of *Rajyakshma*. *Dhatu Kshaya* especially as *Sara Kshaya* (*Shudha Dhatu* not formed). *Rasa* and *Shukra* are mentioned as etiological actor for *Rajayakshma* depletion of *Ojus* or *Rasa* present in the *Hridya* takes places in following way - *Anulomana* and *Pratilomana Kshaya*

Anulomana Kshaya

Shoka Chinta Pratihata Hrudya - affliction of the heart of an individual with an extreme grief and worries, ***Krusho San Rukshannapanasevi*** - consuming *Rooksha Anna Pana* in emaciated individual, ***Irshya-Utkanta-Bhaya-Trasa-Krodha*** - affliction with envoy, worry, fear, sage etc. *Krusho San Rukshannapanasevi*. There is a relation between *Hrudaya* and *Chetana*, *Manas*, *Rasadhatu*, *Vyana Vayu*, Pranavayu, *Ojus*. Hence above psychological factor influences on them so *Sneha Kshaya* resulting into *Vata Dosha Prakopa*. This aggravated *Vata* further does *Shoshana* of *Shareerik Dhatu* leads to excessive *Dhatu Kshaya* leading to *Rajayakshma*. ***Durbalaprakriti Anaharo Alpaharo Va Bhavati*** - fasting or intake of food in lesser quantity by person who are weak in nature. Here person who has already in *Dhatu Kshaya* state where aggravated *Vata* is present and indulges in dry regimen or lack of food or no food which further deteriorate the conditions of *Dhatus*. Because of this body becomes *Ksheena* i.e., ***Durbala or Utsahopachyabalarahitah*** and helps in the manifestation of *Rajayakshma*. *Acharya Charaka* clearly denotes the influence of genetic susceptibility by saying *Durbala Prakriti*.*Prakriti* here is referred as *Dehajanaka Beeja* not *Vataprakriti*.

Pratiloma Kshaya - if an individual indulges in excess coitus, excess utilization of the formed *Dhatu* results in excess a state of need of excess formation of the *Dhatu*. When such over utilization prevails for a long time, it results in *Dhatu Kshaya*. Such *Dhatu Kshaya* is referred as *Pratiloma Kshaya*.

4. ***Vishamashana*** - Also known as *Ashana Virasabhava*, *Annapana Vidhi Pratyaga*. Food consumed in irregular quantity is termed as *Vishamashana*.If *Asthavidha Ahara Vidhi Vishesayatanas* are not properly followed or *Dwadasha Ashana Pravicharana* is not taken into account while consuming *Ahara*, it leads to imbalance in the *Tridosha* and *Dhatus* will not get proper nutrition there by depletion of the *Ojus* and helps to manifest *Rajyakshama* due to aggravation of *Vata*.

Role of nutrition in secondary immunodeficiency

Malnutrition can increase risk of tuberculosis. Under nutrition is not only risk factor of latent tuberculosis infection to active disease, but also increases the risk of drug toxicity, relapse and death once tuberculosis develops. The host protective immune mechanism of infection with mycobacterium tuberculosis depends on the interaction and cooperation between monocyte macrophage and T -lymphocyte and their cytokines. Increased risk of tuberculosis can result from alteration in the individual protective function of or the interaction between a T-lymphocytes and macrophages because of nutritional deficiency. Micronutrients deficiency is considered to be the most

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frequent cause of secondary immunodeficiency and infection related morbidity including tuberculosis Vitamin A has immune-competent role in human tuberculosis. Vitamin A inhibits multiplication of virulent bacilli in cultured human macrophages and has a vital role in lymphocyte proliferation and in maintaining the function of epithelial tissues. Vitamin A is essential for normal functioning of T and B lymphocytes, macrophage activity, and generation of antibody response. Concentration of vitamin E and Vitamin C was found to be significantly lower in tuberculosis patients than healthy controls. Anemia is highly prevalent among adults with pulmonary tuberculosis and deficiency on Iron could contribute in the predisposition for infection

5. ***Nidanarthakara Rogas*** - Besides this our major causes may disease act as like *Jwara*, *Rakta Pitta* , *Pratishyaya* and *Kasa* that can lead to *Rajayakshma* as their complication. It is also seen that during the disease like *Prameha Gulma* and *Grahani* the chances of *Rajyakshma* are increased. It may be because of *Dhatu Kshaya* and due to the chronicity nature of disease.

