



Review Article

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CRITICAL STUDY OF *ANGAMARDA PRASHMANA*, *SHOOLAHARA* AND *VEDNASTHAPANA MAHAKASHAYA* OF *ACHARYA CHARAKA*: A REVIEW

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ABSTRACT

Introduction: *Ayurveda* offers a holistic way of living life. An altered lifestyle today is totally against the principles of *Ayurveda* and hence is a bundle of diseases emerging today. PAIN is one of such challenges in the medical world today. According to *Ayurveda* texts, chronic pain is caused by imbalances in *doshas* and is influenced by many factors, like diet, digestion, toxic accumulation, stress, energy levels and daily routine. *Angamarda prashmana mahakashaya*, *Shoolahara mahakashaya* and *Vedanasthapana mahakashaya* of *Acharya Charaka* usually find their shadow under the broad umbrella of the concept of pain. The conceptual approach to all these in the management of pain not being same; hence needs conceptual and clinical exploration. The present paper discusses the role of the above three drug groups in managing pains of various origins. All the relevant texts, along with the introductory text of *Charaka Samhita*, were taken to explore the current topic. *Angamarda prashmana mahakashaya* finds its appropriate selectivity in *Swatantra vata prakopa*, while *Shoolahara mahakashaya* primarily aims at the pain of colic origins. *Vedanasthapana* drugs, on the other hand, have their action on pains of psychosomatic origin. The difference in the mode of action of *Angamarda prashmana Mahakashaya*, *Shoolahara Mahakashaya* and *Vedanasthapana Mahakashaya* has also been discussed in the present article.

Keywords: *Angamarda prashmana*, herbs, pain management, *Shoolahara*, *Vedanasthapana*

INTRODUCTION

Pain can be described as any physical suffering or discomfort caused by illness or injury. No matter how mild the pain is anywhere in the body, it lands the patient in a state of discomfort and affects day-to-day activities. Pain may present in various patterns, and in this regard, analgesics further reduce our resistance power¹. Pain can be universally understood as an indication of disease and is presented as the most common symptom by the patient to the physician. Contemporary science pharmaceutical drugs have immediate and reliable analgesic effects but often cause severe short-term and long-term side effects. *Ayurveda*, in this regard, has a different approach to managing pain, according to the nature of origin (of pain) and accumulation of *doshas* (basic body constitution). Many drugs in this regard have been mentioned in our ancient *Ayurveda* texts (*Samhitas*), which have been indicated in pains of various origins throughout the *Samhitas* under different headings and *Sthanas* (chapters).

Acharya Charaka has mentioned one such group of drugs dedicated to generalised pain management under *Angamarda prashmana mahakashaya*. The word *Angamarda* has the literal meaning² mentioned as “*angam mardayati*”, which means crushing pain in the extremities and musculoskeletal system of the body. The word *prashmana*³ means *prashanti* referring to the tranquilising effect. Hence, the group of drugs which have been told especially referring to musculoskeletal pain in the body, has been elaborated in this group. *Shoolahara mahakashaya* is also mentioned in the same chapter where *Shoola*⁴ refers to “*ruja*” (pain), and *hara* represents eradication property. This group contains the drugs like *Pippali*, *Pippalimula*, *Chavya*, *Chitraka*

etc., which primarily act in acutely painful conditions of the GI Tract. *Vedanasthapana mahakashaya*, on the other hand, implies painful psychosomatic disorders (*mano-sharirika*) and further refers to restoring the normalcy of nerves regarding neuralgic pain especially. This is clear from the explanation of the word *vedana*⁵ which is mentioned as “*anubhav*” (sensation), and *asthapana*⁶, the term refers to *punah sthapana* (restoring normalcy). Although the three groups seem to have an action against pain, the difference in modes of action and the selection of drugs is the present paper's prime concern. Various available *Samhitas* (classical texts), *Nighantus* (lexicons), *Samgraha granthas* (compendia) and other relevant texts related to the present topic were referred to. All the compiled data was arranged systematically and presented with their respective modes of action, clinical and *adhikara* (prime indication) and mode of administration (internal or external).

