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A review article on *Kaphaja Shotha vis-à-vis Diabetic Nephropathy* and its management

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ABSTRACT

Modern medical science has eliminated the threat of death and disability from most infectious diseases through improved sanitation, vaccination and antibiotics. But death from lifestyle diseases is now a primary concern. Modern life advancement and dietary food habits result into number of pathologies which are hard to treat and sometimes become irreversible. One amongst them is *Shotha* (oedema). *Shotha* is a *Tridoshajavyadhi*. In *Kaphajashotha*, there is *Pradhanata* of *Kapha Dosh* and has peculiar symptoms like Pitting Oedema, oedema is more in the nighttime, and with Loss of taste etc. Considering the symptoms, we can study *Kaphaja Shotha vis-a-vis Diabetic Nephropathy* and its management through Ayurveda. Ayurveda is known as "Science of longevity" because it offers a complete system to live a long healthy life.

Key words: *Shotha, Kaphaja Shotha, Diabetic Nephropathy*

INTRODUCTION

Shotha means marked swelling of skin anywhere in the body. It is considered as disease as well as a symptom by our *Acharyas*. *Shotha, Shwayathu, Shopha* and *Utsedha* are synonymous to word *Shotha*. Due to different *Aharaja* and *Viharaja Nidanas*, *Doshas* gets vitiated, vitiated *Vata* takes *Kapha, Rakta* and *Pitta* to *Bahya Siras*, as a result of which the passage gets obstructed which spreads to the nearby areas, thereby causing oedema (*Shotha*) characterized by swelling.^[2]

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Kleda is another factor involved in *Shotha*.^[3] Elimination of *Kleda* is done by both *Sweda* and *Mutra*, but mainly through *Mutra* as its function is mainly said as *Kledavahana*. *Kleda* being *Apya* and is more related to *Kapha* amongst *Tridoshas*. *Rogarambhaka Dosh* in *Prameha* is also *Kapha* but *Vata* involvement is there, as in *Kaphaja Shotha*. Hence there is manifestation of *Shotha* in *Prameha* as *Upadrava*. The *Kledatva* should be excreted through urinary pathway but here it is not timely and sufficiently excreted. On contrary there is accumulation of *Kleda* in *Twak* and *Mamsa Pradesh*.

The *Kaphaja* type of *Shotha* is *Guru* (heavy), *Sthira* (static) in nature, *Pandu* (Pallor), associated with *Aruchi* (loss of taste), *Praseka* (more salivation), *Vami* (vomiting), *Vanhimandhya* (poor digestive fire), *Atinidra* (excessive sleep), *Krichrajanmprashamo* (slow development of swelling along with slow subsiding), *Napiditonachonna* (pitting oedema with slow filling), *Ratribali* (swelling is more at night).^[4]

Considering these symptoms, we can study *Kaphaja Shotha* w.s.r. to Diabetic Nephropathy.^[1]

Diabetes Mellitus is a group of metabolic diseases characterized by chronic hyperglycemia resulting from defects in Insulin secretion, Insulin action, or both.^[5] Diabetic Nephropathy is serious kidney related complication of type 1 & type 2 Diabetes, it is also called as Diabetic Kidney Disease (DKD).^[6] About 25% of people with diabetes eventually develop kidney disease. Kidney has got 3-fold functions in the body that is Excretion, Filtration and Reabsorption. Diabetic Nephropathy effects Kidneys' ability to do their normal work and delicate filtering system.

Diabetic Nephropathy is of a progressive rise in urine albumin excretion, coupled with increasing blood pressure, leading to Declining Glomerular Filtration (GFR) and eventually End Stage Renal Failure (ESRF). In the early stages of Diabetic Nephropathy, the signs and symptoms are not noticeable. In later stages, the signs and symptoms include: Hypertension, Proteinuria, oedema in feet, hands and ankles, increase need to urinate, reduced need for insulin or anti-diabetic medicines, confusion or difficulty concentrating, shortness of breath, loss of appetite, nausea and vomiting, persistent itching, fatigue.^[7]

Nidana Panchaka

Nidana

Samanya Nidana of Shotha

Aharaja: Atisevana of Guru, Amla, Katu, Lavana, Pishtanna etc.