6. ***Adibala Pravrutti*** - *Pradusta Beeja/ Shonita* or *Beejabhagavayaya* of parents if gets afflicted with the pathology of *Rajyakshma*, then any progeny born in them are suffers from it. *Atharveda* also supports by considering it under *Kshetreeya Vyadhis*.

7. ***Upasarga*** - The infectious nature of the disease was clearly recognized by *Sushruta* included in the list of *Aupasargika Rogas* or contagious disease or endemic in disposition. These are transformed from one person to other by the familiarity of infectious patient.

Samprapti

Acharya Charaka has mentioned the pathogenesis of all the four types of *Rajayakshma* in detail in *Nidana Sthana*. However, a common pathogenesis has been described in *Chikitsa Sthana.*

Other *Acharyas* have mentioned pathogenesis in two ways *Anulomana Kshaya* and *Pratiloma Kshaya*. *Rajayakshma* is primarily attributed to *Dhatu Kshaya*

Samanya Samprapti

- *Srotasam Sannirodhat*
- *Raktadeenam Cha Sankshyat*
- *Dhatushmana Cha Apachayat*

Srotasam Sannirodhat - *Acharya Charaka* says that when *Agni* is in proper form it lead to proper formation of subsequent *Dhatus* and maintain it. But when there is *Srotorodha* / obstruction primarily takes place in *Rasavaha Srotas* (*Adhyadhatu*) that lead to the formation of *Ama*. *Rasa Dhatu* is also responsible for *Dhatu Poshana*. The nutrient materials conveying to the tissues gets obstructed in their channels by the vitiated *Dosha* responsible for the caution of the *Yakshma* '*Yakshmakaraka Dosha* hindering the process of nourishment of tissue fundamentals.

Chakrapanidutta emphasizes upon the word **'***Yakshmakaraka Dosha'* implying a special form of vitiated *Dosha*, which are neither exacerbated nor depleted i.e., *Roopantarita* or deformed *Dosha*. *Tridosha Prakopa* is responsible for the *Srotorodha* among the *Tridosha* particularly *Kapha Dosha* is responsible for *Srotosannirodha.*

Srotorodha has got three important implications on the body;

- As a result of *Srotorodha Dhatu Poshana* doesn't takes place hence results in *Dhatu Kshaya*.
- Secondly due to inadequate *Dhatu Poshana* / nourishment to the *Dhatu* during the process of metabolism of the *Dhatu*, *Dhatu Paka* ensures and results in *Dhatu Kshaya*.
- Thirdly due to *Srotorodha* to *Rasavaha Srotas* the *Ahara Rasa* cannot enter the *Rasavaha Srotas* and will remain in *Kostha*. As a result, *Ahara Rasa* remain as a part of *Pureesha*.

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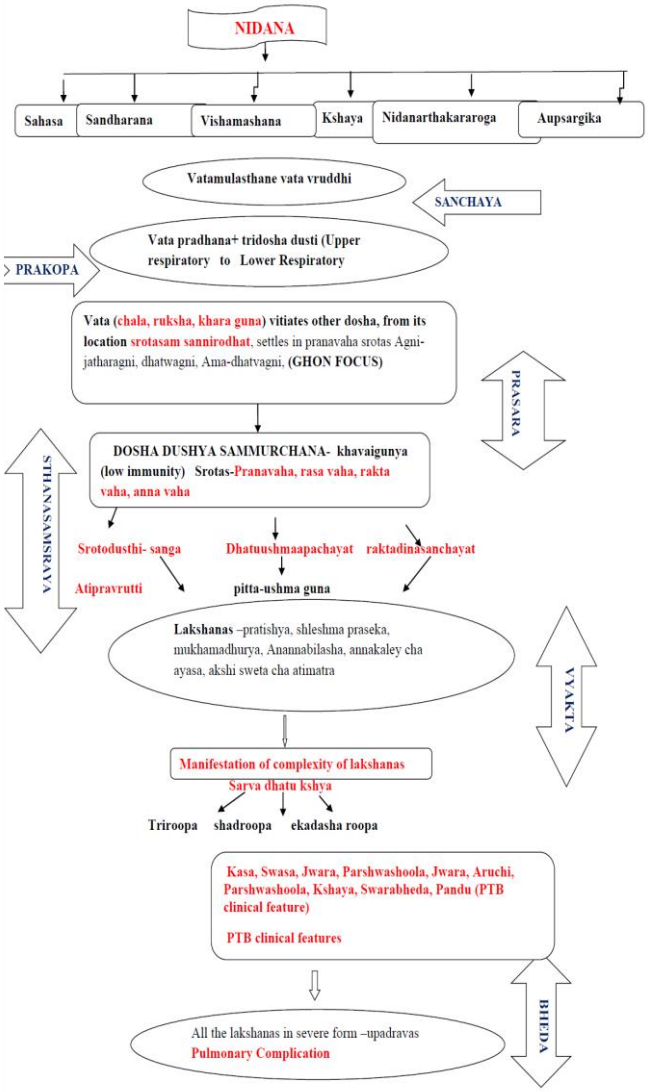
Raktadeenam Cha Sankshayat - The stable tissue elements like *Rakta* etc. due to obstruction to the passage of nutrient material or *Srotamsi* and due to insufficiency of *Upadana Rasa*, it gets depleted as these *Rasa* and *Srotamsi* provide nourishment to *Dhatu*. The reason behind depletion of this, *Rasa* containing *Dhatvahara* during the course of disease is at that time whatever the food is digested in the *Koshta* by *Jatharagni* is reduced to *Mala* or waste products and very little contributes to the formation of *Ojus* or *Sara Bhaga* of *Rasa*. There will be hindrance of *Jatharagni* due the nature of the disease as it is influenced by vitiated *Dosha* chiefly *Kapha* such *Ahara Rasa* produced is insufficient to maintain or to nourish the tissue elements due to incomplete transformation. Therefore, in a *Rajayakshma* patient always concern should be taken particularly against the *Malarakshana* because *Balamtasya Hi Vid Balam.*

