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A STUDY OF RAKTA PRADOSHAJ VYADHI HETUS WITH SPECIAL REFRENCE TO MUKHAPAAKA BY SURVEY METHOD

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Abstract

"Evidence based medicine" is the mantra of modern era,so revalidation and revitalization is essential through research in both fundamental and applied aspects of ayurveda.

A lot of work has been done on rakta pradosha jvyadhi . Also a lot of work has been done on mukhapaaka .These research deal more with the treatment aspects of mukhapaaka but less light is thrown on eitiological factors.No work has even touched the topic where Mukhapaaka is seen in the light of rakta pradoshaj vyadhi.

Hence the research will not only help in preventive but also curative aspects of diseses .Also it will enable to present scientific and statistical data to revalidate the role of hetus explained in our ancient literature in the modern age .

Key words- Rakta Pradoshaj Vyadhi, Mukhapaaka

INTRODUCTION

Ayurveda is the science of life .It not only provides knowledge about treating and curing diseasesbut also about earning and maintaining health . The causes of both HEALTH and DISEASE are described in detail throughout the ayurvedic literature.

According to Ayurveda “health is not spontaneous” .That means as you need to take efforts to treat disease , in the same way you need to take efforts to earn and maintain health .One needs to follow the rules laid down for the lifestyle and diet to lead a healthy life, failing to do so leads to diseases.

In todays fast moving world our lifestyle and dietary habits have drastically changed .Many of us are unaware of the fact that a small change in our lifestyle and dietery habits leads to a large change in our day to day life and it affects our longetivity upto a large extent. The faulty lifestyle and food habits not only creates imbalance in the doshas but also in the dhatus leading to various diseases.One such example is the rakta pradoshaja vyadhis . Vyadhis caused due to viciation of rakta .

Acharya charaka has explained around 40 hetus causing viciation of rakta also he has explained around 40 vyadhis caused due to viciation of rakta dhatu.
The vyadhis explained under the title of raktapradoshaj vyadhis are very commonly seen these days to name a few , various skin diseases like kushtha , visarpa , pidaka , indralupta ,vidradhi. Bleeding disorders like pradar , raktapitta, rakta meha . Some disorders like vatashonita which affects the joints. One more among these diseases is mukhapaak which is seen very commonly . Also the hetu sevan described for these raktapradoshaj vyadhis is commonly seen in todays lifestyle and diet habits , like generally people tend to have more spicy , salty foodstuffs , even taking more leafy vegetables is considered a good habit by general people,many consume curd with hot foodstuffs ,some even consume curd at night. The increasing consumption of ushna teekshna padarthas like alcohol , tobacco is very common, even simple day to day routine like sleeping after lunch etc is commonly seen nowadays. These habits and foods easily viciate the rakta dhatu thereby making us more prone to raktapradoshaj vyadhis .It is said that “ To change the fruits, we have to change the roots’’ The study will throw more light on the causative factors of mukhapaaka . Hence once we are able to identify the causative factors (roots) of the disease we can easily change the ilness (fruit).

As it is stated in ayurveda

"Evidence based medicine" is the mantra of modern era,so revalidation and revitalization is essential through research in both fundamental and applied aspects of ayurveda.

A lot of work has been done on rakta pradosha jvyadhi . Also a lot of work has been done on mukhapaaka .These research deal more with the treatment aspects of mukhapaaka but less light is thrown on eitiological factors.No work has even touched the topic where Mukhapaaka is seen in the light of rakta pradoshaj vyadhi.

Hence the research will not only help in preventive but also curative aspects of diseses. Also it will enable to present scientific and statistical data to revalidate the role of hetus explained in our ancient literature in the modern age .

OBJECTIVES OF THE STUDY

1.To study the concept of rakta pradoshaj vyadhis from Bruhattraye.

2.To enlist various hetus of rakta pradoshaj vyadhis from Bruhattraye.

3.To study mukhapaaka vyadhi from bruhattraye

4.To make a survey study of rakta pradoshaj vyadhi hetus in patients having mukhapaaka .

MATERIAL AND METHOD

MATERIAL

1) Bruhattrayee
2) 128 diagnosed patients of *mukhapaaka*selected for the survey study by random method in a reputed institute
3) A specially prepared survey questionnaire with informed written consent.

a) INCLUSION

128 diagnosed patients of mukhapaaka were selected randomly .

Age group of 18-60 years irrespective of sex, religion, economic and marital status.

b) EXCLUSION

1. Age below 18 years and above 60 years.
2. Patients having H.I.V , Syphillis, Cancer& Koch's

METHOD

Literary study

1.All the references of r*akta pradoshaj vyadhi*and its *hetus* were collected from

Bruhattrayee.

2. A specific questionnaire was prepared according to *hetus* in *Bruhattrayee.*
3. Selected patients were questioned for the survey study and were assessed as per the assessment criteria.