DISCUSSION

Pain is caused primarily by *vata* as per the conceptual principles of *Ayurveda*. *Vata* is bestowed with the most unique but notorious property of *chala guna*. *Chala guna* of *vayu* is the prime factor affected during *srotosanga* (obstruction), resulting in pain. Obstruction of *vata*, thereby deranging *chala guna* in *sthoola srotas*, leads to pinpointed pain majorly in *Mahasrotas*, i.e., GI Tract and this type of pinpointed painful condition is referred to under the broad heading of *shoola*. *Shoolahara mahakashaya* has drugs mainly acting upon the *vayu* at the *koshtha* level. *Srotosanga* (obstruction), if any, at any level, blocks the motility of *vata* (*chala guna avrodha*), resulting in an acute pain condition called *shoola*. Such obstruction at the level of *mahastrotas* leads to *shoola* in the abdominal region grossly.

Table 1: Angamarda Prashmana mahakashaya

Drug	Botanical Name	Family	Rasa	Guna	Veerya	Vipaka	Dosha prabhav	Karma
Vidarigandha	<i>Ichnocarpus frutescens</i>	Apocynaceae	Madhura	Guru, Snigdha,	Sheeta	Madhura	Tridosahara	Shukrakar, Swas, kasa, pradara
Prishaniparni	<i>Uraria picta</i>	Fabaceae	Madhura	Laghu, Snigdha	Ushna	Madhura	Tridosahara	Grahi, Vrushya, Dipaniya
Brihati	<i>Solanum indicum</i>	Solanaceae	Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Kaphavatahara	Sukra rechaka
Kantakari	<i>Solanum Surattense</i>	Solanaceae	Katu, Tikta	Laghu, Ruksh, Tikshana, Sara	Ushna	Katu	Kaphavatahara	Deepana Pachana Mutrala, Ashmarighna, Kasa
Eranda	<i>Ricinus communis</i>	Euphorbiaceae	Madhura	Snigdha, Guru, Tikshna, Sukshma	Ushna	Madhura	Kaphavatahara	Rechana, Vrishya
Kakoli	<i>Roscoeia procera</i>	Zingiberaceae	Madhura	Guru	Sheeta	Madhura	Vata pitta hara, Kapha kara	Bruhana, Vrushya, Bhagnasandhan kara
Chandana	<i>Santalum album</i>	Santalaceae	Tikta	Laghu, Ruksha	Sheeta	Katu	Kapha pitta hara,	Varnya, Dahaprasaman, Chakshushya
Ushira	<i>Vetiveria zizanioides</i>	Gramineae	Tikta, Madhura	Laghu, Ruksha	Sheeta	Katu	Kapha pitta hara,	Pachana, Daha prashamana
Ela	<i>Elettaria cardamomum</i>	Zingiberaceae	Katu	Laghu, Ruksha	Sheeta	Katu	Kapha vata hara	Hridya, Shukranashaka, Deepana
Madhuka	<i>Glycyrrhiza glabra</i>	Fabaceae	Madhura	Guru, Snigdha	Sheeta	Madhura	Tridosha hara	Rasayan, Vrushya, Chakshushya

Table 2: Shoolahara Mahakashaya

Drug	Botanical Name	Family	Rasa	Guna	Viry	Vipaka	Dosha prabhava	Karma
Pippali	<i>Piper longum</i> Linn.	Piperaceae	Katu	Laghu, Snigdha	Anushna	Madhura	Vatakapha hara	Vrishya Rasayana
Pippalimoola	Root of <i>Piper longum</i> Linn.	Piperaceae	Katu	Laghu Ruksha	Ushna	Katu	Kaphavatahara Pittakara	Bhedana Deepna Pachana
Chavya	<i>Piper chaba</i>	Piperaceae	Katu	Laghu Ruksha	Ushna	Katu	Kaphavatahara Pittakara	Bhedana Deepana Pachana
Chitraka	<i>Plumbago zeylanica</i>	Plumbaginaceae	Katu	Laghu Ruksha Tikshna	Ushna	Katu	Vatakaphahara	Deepana Pachana Grahi
Shunthi	<i>Zingiber officinale</i>	Zingiberaceae	Katu	Guru Ruksha Tikshna	Ushna	Madhura	Vatakaphahara	Bhedana
Maricha	<i>Piper nigrum</i>	Piperaceae	Katu	Laghu Ruksha Tikshna	Ushna	Katu	Kaphavatahara Pittakara	Avrushya Deepana Pramathi
Ajmoda	<i>Apium graveolens</i>	Umbelliferae	Katu	Laghu Tikshna	Ushna	Katu	Kaphavatahara	Vrushya Deepana Hridya
Ajgandha	<i>Cuminum cyminum</i>	Umbelliferae	Katu	Laghu Ruksha	Ushna	Katu	Kaphavatahara	Grahi, deepana, Pachana
Ajaji	<i>Cuminum cyminum</i>	Umbelliferae	Katu	Laghu Ruksha	Ushna	Katu	Kaphavatahara	Grahi, deepana, Pachana
Gandira	<i>Amorphophallus campanulatus</i>	Araceae	Kashaya, Katu	Laghu, Ruksha, Tikshna	Ushna	Katu	Kapha vatahara	Deepana, Pachana, Arsha hara