Dhatu Ushmana Chayapachayat - Normally the *Dhatu* of body gets metabolised by their own *Ushmas* or *Dhatwagni* / *Dhatuushmana* (transforming enzymes). From these *Dhatu* the other *Dhatu* get nourished through their respective *Srotas* (channels of circulation) e.g. - a *Poshaka Rasa Dhatu* would nourish the *Rakta Dhatu* once however if there is any obstruction to *Srotas* or if there is diminution of stable tissue elements like *Rakta* or if there is diminution of *Dhatu Ushma* or *Dhatvagni* then *Rajyakshma* is manifested. According to *Acharya Sushruta Prakrit Pitta* is responsible for *Paktikrita*, *Ragakruta*, *Ojokrita*, *Tejakrita*, *Ushmakrita*. *Acharya Chakrapani* mention *Ushma* as *Ushmana Rasagniadirupena Tryodashavidehan*. *Apachaya* of *Agni* that leads to improper catabolic reaction. Each *Dhatu* has its own *Agni* and is called as *Dhatwagni*. In a healthy person *Dhatwagni* helps to maintain the *Dhatu* and *Dhatukarma*. From the *Ahara Rasa*, all the *Dhatu* are nourished and in turn the essence of *Dhatu* i.e., *Ojus* is formed. Due to improper *Preena* by *Rasa*, *Dhatu Poshana* will be inadequate and *Dhatwagni Mandya* ensures. As a result, *Dhatu Kshaya*, *Ojo Kshaya* takes place and may manifest *Rajyakshma* and reduce the immunity of the body.

Showing diagrammatic representation of *Samprapti*



Shad Kriya Kala

Sanchaya - *Nidana Sevana - Chaturvidha Nidana, Nidanartha Kara Roga* etc. lead to excessive aggravation of *Vata Dosha* in its *Moola Sthana* "*Vatamulasthane Vata Vruddhi*." Symptoms of *Vata Dosha* can be observed at this stage.

Entry of microorganism - inhalation, ingestion, inoculation etc. accumulation of droplets containing mycobacterium tuberculosis in upper respiratory.

Prakopa - In this stage *Vata Dosha* quantitatively increase starts to flare out and spread to other *Sthanas*. Medium sized droplets are trapped in the mucosa of the upper respiratory tract from where they cleared without causing infection - primary infection.

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Tiny droplets <25 um in diameter escape the trapping mechanism.

Prasara - *Prakopa* stage followed by *Prasaravastha* in which the vitiated *Vata* along with its *Chala*, *Ruksha*, *Khara Guna* vitiates other two *Doshas* (*Pitta* and *Kapha*) from its *Sthana Srotasam Sannirodhat*, settles in *Ura Pradesha* affecting *Pranavaha Srotas*, *Annavaha*, *Rasa Vaha Srotas*. *Lina Marga Tisthati* - ghon focus (primary tuberculosis), bhuyo *Hetu Pratikshina* - waiting for stimulating / precipitating factor the small size particles escaping the trapping mechanism and reach the lung. It can be understood as spreading of upper respiratory tract infection to lower respiratory infection. Bacteria is transported to alveoli.