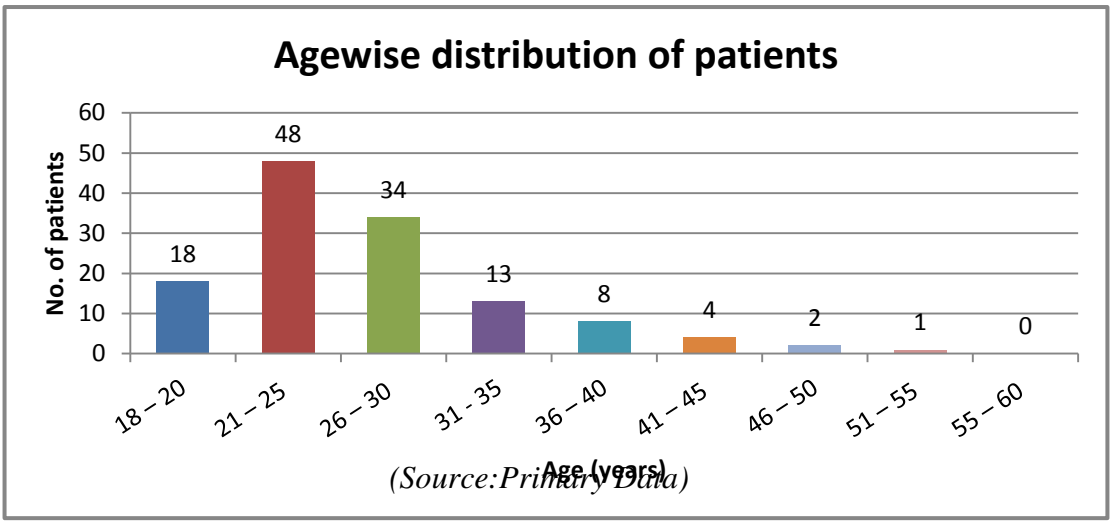
OBSERVATIONS AND RESULTS

1. Distribution of Age:

Sr. No.	Age Group	Count	%
1	18 – 20	18	14.06%
2	21 – 25	48	37.50%
3	26 – 30	34	26.56%
4	31 - 35	13	10.16%
5	36 – 40	8	6.25%
6	41 – 45	4	3.13%
7	46 – 50	2	1.56%
8	51 – 55	1	0.78%
9	55 – 60	0	0.00%
Total		**128**	**100.00%**

(Source:Primary Data)

Out of 128 patients, 18 patients (14%) were with age between 18 – 20 years, maximum 48 patients (38%) were with age 20 – 25 years, 34 patients (27%) were from age group 26 – 30 years, 13 patients (10%) were from age group 31 – 35 years, 8 patients (6%) were from age group 36 – 40 years, 4 patients (3%) were from age group 41 – 45 years, 2 (2%) were from age group 46 – 50 years while 1 was (1%) having age between 51 – 55 years.



(Source:Primary Data)

2. Distribution of Sex :

Sr. No	Sex	Count	%
1	Male	63	49.22%
2	Female	65	50.78%
Total		**128**	**100.00%**

(Source:Primary Data)

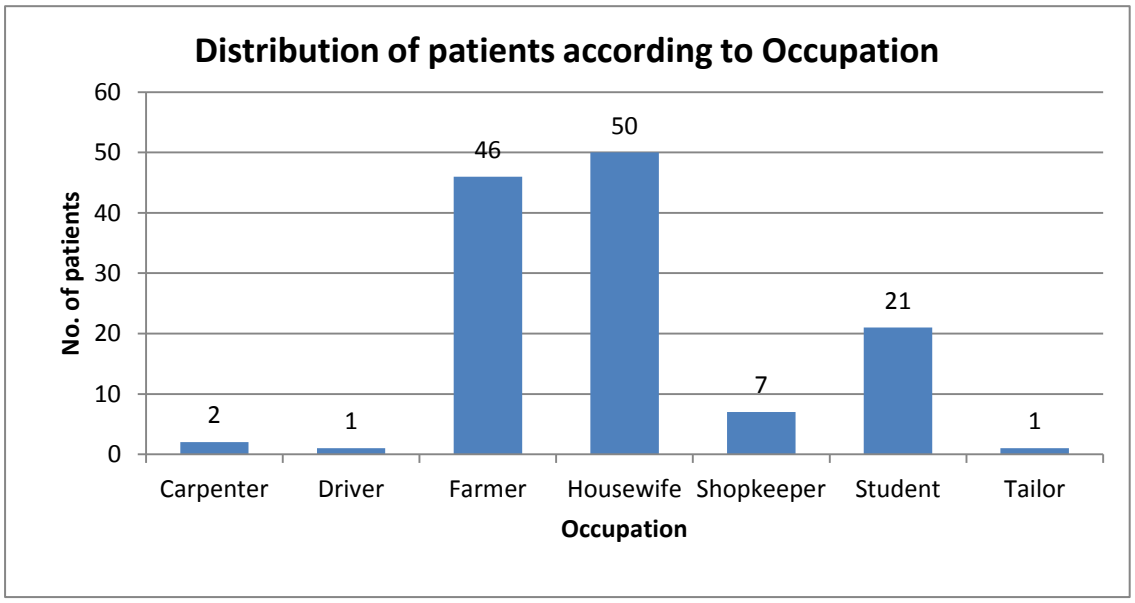
Out of 128 patients, 63 patients (49%) were male while 65 patients (51%) were female.

3. Distribution of Occupation :

Sr. No.	Occupation	Count	%
1	Carpenter	2	1.56%
2	Driver	1	0.78%
3	Farmer	46	35.94%
4	Housewife	50	39.06%
5	Shopkeeper	7	5.47%
6	Student	21	16.41%
7	Tailor	1	0.78%
Total		**128**	**100.00%**

(Source:Primary Data)

Out of 128 patients, 2 patients (2%) were carpenter, 1 patient (1%) was driver, 46 patients (36%) were farmer, 50 patients (39%) were housewife, 7 patients (5%) were shopkeeper, 21 patients (16%) were student while 1 patient (1%) was tailor.



(Source:Primary Data)

Statistical Analysis:

Patients were tested for various hetus and proportion of patients with those hetus is provided using 95% Confidence interval. To test whether a specific hetu can be associated with mukhapaaka, our hypothesis of interest is whether the number of patients in which that hetu is present is significantly higher than number of patients without hetu. Equivalently we state our research hypothesis as, proportion of patients with specific hetu is significantly higher than 0.5. Therefore our hypotheses are of the form –

H0: $p \leq 0.5$ (i.e. Hetu did not observe in significant proportion) Vs.

H1: $p > 0.5$ (i.e. Hetu observed in significantly high proportion)

The test statistic for testing this hypothesis is given as,

$$Z = \frac{p - 0.5}{\sqrt{\frac{0.5(1 - 0.5)}{N}}}$$

Where p is the sample proportion.