Viharaja: Panchakarmavyapat, Updrava Swarooma of some diseases like Shwasa, Kasa, Atisara, Panduroga, Udararoga, Jwara, Bhagandhara etc., Vegadharana of Adharaniya Vegas (especially Mutra Vegadharana).

Vishishta Nidana of Kaphaja Shotha

Aharaja: Atisevana of Guru, Madhura, Sheeta and Snigdhadravya

Viharaja: Atinidra and Avyayama

Poorvarooma

1. Ushma	Feeling of warmth in the affected area
2. Dvayathu	Burning in localized area/ eyes

3. Siratanutva	Vasodilation
4. Angagauravata	Heaviness in affected parts

- 1. Siratanutva** - During the *Sthanasamshraya*, *Dushta Dosh* brings about *Dushti* in the *Srotas* resulting in *Siratanutva*. Minute dilated vessels may be visualized in this condition.
- 2. Ushma** - Because of *Sirayama*, the fluid leaks out of the *Sira*, inflammation takes place and local temperature may rise resulting in *Ushma*.
- 3. Angagauravata** - The leakage of the fluids results in heaviness in the affected area ultimately leading to the *Angagauravata*.
- 4. Davathu** - Due to altered fluid regulation, burning sensation in localized area and eyes will be present.

Roopa

Samanya Roopa

1. Utsedha	Heaviness
2. Gauravata	Pitting/ nonpitting
3. Asthirata	Swelling
4. Ushma	Calor, heat
5. Siratanutva	Vasodilation
6. Lomaharsha	Horripilation
7. Angavivarnata	Discoloration

- 1. Utsedha** - This is the *Pratyatma Lakshana* of *Shotha* and it is formed due to the accumulation of the vitiated *Doshas* in between the *Twacha* and *Mamsa*.
- 2. Gauravata** - Seen due to *Guru Guna* in the *Kapha Dosh*. It is seen because of the accumulation of *Kapha Dosh* in between layers of *Twacha* and *Mamsa*.
- 3. Asthirata** - The increase and decrease in the *Shotha* as *Vataja Shotha* is *Diwabali* (swelling increases during day time), *Kaphaja Shotha* is

Ratribali (swelling increases during night time) in nature.

- 4. Ushma** - The involvement of *Pitta* and *Rakta* in between the *Twacha* and *Mamsa* causes *Ushmata*.
- 5. Siratanutwa** - Due to *Kledata* in *Siras* there will be *Siratanutwa*
- 6. Lomaharsha** - Due to *Vata Prakopa* there will be horripilation.
- 7. Vivarnata** - Depending on the predominance of *Dosha*, *Vivarnata* differs.

Vataja - *Shyava*, *Aruna Varna*

Pittaja - *Peeta*, *Tamra Varna*

Kaphaja - *Pandu*, *Shweta Varna*

Sannipataja - *Mishra Varna*

Vishishtaroopa of Kaphajashotha

1. <i>Guru</i>	Heavy
2. <i>Sthira</i>	Immovable
3. <i>Pandu</i>	Pallor
4. <i>Arochaka</i>	Tastelessness
5. <i>Lalasarava</i>	Excessive salivation
6. <i>Atinidra</i>	Excessive sleep
7. <i>Vamana</i>	Vomiting
8. <i>Agnimandhya</i>	Loss of appetite
9. <i>Krichrajanmprashamo</i>	Slow development of swelling along with slow subsiding
10. <i>Napiditonachonna</i>	Pitting oedema with slow filling
11. <i>Ratribali</i>	Swelling is more at night time

- 1. Guru** - Basic quality of *Kapha* is *Guru Guna*. It is due to the predominance of *Ap* and *Prithvi Mahabhuta* similar to *Kapha Dosha*.
- 2. Sthira** - It is one of the natural qualities of *Kapha*. Because of this, *Kaphaja Shotha* resides in one particular area.