Table 3: Vedanasthapana Mahakashaya

Drug	Botanical Name	Family	Rasa	Guna	Veerya	Vipaka	Dosha prabhava	Karma
Shala	<i>Shorea robusta</i>	Dipterocarpaceae	Kashaya	Ruksh, ushna	Sheet	Katu	Vata-Pitta hara	Bradhna, Vidradhi, Badhirya
Kataphala	<i>Myrica esculenta</i>	Myricaceae	Kashaya, Tikta, Katu	Laghu, Tikshan	Ushna	Katu	Vata Kaphahara	Jvara, Swasa, Prameha
Kadamba	<i>Mitragyna parvifolia</i>	Rubiaceae	Madhura Kashaya, Lavana	Guru, Ruksha, Sara	Sheeta	Katu	Kaphakarak, Vatacara	Vistambhi, Stanyajanana
Padmaka	<i>Prunus puddum</i>	rosaceae	Kashaya, Tikta	Laghu	Sheeta	Katu	Vatala, Kapha-pitta hara	Garbha sthapana, Visarpa, Daha
Tunga	<i>Calphyllum inopyllum</i>	Guttiferae	Madhura Kashaya	Laghu, Ruksha	Sheeta	Madhura	Kapha-pitta hara	Raktapitta, Rakta atisara
Mocharasa	<i>Boswellia serrata</i>	Burseraceae	Kashaya	Snigdha	Sheeta	Katu	Kapha-Pitta hara	Grahi, Vrushya, Atisara
Shirisha	<i>Albizia lebbeck</i>	Mimosoideae	Madhura Tikta, Kashaya	Laghu, Ruksha, Ushna	Anushna	Katu	Tridosha hara	Vishgna, Varnya, Shotha hara, Vedana sthapana, Vrana ropana
Vajjula	<i>Salix caprea</i>	Salicaceae	Kashaya, Tikta	Laghu, Ruksh	Sheeta	Katu	Kapha vata hara	Vedanasthapak, Ashmari, Visarpa
Elua	<i>Prunus cerasus</i>	Rosaceae	Kashaya	Laghu	Sheeta	Katu	Pitta rakta hara	Vedana sthapana, Raktapitta hara,
Ashoka	<i>Saraca asoca</i>	Caesalpinoidea	Kashaya, Tikta	Laghu, Ruksha	Sheeta	Katu	Pittahara	Hridya, Varnya, Grahi

Nerve impulse conduction is another physiological aspect of *vata shola* other than in the GI Tract and also gets accounted into vitiation of *vata*. Itself. In the more profound sense, if *chala guna* obstruction is encountered at the nervous impulse-carrying capacity of the body, it leads to *shoola* elsewhere in the body. Both kinds of *shoola* have a common feature of being acute with high intensity pricking pain.