1. **Distribution of Aaharaj hetus:-**

Aaharaj Hetu	Present	Total	Prop	95% C.I.	Z statistic	P-value
Kulatha sevan	0	128	0	[0.000, 0.044]	-11.314	1
Masha sevan	88	128	0.688	[0.643, 0.732]	4.243	< 0.001
Nishpaav sevan	48	128	0.375	[0.331, 0.419]	-2.828	0.998
Tila taila sevan	0	128	0	[-0.044, 0.044]	-11.314	1
Moolak sevan	71	128	0.555	[0.51, 0.599]	1.237	0.108
Harita sevan	128	128	1	[0.956, 1.000]	11.314	< 0.001
Jalaj maunsa sevan	86	128	0.672	[0.628, 0.716]	3.889	< 0.001
Anupa maunsa sevan	59	128	0.461	[0.417, 0.505]	-0.884	0.812
Dadhi sevan	112	128	0.875	[0.831, 0.919]	8.485	< 0.001
Mastu sevan	42	128	0.328	[0.284, 0.372]	-3.889	1
Viruddha anna sevan	92	128	0.719	[0.675, 0.763]	4.95	< 0.001
Ati snigdha anna sevan	78	128	0.609	[0.565, 0.654]	2.475	0.007
Ati guru anna sevan	56	128	0.438	[0.393, 0.482]	-1.414	0.921
Ushna teekshna madya sevan	45	128	0.352	[0.307, 0.396]	-3.359	1
Ushna teekshna anna sevan	101	128	0.789	[0.745, 0.833]	6.541	< 0.001
Ati lavana sevan	82	128	0.641	[0.596, 0.685]	3.182	0.001
Ati amla sevan	91	128	0.711	[0.667, 0.755]	4.773	< 0.001
Ati kshar sevan	74	128	0.578	[0.534, 0.622]	1.768	0.039
Ati katu sevan	109	128	0.852	[0.807, 0.896]	7.955	< 0.001

(Source:Primary Data)

Out of 128 patients studied, no patient was observed with hetu kulatha sevan. Thus, Kulatha sevan cannot be associated with mukhapaaka.

88 patients (prop = 0.688) were found to with Hetu Masha sevan with 95% C.I. of [0.643, 0.732]. This proportion was significantly higher than 0.5 (P-value < 0.001) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Masha sevan that those who didn't. Thus Masha sevan can be associated with mukhapaaka.

48 patients (prop = 0.375) were found to with Hetu Nishpaav sevan with 95% C.I. of [0.331, 0.419]. This proportion was not significantly higher than 0.5 (P-value = 0.998) at 5% level of significance. Thus Nishpaav sevan can not be considered as significant hetu for mukhapaaka.

No patient reported use of tila taila sevan. Thus, tila taila sevan cannot be associated with mukhapaaka.

Out of 128 patients studied, 71 patients (prop = 0.555) were found to with Hetu Moolak sevan. The 95% C.I. for this proportion was [0.51, 0.599]. The observed proportion was not signficantly higher than 0.5 (P-value = 0.108) at 5% level of signficance, denoting patients with moolak sevan were not significantly higher in number than those who didn't reported moolak sevan. Thus moolak sevan cannot be associated with mukhapaaka.

Harita sevan was reported by all 128 patients (prop = 1). 95% Confidence interval for proportion was [0.956, 1.000]. Thus, Harita sevan can be associated with mukhapaaka.

Jalaj maunsa sevan was reported by 86 patients (prop = 0.672). 95% Confidence interval for proportion was [0.628, 0.716] and proportion was significantly higher than 0.5 (P-value < 0.001) as suggested by test of proportion. Thus, Jalaj maunsa sevan is significant hetu of mukhapaaka.

Anupa maunsa sevan was reported by 59 patients (prop = 0.461). 95% Confidence interval for proportion was [0.417, 0.505] and proportion was not significantly higher than 0.5 (P-value = 0.812) as suggested by test of proportion. Thus, Anupa maunsa sevan cannot be associated with mukhapaaka.

112 patients (prop = 0.875) were found to with Hetu Dadhi sevan sevan with 95% C.I. of [0.831, 0.919]. This proportion was significantly higher than 0.5 (P-value < 0.001) at 5% level of significance. Thus suggesting there were significantly higer number of patients

with Dadhi sevan sevan that those without it. Thus Dadhi sevan sevan can be associated with mukhapaaka.

Mastu sevan was reported by 42 patients (prop = 0.328). 95% Confidence interval for proportion was [0.284, 0.372] and proportion was not significantly higher than 0.5 (P-value = 1.000) as suggested by test of proportion. Thus, Mastu sevan cannot be associated with mukhapaaka.

92 patients (prop = 0.719) were found to with Hetu Viruddha anna sevan with 95% C.I. of [0.675, 0.763]. This proportion was significantly higher than 0.5 (P-value < 0.001) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Viruddha anna sevan that those who didn't. Thus Viruddha anna sevan can be considered as significant hetu for mukhapaaka.

78 patients (prop = 0.609) were found to with Hetu Ati snigdha anna sevan with 95% C.I. of [0.565, 0.654]. This proportion was significantly higher than 0.5 (P-value = 0.007) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Ati snigdha anna sevan that those who didn't. Thus Ati snigdha anna sevan can be considered as significant hetu for mukhapaaka.

Ati guru anna sevan was reported by 56 patients (prop = 0.438). 95% Confidence interval for proportion was [0.393, 0.482] and proportion was not significantly higher than 0.5 (P-value = 0.921) as suggested by test of proportion. Thus, Ati guru anna sevan cannot be associated with mukhapaaka.

Ushna teekshna madya sevan was reported by 45 patients (prop = 0.352). 95% Confidence interval for proportion was [0.307, 0.396] and proportion was not significantly higher than 0.5 (P-value = 1) as suggested by test of proportion. Thus, Ushna teekshna madya sevan cannot be associated with mukhapaaka.