Primary infection occur/latent tb

"Ghon focus"- phagocytosis of bacteria by neutrophils and macrophages.

Cell mediated immunity gets activated, surrounds the cell to forms granuloma (3 weeks)

↓

Leads to necrosis of tissue at infection site

↓

Term as Ghonfocus

Sthana Samsraya - Important stage for "*Dosha Dushya Sammurchana*". Vitiated *Vata Dosha* produces start affecting *Dhatu* and *Srotas* Vitiated *Vata* due to *Chala*, *Ruksha*, *Khara Guna* it starts making *Shoshana* of *Sthayi Dhatu* , restrains and weakens them leads to *Asamyak Hetu Vyuhana Karma* due to *Srotorodha* (*Gati Avarodha*) leads to *Dhatu Kshaya*. Due to more susceptible or less immuned place created in *Pranavaha Srotas* by *Nidana*, the tubercle bacilli accumulate and when it gets the favourable condition it manifest the symptomatology.

Sthansamsraya can also be understood in 2 stages

a) *Khavaigunya* - In *Ura Pradesha*

b) Ghon focus

Due to again *Nidana Sevana*, adequate exposure, environmental trigger immunocompromised patient, smoking etc. leads to subsequent infection occurs in a sensitized individual who possess immunity give rise to Post Primary Tuberculosis, decrease *Vyadhi Kshamatva* (*Vikrita Shleshma - Avalambaka Kapha*)

c) Alveoli

i. *Kshata* - lungs

ii. *Kshobha - Prana Vaha Srotas*

Ghon complex (Latent T.B).

Immune response compromised - Reactivation of latent TB

Immune response persist - Clearance of latent infecton

Vyakta - Different abnormalities produced in the previous stage leads to the production of symptoms in *Vyakta* stage and produces complexes of symptoms respectively *Srotas* involved. The symptoms produced are themselves as an individual disease entity, the *Rajyakshma* produced out of it is an assortment of diseases. Acuteness of aggravation of *Tridosha* depends on the strength as well as the number of causative factors. *Doshas* of *Alpa Bala* produce 3, 4, 5 *Lakshanas*, *Doshas* of medium strength produces 6, 7, 8, 9, 10 *Lakshanas* and *Doshas* having full strength produce 11 symptoms.

Lakshanas like - *Kasa*, *Swasa*, *Aruchi*, *Jwara*, *Parshwashoola*, *Swarabheda*.

Pulmonary symptoms - Cough, Dysponea, Chest pain, Pleural effusion, Wheezing, Fever, Hemoptysis

Bheda - In certain condition like if there is absence of proper treatment the disease advances and *Upadrava* appear and make the disease not possible for treatment**.**

Gulma, Mutrakrichra, Uroruja, Apasmara, Unmade Udararoga , Murchana, Pandu, Uroruja Nisthivana

Pulmonary complication - Complication can occur as the initial manifestation of the disease, during the course or any time after complete or incomplete treatment. They are - Hemoptysis, Pleural complications such as - Dry Pleurisy, Pleural Effusion, Empyema Bronchiectasis. Tuberculous Laryngitis, Super-Aided Fungal Infection, Carpulmonaly, COPD, Tuberculous Meningitis, Pericarditis, Enteritis.

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Conclusion

Rajayakshma is an age old *Tridoshaja Vyadhi* with the dominance of *Vata* and *Kapha Dosha*. Here all the *Sapta Dhatus* are involved in the manifestation of the disease whereas all the dhatus are in *Kshaya Avastha*. *Rajayakshma* is respiratory dominant pulmonary tuberculosis when *Pranavahasrotas* is involved. When *Rajayakshma Samprapti* with tuberculous positivity happens in extra pulmonary organs and tissues then respective *Srotas* wise *Rajaykshma* has to be understood like when it affecting the *Amashaya* - Abdominal TB, when *Doshas* affecting the bone - skeletal TB, when *Doshas* are affecting the *Shira* - meningeal TB. *Rajayakshma* in the current scenario has to be diagnosed in two ways i.e., Tuberculosis infection positive *Rajayakshma* and negative *Rajayakshma* - immunological *Rajayakshma* just like sero positive and sero negative rheumatoid arthritis. The *Chaturvidha Nidana* explained in the classic mainly it indicates towards the predisposing factors that lead to decrease immunity and make the person more susceptible for infection. In understanding of *Rajayakshma* with reference to the modern science it can be understood as sputum AFB +ve *Rajayakshma* and sputum AFB -ve *Rajayakshma*.

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