



A CONCEPTUAL REVIEW OF LITERATURE OF MAMSA KSHAYA WITH SPECIAL REFERENCE TO KRIYA SHARIR

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INTRODUCTION

Ayurveda is mainly based on first preventive aspect then curative. Aahara (nutritious food) is considered at the first position in Trayopstambha. Nidra and Abrahmacharya being other two. Many common health problems can be prevented through the nutritious diet. Food is very important as a nutritional source, also with therapeutic value. Most importantly it plays a vital role during the post treatment period in re-gaining the diminished strength due to the harmful effect of the disease. Nutritional disorders are described in scattered manner in Ayurveda texts. In ancient Ayurvedic Samhita, Dhatu Kshaya is described as a nutritional disorder. It can be possible to co-relate with undernutrition.

Mamsa Kshaya is one of them. It is an Apatarpana Janya Vyadhi (diseases caused due to malnutrition or nutritional imbalance). Mamsa Kshaya is described in Kiyantahshirsiya Adhyaya by Acharya Charaka. It can be considered as a separate entity or disease. It can be correlated with Karshya Vyadhi, muscle wasting, malnutrition or undernutrition. Acharya Dalhana comments Karshya as – Karshyam Iti Mamsakshayam. It means person having lean and thin body character but doesn't have any erstwhile complaints is Karshya. Acharya Charaka has well explained clinical symptoms of Karshya as well he has explained causative factors in detail, viz., Aharaja (dietary), Viharaja (behavioural), and Manasika (Psychological). These all causes do aggravation of Vayu, alteration of Agni, insufficient production of Rasa dhatu along with other Dhatus which leads to Karshya. If the emaciated person is not treated properly then he/she gets suffered from spleen enlargement, cough, wasting, dyspnoea, Gulma, piles, abdominal disease, and the disease of gastro- intestinal tract.

Mamsa Kshaya is not explained in detail in ancient texts. As Acharya Dalhana explained Karshya is nothing but Mamsa Kshaya, the signs and symptoms, Hetu (causative factors) and treatment of Mamsa Kshaya can be correlated with Karshya. Karshya means person having lean and thin body character but doesn't have any erstwhile complaints is Karshya. Its unembroidered meaning is to be short of food, to turn into emaciated,

to develop into lean and thin. It means a condition or disorder in which the body of a person becomes emaciated, having a lesser amount of Rasa Dhatu additional causing a status of Mamsa- Hinata or Mamsa-Kshaya. Karshya is also explained in detail by Acharya Charaka in Ashtononditiya Adhaya. Karshya is an Apatarpanjanya Vyadhi (due to lack of nutrition) among the eight socially undesirable persons (Ashtoninditiya). Karshya has been categorized under-nutritional deficiency. It is the largest spreading health and nutritional disorder in developing countries. According to National Family Health Survey (NFHS)-3, carried out in 2005-06, 40% of India's children under the age of three are underweight, 45% are stunted and 23% are wasted. Malnutrition in adults is recorded as 36% of women and 34 % of men are undernourished, with a BMI less than 18.5, indicating a high prevalence of nutritional deficiency. According to World health organization the incidence of low weight at birth estimates that more than 20 million children, every year and approximately 150 million children younger than 5 years have low weight patterns for their age. The nutritional status of women and children is particularly important, because it is through women and their offspring that the pernicious effects of malnutrition are propagated to future generations. A malnourished mother is likely to give birth to a low birth- weight (LBW) baby susceptible to disease and premature deaths. A new study published in LANCET Journal in 2016 has found India has most underweight people'

with 102 million men and 101 million women and leads the world being home to over 40 percent of global underweight population.

MATERIALS AND METHODS

Conceptual Review

Acharya Charaka gives the symptoms of Krusha person as –

व्यायाममत्तिसौहित्यं क्षुत्पिपासामयोषधम् ।

कृशो न सहते तद्वततिशीतोष्णमैथुनम् ॥

प्लिहा कासः क्षयः श्वासो गुल्मोऽर्शोऽस्युदराणि ।

कृशं प्रायोऽभिधावन्ति रोगाश्च ग्रहणीगता ॥

शुष्कस्फिगुदरग्रीवो धमनीजालसंततः ।

त्वगस्थिशेषोऽतिकृशः स्थूलपर्वा नरो मतः ॥ (च. सू.२१/१३-१५)

Krusha is condition in which the person becomes thin and lean. In Karshya mainly Vata Dosha is vitiated by its Ruksha Guna. Detail description of clinical signs and symptoms is carried out on the basis of symptomatology of Atikarshya. These sign and symptoms of Karshya can be broadly arranged in two separate headings: –

1. Pratyatma lakshana (cardinal sign and symptoms)
2. Samanya lakshana (associated sign and symptoms)

Table no. 5: shows signs and symptoms of Karshya.