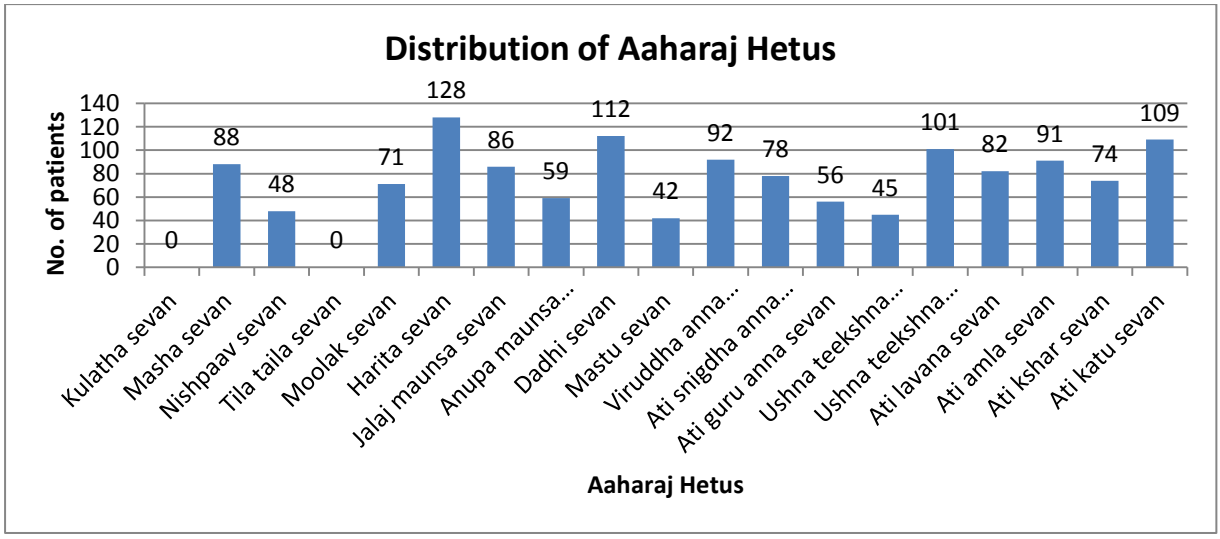
101 patients (prop = 0.789) were found to with Hetu Ushna teekshna anna sevan with 95% C.I. of [0.745, 0.833]. This proportion was significantly higher than 0.5 (P-value < 0.001) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Ushna teekshna anna sevan that those who didn't. Thus Ushna teekshna anna sevan can be considered as significant hetu for mukhapaaka.

82 patients (prop = 0.641) were found to with Hetu Ati lavana sevan with 95% C.I. of [0.596, 0.685]. This proportion was significantly higher than 0.5 (P-value = 0.001) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Ati lavana sevan that those who didn't. Thus Ati lavana sevan can be considered as significant hetu for mukhapaaka.

91 patients (prop = 0.711) were found to with Hetu Ati amla sevan with 95% C.I. of [0.667, 0.755]. This proportion was significantly higher than 0.5 (P-value < 0.001) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Ati amla sevan that those who didn't. Thus Ati amla sevan can be considered as significant hetu for mukhapaaka.

74 patients (prop = 0.578) were found to with Hetu Ati kshar sevan with 95% C.I. of [0.534, 0.622]. This proportion was significantly higher than 0.5 (P-value = 0.039) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Ati kshar sevan that those who didn't. Thus Ati kshar sevan can be considered as significant hetu for mukhapaaka.

109 patients (prop = 0.852) were found to with Hetu Ati katu sevan with 95% C.I. of [0.807, 0.896]. This proportion was significantly higher than 0.5 (P-value < 0.001) at 5% level of significance. Thus suggesting there were significnatly higer number of patients with Ati katu sevan that those who didn't. Thus Ati katu sevan can be considered as significant hetu for mukhapaaka.



(Source:Primary Data)

2. Distributions of Viharaj Hetus:-

Viharaj Hetu	Present	Total	prop	95% C.I.	Z statistic	P-value
Adhyashan	52	128	0.406	[0.362, 0.45]	-2.121	0.983
Atyadaan	37	128	0.289	[0.245, 0.333]	-4.773	1
Ajeerna	71	128	0.555	[0.51, 0.599]	1.237	0.108
Bhuktwa cha swapanam diva	60	128	0.469	[0.425, 0.513]	-0.707	0.76
Atapa sevan	60	128	0.469	[0.425, 0.513]	-0.707	0.76
Maruta	43	128	0.336	[0.292, 0.38]	-3.712	1
Chhardi veg pratighaata	0	128	0	[0.000, 0.044]	-11.314	1
Kale cha anasechanam	128	128	1	[0.956, 1.000]	11.314	< 0.001
Shrama	75	128	0.586	[0.542, 0.63]	1.945	0.026

(Source:Primary Data)

Out of 128 patients studied, 52 patients (prop = 0.406) were found to with Hetu Adhyashan. The 95% C.I. for this proportion was [0.362, 0.450]. The observed proportion was not signficantly higher than 0.5 (P-value = 0.983) at 5% level of signficance, denoting patients with adhyashan were not significantly higher in number than those who didn't reported adhyashan. Thus adhyashan cannot be associated with mukhapaaka.

Out of 128 patients studied, 37 patients (prop = 0.289) were found to with Hetu Atyadaan. The 95% C.I. for this proportion was [0.51, 0.599]. The observed proportion was not signficantly higher than 0.5 (P-value = 0.108) at 5% level of signficance, denoting patients with atyadaan were not significantly higher in number than those who didn't reported atyadaan. Thus atyadaan cannot be associated with mukhapaaka.

Out of 128 patients studied, 71 patients (prop = 0.555) were found to with Hetu Ajeerna. The 95% C.I. for this proportion was [0.51, 0.599]. The observed proportion was not signficantly higher than 0.5 (P-value = 0.108) at 5% level of signficance, denoting patients with ajeerna were not significantly higher in number than those who didn't reported ajeerna. Thus ajeerna cannot be associated with mukhapaaka.