3. Pandu - Due to *Sheeta Guna* of *Kapha*, there will be vasoconstriction and *Pandu Varna* of edema.

4. Atinidra - Because of *Manda Guna* of *Kapha*, the person feels lazy or drowsy and hence he gets excessive sleeping.

5. Arochaka - *Kapha Dushti* will lead to *Agnimandhya* and lead to *Jiwhaliptata*. Hence there will be reduction in the perception of taste through taste buds. It will lead to *Aruchi*.

6. Lalasarava and Vamana - *Dushta Kapha Utkleshana* and as the *Prakrita Sthana* of *Kapha* is *Urdhwa Bhaga*, there will be easy expulsion of *Kapha* even if it is slightly raised. It will lead to *Lalasarava* and *Vamana*.

7. Krichrajanmprashamo and Napiditonachonna - Due to *Manda Guna* of *Kapha*, there will be slow filling/ development of *Shotha* and subsiding of *Shotha*. Pitting oedema is present due to the accumulation of fluids and fluids are displaced on pressing the particular area.

8. Ratribali - *Ratri* is dominated by *Sheeta Guna* of *Chandra* and even *Kapha Dosha* is having similar quality of *Sheeta*. During night everyone will be in resting. Because of *Mandaguna* and decreased circulation and decreased metabolic rate. Hence there will be increase in *Kaphaja Shotha*.

Upashaya of Kaphajashotha

Ushnopachara - by *Swedana* - Hot fomentation, *Pottali Sweda*,

Anupashaya of Kaphajashotha

Sheetopachara - on exposure to *Sheeta Jala*, consuming *Sheeta Ahara Vihara*

Samprapti of Kaphajashotha

Obstruction to *Vyana Vata* carrying especially *Jaleeya Dhatu Ambuvaha*, *Mootravaha*, *Swedavaha Srotus* → *Vata Kopa* → Brings the *Jaleeyadhatu* along with *Dosha* and *Rasa Raktadi* to *Bahya Sira* → *Sthanasamshraya* at *Twak Mamsantara* → *Vitiates Sthanika Dosha Dhatu* and *Srotas* → *Sirayama*,

Siratanutwa → Upasnehavat Kleda Srava at Twak
Mamsantara → Utsedha = Shotha

Samprapti Ghataka

Dosha : Kapha Pradhana Tridosha

Kapha : Avalambaka

Vata : Vyana and Samana Vata

Pitta : Pachaka Pitta

Dushya : Rasa, Rakta, Ambu, Mamsa

Agni : Jhatharagni and Dhatwagni

Ama: Jhatharagnimandhya Janya Ama,
Dhatwagnimandhya Janya Ama

Srotas : Rasavaha, Raktavaha, Udakavah , Swedavaha

Srotodushti Prakara: Sanga followed by
Vimargagamana

Rogamarga : Bhahya and Abhyantara

Adhishtana : Amashaya

Sanchara Sthana : Rasayani

Vyakta Sthana : Twacha, Mamsamadhya

Agni : Mandagni

Vyadhi Swabhava : Cheerhari

Classification

1. On the basis of Dosha a) Vataja b) Pittaja c) Kaphaja
2. On the basis of Karana a) Nija b) Agantuja^[8]
3. On the basis of Sthana a) Ekangaja b) Sarvangaja.

