A CRITICAL REVIEW OF VATAJA GULMA WITH SPECIAL REFERENCE TO CONTEMPORARY SCIENCE

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ABSTRACT

Gulma is a granthi (mass/nodule), shrub like conglomeration of vata(one of the three basic humors of the body) predominant doshas which is located in Koshta(alimentary tract). It is primarily a disorder of annavha srotas(GIT). It may be a single or multiple mass/nodules which may or may not move freely in the abdomen. Clinically, a palpable mass or pedunculated growth or swelling in the abdomen can be felt in all types of gulma. It is characterized by space occupying lesions such as growths and tumors except in Vataja gulma. Based on the clinical features vataja gulmas can be possibly correlated with intussusceptions and phantom tumors.

KEYWORDS: Vataja gulma, intussuception.

INTRODUCTION

The understanding of Gulma, one among the important diseases mentioned in Ayurveda, is a reflection on tumors or tumor like growths of the abdomen. Gulma is a densely accumulated, rounded, bubble like mass of dosha specifically vata dosha (one of the three basic humors of the body), either moving from place to place or stationary and undergoing increase or decrease in size.[1] Both Charaka and Sushruta described Gulma as a granthi having specific locations. Sushruta has mentioned the site of Gulma in brief, between hridaya (heart) and basti (urinary bladder and lower abdomen) which actually covers the entire abdomen.[2] He has also used the term koshta (alimentary tract) that denotes overall location. Charaka has mentioned five locations of Gulma i.e hridaya(cardiac region), basti (urinary bladder and lower abdomen), nabhi (paraumblical region) and Parshwas(2)(two sides of the abdomen)
which actually covers the entire thoraco-abdominal cavity.\textsuperscript{[3]} The \textit{samprapti}(pathogenesis) of \textit{Gulma} described in \textit{Sutrasthana} of \textit{Charaka Samhita} as a \textit{Vatika Ekadeshiya sotha} (Localized inflammation caused by vata).\textsuperscript{[4]} \textit{Gulma} is generally considered as \textit{nirashraya}, means no \textit{dhatu}(tissue) is involved in its pathogenesis until it becomes chronic and severe (\textit{Kritavastuparigraha}) and starts suppurating while only \textit{Vagbhata} has mentioned the involvement of \textit{rakta dhatu} (blood tissue) in the pathogenesis of \textit{doshaja gulma}. It is clinically characterized by abdominal pain and a palpable abdominal lump. \textit{Gulma} is not a single disease. In fact it is an umbrella term that denotes a collection of medical and surgical conditions which occurs in the nine quadrants of the abdomen or in other words \textit{Gulma} represents abdominal disorders with mass. It cannot manifest without vitiation of \textit{vata}. It is a \textit{vata} predominant disease. Therefore Based on the lakshanas, \textit{vataja gulmas} can be possibly correlated with intussusceptions, and phantom or vanishing tumor.

\textbf{NIDANAs (Etiological factors)}

- Excess intake of \textit{vata parakopa} (aggravating) food
- Adoption of regimens which are excessively \textit{cold}.
- Administratation of \textit{vamana} (emesis), \textit{virechana} (purgation) therapy without \textit{snehana} (oleation)
- \textit{Vata} (flatus), \textit{mutra}(urine), \textit{purisha}(faeces) \textit{vegasandharana}(suppression).
- \textit{Navodaka atimatra pibathi} (Intake of fresh water in excess quantity after a heavy meal).
- \textit{Atisamshopana} (Excess travel in a jerky vehicle).
- Excessive indulgence in sexual activity, physical exercises, alcoholic drinks and anxiety
- \textit{Abhigatha} (External injury)
- Sitting, sleeping, standing or walking in uneven, irregular posture.\textsuperscript{[5]}