Out of 128 patients studied, 60 patients (prop = 0.469) were found to with Hetu Bhuktwa cha swapanam diva. The 95% C.I. for this proportion was [0.425, 0.513]. The observed proportion was not signficantly higher than 0.5 (P-value = 0.760) at 5% level of signficance, denoting patients with Bhuktwa cha swapanam diva were not significantly higher in number than those who didn't reported Bhuktwa cha swapanam diva. Thus Bhuktwa cha swapanam diva cannot be associated with mukhapaaka.

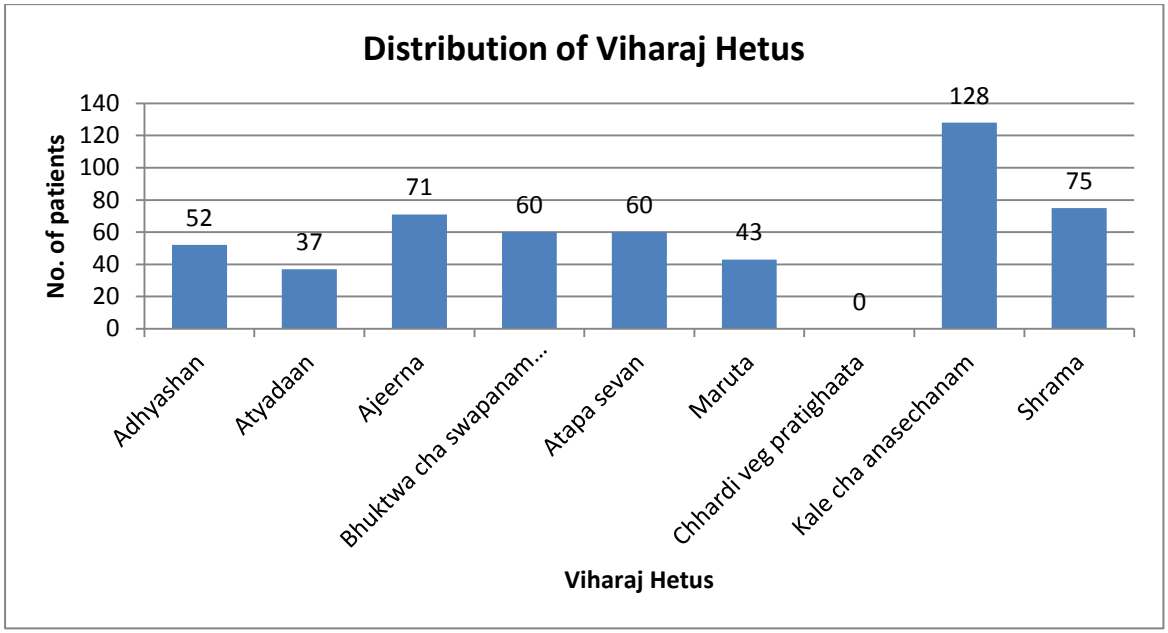
Out of 128 patients studied, 71 patients (prop = 0.469) were found to with Hetu Atapa sevan. The 95% C.I. for this proportion was [0.425, 0.513]. The observed proportion was not signficantly higher than 0.5 (P-value = 0.760) at 5% level of signficance, denoting patients with atapa sevan were not significantly higher in number than those who didn't reported atapa sevan. Thus atapa sevan cannot be associated with mukhapaaka.

Out of 128 patients studied, 43 patients (prop = 0.336) were found to with Hetu Maruta. The 95% C.I. for this proportion was [0.292, 0.380]. The observed proportion was not signficantly higher than 0.5 (P-value = 1.000) at 5% level of signficance, denoting patients with maruta were not significantly higher in number than those who didn't reported maruta. Thus maruta cannot be associated with mukhapaaka.

Out of 128 patients studied, no patient was found to with Hetu Chhardi veg pratighaata. Thus chhardi veg pratighaata cannot be associated with mukhapaaka.

Kale cha anasechanam was reported by all 128 patients (prop = 1). Thus, Kale cha anasechanam is significant hetu of mukhapaaka.

Shrama was reported by 75 patients (prop = 0.586) with 95% C.I. for proportion [0.542, 0.630], the proportion was significantly higher than 0.5 (P-value = 0.026) at 5% level of significance. Thus, shrama can be considered as significant hetu for mukhapaaka.



(Source:Primary Data)

3. Distributions of Manas Hetus:-

Manas Hetu	Present	Total	prop	95% C.I.	Z statistic	P-value
Krodha	82	128	0.641	[0.596, 0.685]	3.182	0.001

(Source:Primary Data)

Krodha was reported by 82 patients (prop = 0.641) with 95% C.I. for proportion [0.596, 0.685], the proportion was significantly higher than 0.5 (P-value = 0.001) at 5% level of signficance. Thus, krodha can be considered as significant hetu for mukhapaaka.

Assessment of Hetus:-

Grade	Hetus seen in-	No. of Hetus	Names of Hetus
Grade 1	0-30% patients	4	Kulatha sevan, Tila taila sevan, Atyadaan, Chhardi veg pratighaata
Grade 2	31-60% patients	13	Nishpaav sevan, Moolak sevan, Anupa maunsa sevan, Mastu sevan, Ati guru anna sevan, Ushna teekshna madya sevan, ati kshar sevan, Adhyashan, Ajeerna, Bhuktwa cha swapanam diva, Atapa sevan, Maruta, Shrama
Grade 3	61-100% patients	12	Masha sevan, Harita sevan, Jalaj maunsa sevan, Dadhi sevan sevan, Viruddha anna sevan, Ati snigdha anna sevan, Ushna teekshna anna sevan, Ati lavana sevan, ati amla sevan, ati katu sevan, Kale cha anasechanam, krodha

(Source:Primary Data)

Hetus Kulatha sevan, Tila taila sevan, Atyadaan, Chhardi veg pratighaata were reported in less than 30% of patients. Thus those are considered as Grade 1 hetu.