Pratyatma Lakshanas	Samanya Lakshanas
Sushka Sphika	Vyayam Asahishnuta
Sushka Udara	Atisauhitya Asahishnuta
Sushka Griva	KashutaNigraha Asahishnuta
Dhamani Jala Darshana	Pipasa Nigraha Asahishnuta
Tvaga Asthi Shesha	Mahoushadha Asahishnuta
Vata Roga Prayah	Ati Shita Asahishnuta
Sthula Parva	Ati Ushna Asahishnuta
	Maithuna Asahishnuta
	Kriyashu Alpa Prana
	Rakta Pittaja Amaya
	Sthula Anana

Hetu (etiological factors) of Mamsa Kshaya, Karshya:

A. Aharaja (Dietary)

1. Rukshanna-Pana Sevana

Indulgence in rough food and drinks: Ruksha Guna causes Kharatva (rough-ness), Vaishadya (non-sliminess), and Roukshva (dryness). The substances which are consisted of Roukshva, Laghu, Khara, Tikshna, Ushna, Sthira, Apicchila, are causing Rukshana Karma. Ruksha Annapana is constituted of intake of Katu (pungent), Tikta (bitter), Kashaya (astringent) substances oil cakes of mustard, Tila Tail, honey, etc. Rukshaguna is predominant by Vayu. Vayu is consisted of Suksma, Ruksha, Khara, Shishir, Laghu, Visadguna. Due to these qualities it causes Laghaba, Glapana, Virukshan, and Vicharan. The resultant action of these mentioned qualities denote the absolute cellular degeneration and decrease secretion of hormone. The

root of Pranavahasrota is Hridaya and Mahasrota. Pranavahasrota is mainly Vayuvishishta Srotasa where directly respiration taken place. As Pranavahasrota get affected therefore Kasa, Kshaya, Swas, etc. occurs in the tertiary stage of Karshya.

2. Langhana

Fasting: Langhana is process which reduces body. Langhana is of 10 types. Four types Samsuddhi (elimination therapy – Vamana, Virechana, Niruha and Nasya), Pipasa (control of thirst), Marut and Atapa Sevana (exposure to wind and sun), Pachana (digestion stimulant), Upavasa(fasting), Vyayama (physical Langhana is a process which reduce the body and the substances which has been consisted of Laghu, Ushna, Tikshna, Vishada, Ruksha, Kshara, Sara, Kothinaguna (light, hot, sharp, non-slimy, rough, subtle, respectively). Langhana is of 10 types. Four types Samsuddhi (elimination therapy – Vaman, Virechan, Niruha and Nasya), Pipasa (control of thirst), Marut and Atap Seban (exposure to wind and sun), Pachan (digestion stimulates), Upavasa (fasting), Vyayama (physical exercise).

3. Pramitashana

Little diet: Inadequate quantity of food is termed as Pramitashana. For the maintenance of positive health, adequate quantity of ingested food plays an important role in construction and nourishment of body, but the inadequate quantity of food is termed as Pramitashana.

The quantity of food is depended upon the power of digestion, absorption, and metabolism. Subsequently it varies according to the season and age, of an individual. Quantity of food is categorized as the food as a whole and the food of different ingredients. If the food as a whole is taken according to the prescribed quantity but its ingredients has different taste like sweet, sour, etc. are not in prescribed ratio, then the equilibrium of Dhatus and Doshas get definitely disturbed due to imbalance in the ratio of composing rasa and consecutively digestion of food will also be affected. It is also a type of Pramitashana. Quality is also very important.

B. Viharaja (Behavioural)

1. Vega-Nidra-Trusha-Kshudha- Nigraha

Suppression of natural urges, such as - sleep thirst and hunger. Forceful suppression of all the physical urges, specially the suppression of sleeping urge leads aggravation of Vayu, in specific. Pranavahasrota gets affected due to suppression of urges with manifestation of severe breathing difficulty. Night awakening (Ratri-Jagaran) causes roughness in the body as result of the aggravated Vayu, (with the manifestation of Sushka-Sphiga-Udara-Griva- Dhamani-Jala-Santato.

2. Shrama - excessive physical and mental activity

3. Ruksha Udvartana

Excess non - unctuous anointing to body: Udavartana is done after abhyanga for external purification of the body. This action naturally mitigates kapha and medo-harana. Udvartan is done after Abhyanga for the external purification of the body. This action naturally mitigates Kaphahara, Meda Prabilayanam. Excessive Udavartan or massaging of the body with RukshaDravya causes excess Meda Pravilayan (fat depletion) resulting Dhamani-jala-santata.

4. Ati-Snana abhyasa

Indulgence in bath: bathing more than 2 times a day for prolong time lead to aggravation of vayu. Snana improves the physical and mental strength of the body but on other hand it is strictly contraindicated in Ardita Roga which signifies that excessive Snana causes aggravation of Vayu.