*Vedanasthapana mahakashaya*⁷ has the property of re-establishing the normal state of *vedana* (sensation) at the physical and mental levels. *Vedanasthapana mahakashaya* has the property of maintaining the nervous system's normal physiology and treating psychosomatic disorders in the body. Hence this group is more concerned with curing the vitiated *vata* at the physical and mental levels. Altered sensation (*vedana vaishamya*) leads to various disorders at both psychological and physical levels. Taking the example of *Vatarakta*, “*kshate atiruk*”, the symptom of extreme pain even on very light injury, is seen as the disease's *purvarupa* (prior symptoms). Prolonged intake of *vidahi* anna for a prolonged time leads to *vidaghdha dhatu*, resulting in *dhatu shaithaliya* and excess *ushma* (increased metabolism) within the body, leading to hypersensitivity (*vedana* vitiation) in the body. Hence the drugs having *kashaya* Rasa, like *Padmaka*, *Shirisha*, *Shala*, and *Katfala*, are helpful in such conditions which correct the *dhatu shaithilya* thereby decreasing the hypersensitivity and leading to the re-establishment of proper *vedana* (sensation) in the body hence completing the *vedanasthapana karma* at the physical level in *Vatarakta*.

Another example of *vedana* derangement at the mental level is female frigidity, which is seen enormously in today's generation. Female frigidity can be understood as the altered sensation at the psychotic level, and hence the drugs amongst the *Vedanasthapana mahakashaya* having the role on *manas* and the female reproductive system should be skilfully used to achieve

the normalised sensation in such conditions. The scope of *vedanasthapana* at the psychosomatic level is wide enough to treat many diseased conditions.

Angamarda signifies generalised *mardanwat* (crushing) pain in the body because of either *swatantra vata prakopa* (independent vitiation of *vata dosha* accounting to *dhatukshaya* generally) or *partantra aavaranjanya aamajanita vata prakopa* (*vata* vitiation as a result of obstruction accounting to metabolic waste and malformed metabolites). Independent *vata prakopa*, when accumulated with the already present *dhatukshaya* (generalised debility), results in *Angamarda*. This condition can be cured by *madhura rasa*, *madhura vipaka*, and *snigdha guna dravyas* like *Shalparni* and *Yashtimadhu*. *Angamarda prashmana mahakashaya*⁸ further constitutes *Vidarigandha*, *Prishnparni*, *Vrihati*, *Kantkari*, and *Eranda*, which is *laghupanchmoola*. *Laghupanchmoola* carries the anabolic property *madhura skandha* and is *vatapitta shamaka*, hence alleviating pain and subsiding musculoskeletal pains termed as *Angamarda*. Drugs like *Chandana*, *Usheera*, and *Ela* are *aama pachana*, as well as *sugandhi dravyas*, which, due to *tikta rasa*, *laghu ruksha guna* and *sukshma guna* (*sugandha*) digest *ama* (drugs carrying volatile oils) which act as *ama pachaka* (undigested food metaboliser) leading to release of *srotosang* and alleviate *vata* due to their volatile oils and relieve *Angamarda* (musculoskeletal pains). Hence drugs of *Angamarda prashmana mahakashaya* can be used in different permutations and combinations or single drug forms in different *kalpanas* (pharmacological preparations) for *Angamarda* of varied etiopathogenesis.

*Shoolahara mahakashaya*⁹ mainly contains drugs with *deepana*, *pachana* and *ama pachana* properties, primarily aiming to alleviate colic pain. Although the pain associated with the conditions of *ama* and *ajeerna* of various types finds this set of drugs as its drug of choice, the final selectivity of the drugs

depends upon the variants like *prakriti* (body constitution type), *desha* (area of inhabitation), *kaala* (time of administration), *ritu* (seasonal variations) etc. These drugs can also be added as a secondary treatment to the primary medications to accelerate the ongoing treatment. Adding this *mahakashaya* as a secondary treatment can serve many purposes, like avoiding *ausadhajeerna* (indigestion of drugs) and increased bioavailability.

CONCLUSION

Mahakashaya drugs being used on the whole is wrong on and when basis. Different permutations should be used. *Angamarda prashmana mahakashaya* is a unique combination of drugs that offers management of *Angamarda* of varied etiopathogenesis of vitiated *vata* and pain associated with generalised debility. Generally, the Primary site of action of *Shoolahara mahakashaya* is the acute GI painful conditions and hence is way too different from that of *Angamarda prashmana*. The action of *Vednasthapana mahakashaya* is psychosomatic, originating in painful and neuralgic unrest conditions. This is at the discretion of the young *vaidyas* and clinicians to implement these drugs in various combinations and dosage forms for pains of different origins.

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