Hetus Nishpaav sevan, Moolak sevan, Anupa maunsa sevan, Mastu sevan, Ati guru anna sevan, Ushna teekshna madya sevan, ati kshar sevan, Adhyashan, Ajeerna, Bhuktwa cha swapanam diva, Atapa sevan, Maruta and Shrama were observed in 31 – 60% patients of mukhapaaka, hence, these hetus were graded under grade 2.

Grade 3 Hetus are Masha sevan, Harita sevan, Jalaj maunsa sevan, Dadhi sevan sevan, Viruddha anna sevan, Ati snigdha anna sevan, Ushna teekshna anna sevan, Ati lavana sevan, ati amla sevan, ati katu sevan, Kale cha anasechanam, krodha which were observed in more than 60% patients of mukhapaaka

DISCUSSION

The sole purpose of research work is to support or to modify or toadvance the existing trends of knowledge and either to accept or to refuse them afer critically testing them . This can be only done by proper interpretation and discussion of available data .

Any research work without discussion about its nature , utility and importance is said to be incomplete . Ability of discussion on the basis of shastra and vitarka is to be presented in a well manner. Before proving any principle or hypothesis it should be thouroughly discussed from all possible angles. Knowledge improves discussion . Shastra with discussion becomes base for establishment of concept . Therefore one should always support conclusion with discussion.

Acharya Charaka describes it as ; even the truth may not be accepted without the logical interpretation . Thus discussion is the most crucial phase of any research work .

As discussion expands the mind the new ideas and analytic thinking which grows into a multidimensional approach .Hence , discussion on this study is made under following categories –

1. Discussion on the Title
2. Discussion on Literary Review
    a. Historical review
    b. Concept of rakta pradoshaj vyadhi
    c. Hetus of rakta pradoshaj vyadhi
    d. Mukhapaaka
3. Discussion on material and methods
4. Discussion on observations and results
    a. Discussion on collected data
    b. Discussion on hetus of rakta pradoshaj vyadhis found in present era

1. Discussion on title

In todays modern era of technology and a fast moving life , which has lead to many changes in our diet and lifestyle. Fast food , pollution , stress lead to a very negative effect on our body and mind .

In todays world the hetus causing rakta dushti and the vyadhis caused by rakta dushti are commonly seen. One such example of raktapradoshaj vikara commonly seen today is mukhapaaka.

The study throws more light on the causative factors mentioned in ancient texts and their role in modern era. Once we are able to identify the causative factors of mukhapaak it will help not only in the preventive aspect of the disease but also in curative aspect of the diseaseby nidaan parivarjanam. Also it will enable to present scientific and statistical data to revalidate the the role of hetus explained in our ancient literature in the modern age.

2. DISCUSSION ON LITERARY REVIEW

A) Historical review

Charaka samhita was the first to give the description of rakta pradoshaj vikaras .also it has mentioned mukhapaak as a rakta pradoshaj vyadhi. It has also mentioned in detail the hetus causing rakta pradoshaja vyadhis , the list of rakta pradoshaj vyadhis and its treatment.

Sushruta has narrated the names of rakta pradoshaj vyadhis .he has also mentioned asyapaaka as a rakta pradoshaj vyadhi. sushruta has also mentioned sarvasara roga as mukhapaaka .

Vaghbhata has not mentioned rakta pradoshaj vyadhis but stravya vyadhis mentioned by him upto some extent are similar to rakta pradoshaja vyadhis mentioned by charaka and sushruta. How ever Vaghbhata has explained mukhapaaka in detail.

B) Discussion on the concept of rakta pradoshaj vyadhis

Raktapradoshaj vyadhi are explained under dhatupradoshaj vyadhis .Manifestation of any disease depends upon the vyadhikshamatva or vyadhi pratikarabala . More the bala of dhatus less is the chance of manifesting a disease . The vyadhipratikarbala depends on the quality of dhatus.The quality of dhatus depends on the dhatvagni. The dhatvagni mandya results in dhatu vaishamya .

Raktapradoshaj vyadhis representing extremely vitiated state of rakta dhatu. Dalhana mentions that the raktapradoshaj vyadhis are separately mentioned because of chikitsa vishesha vignanartha (Su.Su.24/9). Charaka also mentions that when vyadhis treated by snigdha, ushna ,ruksha , sheeta upakrams and still there is no upasham then the vaidyas should know it as raktapradoshaj vyadhi and treat rakta accordingly

(Ch. Su. 24).

The rakta pradoshaj vyadhis are classified as per trividha roga margas i.e

1) Bahya roga marga
2) Madhyam roga marga
3) Aabhyantar roga marga .

These vyadhis are also classified as per vyadhi swaroop i.e

1) Strava pradhan vyadhis
2) Kandu prasdhan vyadhis
3) Vaivarnya pradhan vyadhis
4) Mandala pradhan vyadhis etc …

These raktapradoshaj vikaras are also classified as vyadhis and lakshanas .

C) Discussion on hetus of rakta pradoshaj vyadhis

Charaka has mentioned around 40 hetus of raktapradoshaj vyadhi hetus in Ch.Su.24/5-10).

These hetus are enlisted classified as

1) Aaharaj hetus
2) Viharaj hetus
3) Manas hetus
4) Kalaj hetus .

The hetus described have following properties

Kulattha – It is kashaya rasa , ushna virya , katu vipaka it is also vitiates rakta and pitta.

Masha –it is madhura rasatmak , ushnaviryatmak .

Nishpaava –it increases vata pitta and also vitiates rakta .

Tila taila is Madura rasa , madhur vipaka , usha virya ,vikasi. There by it increases pitta.

Moolak- it is katu tikta rasa , ushna virya guru , abhishyandi tridosha karak.it is used as salad or as cooked vegetable.