5. Kriyatiyoga

Excessive subjection to evacuative therapy. The term Kriyaatiyoga is implied here in respect to the administration of Vamana, Virechana, Niruha-Anuvasana, Nasya and Shiro- Virechana in excess. The excessive administrative of Vaman leads to the manifestation of Trishna (thirst), Moha, Murcha, Anilkopa, Nidrahani, Balahani etc. Subsequently excessive administration of Virechana causes Kapha and Pitta Kshaya which results Anilkopa, which causes Suptata, Angamarda, Nidralpata, Balabhav, Tamapravesh, Unmad, Hikka etc. Excessive administration of Niruhabasti causes the sign and symptoms identical to that of due to excessive Virechana. This sign and symptom due to excessive administration of Panchakarma ultimately causes aggravation of Vayu in specific. The aggravated Vayu causes the depletion of Dhatus in terms of pathogenesis of Dhatukshaya and cause Karshya.

6. Prakruti & Beeja Dosha

The term prariti stands for "Beej" or hereditary. Heredity plays a prime role for Krisha. Though apparently, they are Krisha but significantly they do not present the sign and symptoms of Krisha, where as in case of accelerated biological aging due to hereditary causes presenting the absolute clinical features of Karshya.

7. Vikar-Anushaya

Continued disorder: Disease cannot be treated properly or cured for long time leads to karshya. The diseases naturally cause Karshya in due course of time proceeds towards degen- eration in different level at the site of pathogenesis

C. Manasika (Psychological)

- ✚ Krodha – anger
- ✚ Shoka – grief: Shoka is a psychological phenomenon in which signifies the miserable state. This condition leads to aggravation of vayu.
- ✚ Chinta – worries

✚ Bhaya - fear

Samprapti: (सु. सू. १५/३६-३७)

Those who indulge in Vata vitiating diet, physical exercise, excessive sexual intercourse, strenuous study, anxiety, wakefulness in night, thirst, hunger, taking of astringents, partial starvation etc., The indulgence in the aetiological factors results in the vitiation of Vata Dosha by virtue of its Ruksha Guna. Vata Dosha, Agni and Rasa are interrelated. Vitiation of Vata leads to Agni Dushti or Agni Dushti may lead to Vata Prakopa. At this juncture either of them depreciates the quantity and unctuousness of the nourishing Rasa Dhatu which in turn adversely affects the circulation of Rasa Dhatu in the body. The circulating Rasa being reduced in quantity fail to nourish the next Dhatus due to insufficiency, finally causes Dhatu Kshaya chronologically.

DISCUSSION

Modern view of Mamsakshaya

Nutrition is the critical part of the health and development. Better nutrition is related to improved health, stronger immunity, low risk of non-communicable diseases and finally longevity. People with adequate nutrition are more productive and can create the opportunities to gradually break the cycles of hunger and poverty. Undernutrition can be considered to be either protein energy wasting (classically called kwashiorkor and marasmus) or due to individual nutrient deficiencies. Undernutrition in older persons usually presents as weight loss and is predominantly due to protein energy wasting. The presentation of undernutrition is often subtle in older persons and there is a need to utilize screening tools and increasing physician awareness. There is multiple treat- able causes of undernutrition in older persons. The major causes are anorexia, cachexia, sarco- penia, dehydration, malabsorption and hypermetabolism.

In the development of undernutrition, the starting point is reduction in dietary intake. This can be due to psychiatric illness, anorexia associated with infection, liver diseases, neoplasia, drug interaction nutrients deficiency, starvation, malabsorption or other losses from the body. This reduced dietary intake in turn leads to reduced mass, reduced requirements, reduced work, physiologic and metabolic changes, changes in body composition, loss of tissue reserve. The defects become self reinforcing in various cycles leading to the development of frank undernutrition and ultimately death.

Management of undernutrition

An algorithm for managing undernutrition has been developed. It focuses early on in offering food choices and high calorie food after which caloric supplements can be considered. It highlights the need to focus on diagnosing and treating treatable causes of protein en- ergy wasting.

The basis of the management of undernutrition is to

provide adequate food. The Cochrane Database has found that caloric supplementation decreased mortality and length of hospitalization. A leucine enriched essential amino acid supplementation increases muscle protein synthesis and muscle function. Oral calorie supplements should be given between meals. When given with meals, they result in a reduction in food intake and no net increase in total caloric ingestion. Improving food taste, dining ambience and time spent feeding impaired individuals can all play a role in reversing undernutrition. Low vitamin D is associated with fractures, muscle loss, falls and an increased mortality. Replacement with 800–1000 IU vitamin D daily would seem to be appropriate in many older persons.

Anaemia is commonly due to nutritional causes in older persons. Iron deficiency anaemia is the most common, but folate and vitamin B₁₂ deficiency are not rare. Iron deficiency anaemias are recognized by persons having a low iron and ferritin. In cases where the distinction from anaemia of chronic disease is difficult, measuring transferrin receptors may help. In persons with borderline low levels of vitamin B₁₂, methylmalonic acid levels should be measured. Elevated homocysteine levels are seen both in folate and vitamin B₁₂ deficiency. Treatment of vitamin B₁₂ deficiency is either injections of 1000 IU of vitamin B₁₂ weekly for 4 weeks, the monthly or 1000 IU of vitamin B₁₂ orally daily. Iron replacement is oral iron once a day for 6 weeks with a reticulocyte count being measured after 1 week. If the reticulocyte count is not increasing, malabsorption is a possibility and parenteral iron may be necessary.

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