\textbf{SAMPRAPTI (Pathogenesis)}

In normal condition, the body is endowed with \textit{snigdha}, \textit{ushna} etc qualities, where \textit{vata} carries the flowing contents without any obstruction. But due to \textit{vata} aggravating \textit{nidanas}(etiologies) when the body parts attains \textit{rookshata} (dryness), the flowing contents get accumulated resulting in obstruction which leads to \textit{vata prakopa}. The continuity of \textit{hetu} along with obstruction results in \textit{vimarga gamana} (change in the normal direction of flow) of \textit{vayu} and the flowing contents. This is justified in the pathogenesis of \textit{Vataja gulma} where the continous intake of \textit{vata guna} dominant \textit{hetu}(etiology) causes displacement of normal \textit{kapha} and \textit{pitta} to \textit{mahasrotas}(alimentary tract).
Agni mandya (Impairment in digestion & metabolism) and dhatu kshaya (depletion of dhatus) are the main causative factors that vitiates vata either by increasing its rooksha guna or by causing margaavarana (covered/obstructed movement) by other types of vata, pureesha (feces), mooatra (urine), kapha (a body humor), pitta (a body humor) & ama (improperly or incompletely metabolized ahara rasa). Charaka explains the samprapti of vataja gulma as due to hetu sevana (Indulgence in etiological factors), Vata gets aggravated and enters the koshta (alimentary tract) which becomes hard and round due to rukshata (ununctuousness) then it spreads due to cala guna of vata and gets localized in hridaya (cardiac region), basti (urinary bladder & lower abdomen), nabhi (para umbilical region) and parshwa (two sides of the abdomen). It is clinically characterized by colicky pain and various types of nodules.  

**LAKSHANAS (Signs & symptoms)**

According to Charaka the lakshanas are sthanasamstanaruja vikalpa (momentary changes in the location, shape and intensity of pain), Vidvatasanga (non elimination of fetus and flatus), galavakrasosha (dryness in the throat and mouth), shyavaarunatwa (blackish-red discoloration), sisirajwara (fever accompanied by cold), hritkukshiparswaamsasiroruja (pain in the region of heart, epigastrium, flanks, shoulder and head), karuti jeernam abhyaadhikam (increases after the digestion of food).

**VATAJA GULMA VIS A VIS INTUSSUSCEPTION**

It is a condition in which one segment of intestine “telescopes” inside of another causing an intestinal obstruction. Usually the patient is a lusty male baby between six to twelve months of age. The commonest site is a segment of ileum moving into the colon through a ileo-caecal valve. This process leads to bowel obstruction, venous congestion and bowel wall ischemia. Perforation can occur and leads to peritonitis and shock. In infants and children, intussusceptions is usually spontaneous or can be associated with rotaviral infection. In older individuals, the point of traction is usually a tumor. The onset is usually sudden.

Clinical features: The child screams in abdominal pain and draws his legs up. The attack usually last for a few minutes and come back within fifteen minutes. Absolute constipation is rarely. In the early stage normal stools are passed frequently, later on blood and mucus are evacuated which is popularly known as “Red- currant Jelly” The main diagnostic feature is palpation of a lump which is curved, sausage shaped and in the line of the colon with its concavity towards the umbilicus.
Investigations: Ultrasound scan, abdominal x-ray, contrast/gas enema, blood tests

Treatment: Surgical management

**VATAJA GULMA VIS A VIS PHANTOM TUMOR**

Phantom tumor or pelvic phantom tumor is defined as a mass which physician palpates and misinterprets for a pelvic disorder. Eventually because of patients persistent pain abdominal cavity is opened and no pathological disorder is found but only a distended or redundant loop of intestine. It is usually caused by muscular contraction or gaseous distension. It may be considered as a bolus of flatus moving in the intestines.

There is an increase in flatus due to obstruction in intestines. Therefore there will be movement of air as a bolus in the intestines clinically resulting in a palpable mass in the abdomen which may change the location, shape as well as intensity of pain.

Treatment: *Vata shamana chikitsa* (vata pacifying therapies)

**CONCLUSION**

*Gulma* is a specific condition, *vatika* in origin, creating uneasiness, discomfort and pain in different parts of the abdomen and chest. It is a *granthi* or mass situated between *hridaya* and *basti* which may or may not move, may increase or decrease in size. In fact it comprises a spectrum of disorders affecting five regions of abdomen with varying clinical presentation. Many underlying diseases can create this situation. Now a days most of the abdominal lumps (other than *vidradhi* (abscess) are classified under *gulma*). It may be flatulent dyspepsia, ulcer dyspepsia or non ulcer dyspepsia. *Nichaya gulma* is symptomatically very near to abdominal tumors (benign/malignant) of various orgins. By observing the clinical features *vataja gulmas* can correlated with intussusceptions and phantom tumor.

**REFERENCES**