Jalaj and anupa maunsa are madhura rasatmak , guru , snigdha , and kapha pitta vardhak. Fish ,crab etc are considered as jalaj maunsa ,where as pork is considered as anupa maunsa .Dadhi is amla rasatmak ,amla vipak , ushna virya , guru , snighdha it increases kapha pitta and causes viciation of rakta .

Dadhi sevan is a very common practice these days . Many are unaware that it is not to be consumed daily, here only dadhi sevaan is considered .

Dadhi mastu is amla and kashaya rasatmak, it increases pitta due to amla rasa and ushna virya.

Virrudha aahar is of many types for eg desha virrudha , kala virrudha , matra viruddha, sanskar virrudha , sanyoga virrudha etc . Virrudha aahar causes utklesha of doshas but it does not remove the doshas from the body thereby leading to many diseases ranging from various types of twak vikaaras to unmaad etc. under this title many foodstuffs are considered ,like eating curd at night , having curd with hot substances like wada or parathas, the gravy used for making various Punjabi dishes also constitutes of curd , which is also heated in the process.Having milk and fish together or having milk immediately after having fish is directly mentioned to cause rakta dushti . Having various milk shakes , having fruits and milk together(vipaaka virudha) is also a common practice today .

Atyaadaan - eating food in excess quantity is called atyadaan it causes viciation of all three doshas. This is also a common practices these days .

Krodha - anger increases pitta .

Atapa sevan it increases pitta , daha ,sweda ,vaivarnya. Profeesion like farm workers , fisherman etc are very much exposed to sun, it is considered as a hetu .

Chardi vega pratighata suppressing vomiting causes various twak rogas such as kandu , kushtha , visarpa , shotha etc many of them are mentioned as rakta pradoshaja vyadhis .

Ajeerna causes ama utpatti , which, associates with various dhatus and causes vicitaion of those dhatus .

Madyapaan it is teekshna ,ushna , vidhahi , amla vipaki , hence it viciates samandharmi pitta and rakta.

Ati lavan sevan It is madhura vipaki , ushna veerya .It viciates pitta and rakta and causes diseases like khalitya , palitya , various twak rogas ,visarpa ,amlapitta etc few of them being enlisted as rakta pradoshaj vyadhis. Excess salty and preserved food stuffs , chinese foods etc are considered as ati lavan yukta padarthas . Many people have habit of taking excess of salt in their food. Pickles can be considered in both ati amla and lavan dravyas.

Ati amla sevan - it is amla vipaki , ushna virya . it increases pitta and rakta . excess amla sevan causes viciation of rakta and pitta,kandu ,pandu,visarpa,shofa etc. food stuffs like tamato ketchups , tamarind chutney , raw mango , pickles etc are considered ati amla dravyas.

Ati kshar sevan- it causes diaeases like andhata ,khalitya , shandhata . Food stuffs like papad ,preserved foods are considered as ati kshara yukta dravyas.

Ati katu sevan- katu dravyas are ushna virya , katu vipaki . Ati katu sevan increases pitta also leads to many diseases such as trushna,kampa,shukra and bala kshayam etc. spices , black pepper, chilly etc are considered as ati katu .

Sharad rutu - sharad rutu causes raktadushti(swabhavik rutu prabhava) and pitta vruddhi.

Hareeta sevan excess intake of fresh vegetables like moolak , ardraka and green leafy vegetables like dhanyak etc. It causes pitta vruddhi.

Ati snigdha bhojan - excess oily food intake incresases kapha and pitta causes agnimandya . Various deep fried foods , cheese , butter , etc are considered as ati snighdha padarthas.

Ati guru bhojan- it increases kapha ,ama ,and causes agnimandya. Various deserts, sweet dishes , foods prepared from kandamoola like, sago, potato , sweet patato , chanadal , besan etc are considered as ati guru .

Bhukta cha swapanam diva- it causes kapha vrudhi and maunsa dushti.

Kale cha anasechanam -not doing raktamokshan in sharad rutu causes rakta rogas . As in sharad rutu charya it is advised to do raktamokshan to even healthy individuals to avoid diseases caused due to viciated rakta.

Ati shrama- ati shrama causes vata and pitta vrudhi .farmers , labourers etc people having physical and mental work load are considered people doing ati shrama.

Adhyashana- eating food before the previous meal is digested is called adhyashana . It increases all three doshas. Eating snacks frequently between meals , drinking tea , juices cold drinks and other liquids immediately after meals or before the previous meals are digested is considered as adhyashana .

Ushna teekshna anyascha- here intake of ushna teekshnya padarthas like tobacco etc is considered . It increases pitta and viciates rakta .

If we observe the daily lifestyle and food habits of people in our surrounding we can see how the abovementioned hetu sevan are commonly found these days.

D)Discussion on mukhapaaka

Charaka has mentioned mukhapaak as an shonitaj /raktapradoshaj vyadhi in vidhishonitiya (Ch.Su.24/11). Also in (Ch.Su.28/12) charaka has mentioned asyapaak as raktapradoshaj vyadi.

Sushruta has also named asyapaak as rakta pradoshaj vyadhi (Su.Su.24/9) . Sushruta has explained in detail sarvasara roga in (Su.Ni.16/4).

However vaghbhata has not mentioned raktapradoshaj vyadhis. vagbhata has explained mukhapaak in detail(A.Hru.U.21).

Hetus of mukhapaaka are explained in (A.Hru.U 21/1-2)

1)Matsya , mahisha ,varaha maunsa sevan . Anupa and jalaj maunsa sevan explained by charak as hetus of rakta pradoshaj vyadhis .

2) moolak sevan , masha soup ,dadhi sevan are explained as hetus of mukha paak . these are also explained by us of rakta charak as hetus of rakta pradoshaj vyadhis.