Chikitsa

Even though all the three *Doshas* are involved in the manifestation of *Shotha*, it is on the basis of the predominance of the respective *Doshas* that *Vataja*, *Pittaja* and *Kaphaja* varieties of disease are determined and therapies are prescribed accordingly. All the varieties of the *Shotha* are considered to be *Tridoshaja* i.e., they are caused by the vitiation of all the three *Doshas*, even so the causes of inflammation differ from one to another according to the particular *Dosha* which is predominantly vitiated. The physician

should therefore determine the line of treatment according to the predominance of one *Dosha* or the other.

Acharanas which are opposite to *Nidana*, *Dosha Pradhanata* and *Ritu* should be adopted.^[9]

Samanya Chikitsa of Shotha

- When there is *Ama* involvement then first foremost *Langhana* and *Pachana Chikitsa* should be done.^[10]
- With the help of *Vishodhana* (*Vamana*, *Virechana*) *Chikitsa* should be done when *Shotha* is due *Utklishtha Doshas*.
- *Shirovirechana* and *Nasya* should be done when *Shiropradesha* is involved.
- *Shotha* in *Adhopradesh* of *Shareera* and *Urdhvapradesha*, *Virechana* and *Vamana Chikitsa* should be adopted respectively.
- If *Shotha* is due to *Sneha* and *Rukshadravya*, then *Rukshakriya* and *Snehana Prayoga* should be done respectively.

Chikitsa of Kaphaja Shotha

- *Churna* of *Trikatu*, *Trivritta*, *Katuki* mixed with *Lohabhasma* and consumed with *Triphala Swarasa* will reduce *Kaphaja Shotha*. *Haritaki Churna* with *Gomutra* is helpful.
- *Ghrita* prepared with one *Patra* (*Adhaka* - 2.56kg) of *Snuhikshira*, together with twelve *Patra* (30.72kg) of sour fermented liquids (such as *Kanjika*) and added with paste of *Danti* and *Dravanti*. This should be consumed.

Bhahya Chikitsa in Kaphaja Shotha

Lepa - Paste made out of equal quantity of *Pippali*, *Sikata* (sand), *Purana Pinyaka*, *Shigrutwak* and *Uma* should be applied.

Parisheka - *Parishekasnana* with *Kwath* made out of *Kulattha* and *Shunthi* mixed with *Gomutra*. *Chorpushpi* and *Agarulepa* should be applied after *Parishekasnana*.^[11]

Pathyapathya**Pathya**

Aharaja: *Mudga Yusha* prepared out of *Trikatu* and *Yavakshara Churna*, *Purana Shali Dhanya*, *Moolaka*, *Grunjanaka*.

Viharaja: *Langhana (Upavasa)*, *Swedana*, *Yathavashyaka Vishrama*.

Apathya

Aharaja: *Pishtanna*, *Amla*, *Lavana Padartha*, *Madhya*, *Mritika*, *Jangala Mamsa*, *Ghrita*, *Taila*, *Milk* and *Guru Padartha*^[12] (food which are difficult to digest).

Viharaja: *Diwaswapna*, *Striprasanga*.

CONCLUSION

Shotha is both *Swatantra* and *Paratantra Vyadhi*. Though *Shotha* is *Tridoshaja Vyadhi*, *Kaphaja Shotha* has predominance of *Kapha Dosha*, with symptoms *Napiditonachonna* (pitting oedema with slow filling), *Ratribali* (swelling is more at night), *Aruchi* (loss of taste) etc., which can be compared to Diabetic Nephropathy. And here it can be understood as *Paratantra Vyadhi*. Diabetes Mellitus remains an important health issue which if not properly managed may lead to Diabetic Nephropathy. It is also called as Diabetic Kidney Disease (DKD) with the main complaint of Proteinuria followed by progressive decrease in Renal function. Unlike with contemporary treatment Ayurveda will help to eradicate the disease from its root by following proper *Pathyapathya* and *Nidana Pariwarjana*. Patient's education seems to be the key in avoiding further complications. Treatment advised in Ayurveda, helps to offer new hope as effective tool in improving quality of life and delaying disease progression in Diabetic Nephropathic patient.

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