3) ksheera , sukta , phanita sevan , sleeping with the face down, not keeping oral hygiene , improper administration of procedures like vaman , gandoosha and siravyadh arebother hetus of mukhapaaka as explained by vaghbhat.

vagbhata has mentioned 8 types of mukhapaak namely ,

1)vaataj, 2)pittaj, 3)kaphaj, 4)raktaj, 5)sannipatik ,6) urdhwaj, 7)kapharbud , 8)putivaktrata.

Sushruta has mentioned 4 types of sarvasara namely,

1)vataj , 2)pittaj , 3)kaphaj , 4)raktaj.

Mukhapaak is a vyadhi in which there is burning sensation ,mukha bitter taste ,ulcerations or vranas in mukha.

Stomatitis is a general term applied to Inflammatory , erosive and ulcerativeconditions widely affecting the mucous membranes which line the oral cavity.

3.Discussion on materials and methods

all the hetus of rakta pradoshaj vyadhis were collected frombruhattrai .

a questionnaire was prepared based on the list of collected hetus.

A specific case paper format was prepared.

128 diagnosed patients of mukhapaaka were randomly selected for the survey study.

Data was collected from patients by prashna pariksha .

By analyzing the hetus which were collected from patients , a final list of hetus was made , which shows the frequency or strength of the hetu for developing mukhapaaka .

4.DISCUSSION ON OBSERVATION AND RESULTS

A) **Discussion on demographical data**

Both genders were almost equally prone to mukhapaak .
We can say mukhapaak is found in all people from all occupations .
Farmers and housewifes being more common.

B) Discussion on Hetus of Raktapradoshaj vyadhis Found In Present Era –

The hetus of raktapradoshaj vyadhis which was described in bruhattrayi are screened and we found that as per charak samhita said that more than one hetu are responsible forrakta pradoshaj vyadhis/ mukhapaak. These hetus were found to be aaharaj , viharaj and manas hetus.As per assessment criteria we made the 3 groups of hetus on the basis of their presence in the 128 patients of mukhapaak which were screened. They are Grade 1 , Grade 2 and Grade 3 hetus. Among 29 hetus the Grade 1 hetuas are 04, Grade 2 hetus are 13 andGrade 3 hetus are 12

GRADE 1	GRADE 2	GRADE 3
0-30% *hetus* seen	31-60% *hetus* seen	61-99% *hetus* seen

(Source:Primary Data)

1) Grade 1 Hetus –

These hetus were not so prominent as compared to both above. They were found in least number of patients and considered to be less effective or less important for developing mukhapaak. They might be or might not play role in mukhapaak vyadhi utpatti.following are the grade 1 hetus found Kulatha sevan, Tila taila sevan, Atyadaan, Chhardi veg pratighaat.

2)Grade 2 Hetus –

These hetus are not so prominent for making the mukhapaak but they might be supportive in the samprapti ofmukhapaak . They play supportive role.

Following are the grade 2 hetus -Nishpaav sevan, Moolak sevan, Anupa maunsa sevan, Mastu sevan, Ati guru anna sevan, Ushna teekshna madya sevan, ati kshar sevan, Adhyashan, Ajeerna, Bhuktwa cha swapanam diva, Atapa sevan, Maruta, Shrama .

3) Grade 3 hetus –

The grade 3 hetus found are Masha sevan, Harita sevan, Jalaj maunsa sevan, Dadhi sevan sevan, Viruddha anna sevan, Ati snigdha anna sevan, Ushna teekshna anna sevan, Ati lavana sevan, atiamla sevan, ati katu sevan, Kale cha anasechanam and krodha.These hetus were considered the most important hetus and has major role causing mukhapaak. If these hetus are avoided then mukhapaak can be prevented .

Kale cha anasechanam not doing raktamokshan was found in 128 patients .

CONCLUSION

As per literary study following conclusions can be made:

The rakta pradoshaj vyadhis is a condition representing the extreme viciated status of rakta

Raktapradoshaj vyadhis and other dhatu pradoshaj vyadhis are described separetly because of “chikitsa visheshatva” that is when a disease is treated by means of snigdha ushna ruksha sheetadi upakramas and still there is no upashaya vaidya should know it is a raktapradoshaj vyadhi and treat rakta accordingly .

Mukhapaak or asyapaak is mentioned as araktapradoshaj vyadhi by charak and sushruta .

In this study total 128 diagnosed patients were selected for the survey of hetus.As per literary study,observations and discussion the following conclusions can be drawn the

raktaprodoshaj vyadhi hetus mentioned in charak samhita are nearly similar to the hetus found in the patients of mukhapaaka..

Hence we can conclude that the rakta pradoshaj hetus mentioned in charakj samhita aresignificantly related to mukhapaak in modern era .Only the nature of that hetu is modified .The Hetus which Were screened on the patients are divided into three grades which were made on the basis of presence of the hetu in mukhapaak patients. Those three grades are- grade1 , grade 2 and grade 3

Grade 1 hetus are (0- 30% patients)

Kulatha sevan

Tila taila sevan

Atyadaan

Chardi vega pratighaata

Grade 2 hetus are (31 -60% patients)

Nishpaav sevan	moolak sevan
Anupa maunsa sevan	mastu sevan
Ati guru anna sevan	ushna teekshna anna sevan
Ati kshar sevan	adhyashan
Ajeerna	bhuktwa cha swapanam diva
Ataapa sevan	maruta sevan

Grade 3 hetus are(61 -100% patients)

Masha sevan	harita sevan
jalaj maunsa sevan	dadhi sevan
virrudha anna sevan	ati snigdha anna sevan
ushna teekshna anna sevan	ati lavana sevan
ati amla sevan	ati katu sevan
kale cha anavasechanam	krodha

The hetus listed in grade 3 are more prominently related to utpatti of mukhapaak .

the hetus listed under grade 2 play a supportive role in utpatti of mukhapaak and are moderately related to mukhapaak .

hence to avoiding these hetus is must in the preventivion and treatment part of mukhapaal and also other raktapradoshaj vyadhis.

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