



AYURVEDIC AND MODERN APPROACH OF PLIHODARA (SPLENOMEGALY) - A LITERARY REVIEW

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ABSTRACT According to the Ayurveda splenomegaly has described as Plihodara. Augmentation of spleen is called as Plihodara (Splenomegaly). It caused by the composition of impure blood and Ayurveda described that it is occurred from Kapha dosha. Various acharya's have enumerated 8 types of udararoga. Plihodara is one of the types of Udara Roga. As per modern medical science, splenomegaly is an enlargement of the spleen besides its normal size and may easily rupture, that cause life threatening bleeding into abdominal cavity. Several medicinal and para-surgical methods are more useful for treatment of Plihodara. In this review article we can assess the various treatment methods available with Ayurveda along with modern medical science that provides better improvement in the management of the Plihodara.

KEYWORDS : Plihodara, Spleen, Splenomegaly, UdaraRoga

INTRODUCTION:-

Spleen is a lymphatic organ that performs as a blood filter and acts an important role to maintain immunity of the body. The spleen is seen as wedge-shaped organ situated slightly in the epigastrium and mainly in the left hypochondrium. The spleen colour is dark purple and it is highly vascular. The normal spleen is 7 ounces in weight, 3 inch or 7.5 cm broad, 1 inch or 2.5 cm thick, 5 inches or 12.5 cm long and it situated behind the last ribs. Healthy and normal spleen is not felt palpable. During inhalation an enlarged spleen can felt under left costal margin. Spleen becomes palpable when it has enlarged to about twice its normal size. Enlargement of the spleen is called splenomegaly. It may occur in a number of diseases like rheumatoid arthritis, leukaemia and cirrhosis. In some condition the spleen becomes very large and that condition to be life threatening to the human being in future.

MATERIAL AND METHODS:-

Ayurvedic ancient texts/granths such as Sushruta samhita, Charaka samhita along with available commentaries, modern medical science books and online available materials have been analyzed, observed and reviewed in a systematic manner.

Plihodara in Samhitas- In Ayurveda splenomegaly is described as *plihodara*. Acharya charaka described that enhance in *Mala Vriddhi* (waste products) and *agnidosha* (poor digestion strength) are main reasons of abdominal disease. Acharya charaka has enumerated 8 types of *udararoga* (*vatodara*, *pitodara*, *kapodara*, *sannipatodara*, *plihodara*, *baddhagudodara*, *chidrodara* and *udakodara*) and explaining the *nidana*, *lakshana*, *samprapti* and *chikitsa* of *plihodara*. Acharya sushruta and vagbhatta also included *plihodara* in *udararoga*.

Nidhana of plihodara (Causative factor):

Acharya sushruta described causative factors of plihodara in *nidhan sthana*. The *rakta* and *kapha* deranged and provoke from indigestion of phlegmatic food or *vidaaha* (acid digestive reaction) usually magnify to the spleen.

Lakshana (General symptoms):

According to the Acharya charaka, the major symptoms of *plihodara* are as *Angasada* (prostration), *aruchi* (anorexia), *vipaka* (indigestion), *anaha* (immovability of wind in abdomen), *Daurbalya* (Weakness), *tamahapravesha* (entering into darkness), *pipasa* (excessive thirst), *kosthavatashula* (distension of alimentary tract by wind and colic pain), *shwasa* (dyspnoea), *varchamutragraha* (retention of stool and urine), *Angamarda* (malaise), *chardi* (vomiting), *murchha* (fainting), *kasa* (cough), *mridujwara* (mild fever), *aasyavairasya* (distaste in the mouth), *agninasha* (loss of the power of digestion), *parvabheda* (pain in finger joints) appearance of network of veins having green, blue or yellow colour.

Chikitsa (Treatment)

Acharya Sushruta described two types of treatments of *plihodara*.

First is *Raktamokshana* (Blood Letting) and second one is *agnikarma* (Cauterisation).

1. Shira Vedhana/ Raktamokshana (Blood Letting):- In *plihodara*, *snehan* (oil etc) and *svedan* (Fomentation) should be apply and intake food with curd by the patient. Then the vein (*sira*) inside of left hand elbow should be puncture.

2. Agnikarma- In the treatment of *agnikarma*, wrist of patient slightly leaning down and the left hand thumb connected vein should be cauterize for relief in *plihodara*.

Acharya Charaka also described some herbal medicine for treatment of *plihodara* such as *Shatphala ghrita*, *Pipalli rasayana*, *gud-haritaki* (terminaliachebula mixed with jiggery), *Kshara* and *Aristas* (Alcoholic preparation) like *rohitak arishta*, *vidangadi kshar* and *Rohitak ghrita*.

Pathya (Wholesome diet)- Some foods are very useful for the patient of *plihodara*. In the wholesome diet must be intake by *plihodara* patients such as *rakhtasali* (red rice), *moong dal* (Green gram), milk, barley, cow urine, meat of animals, *madhu* (honey), meat of birds inhabiting arid zone (*Jaangala mansa*) etc.

Apathya (Un-wholesome diet)- According to *ayurveda*, some foods are strictly prohibited to intake in *plihodara* such as aquatic meat and animals inhabiting marshy land, *vidaahi* (food causing burning sensation), sour and saline food.

Splenomegaly:-

An enlargement of spleen beyond its ordinary size is called as Splenomegaly. The spleen has enlarged two and a half times from its normal size become palpable, therefore an enlarged spleen is not always palpable.

Evidence of splenomegaly-

- Splenic mass moves downwards on inspiration
- Predominant left sided abdominal distension
- Pain in left side of abdominal
- A notch is feel on the anterior border

Causes-

1. Congestive:

- **Intrahepatic:** Portal vein thrombosis-Extra hepatic portal HT
- **Suprahepatic:** Constructive pericarditis, Congestive cardiac failure, Budd Chiari syndrome
- **Hepatic:** Cirrhosis, Schistosomiasis, Sarcoidosis, Congenital hepatic fibrosis

2. Infective

- **Viral:** Infective hepatitis, infectious mononucleosis
- **Bacterial:** Septicaemia, Typhoid, Syphilis

3. Blood Diseases:

- Leukemias
- Myelofibrosis
- Lymphoma
- Thalassemia

4. Infiltrative and degenerative disorders:

- Niemann Pick's disease
- Gaucher's disease
- Amyloidosis

5. Neoplastic: Metastasis, Hemangiomas,

Differential Diagnosis: The following are discussed under hepatomegaly as Pyemic liver abscess, Viral hepatitis, *Kala Ajar*, Malaria, Hydatid cyst, Congestive hepatomegaly, Cirrhosis, Leukemias, Hodgkin's disease, Amyloidosis.

Investigation:

CBC, Reticulocyte count, Blood smear, Serology, LFT, USG, Amylase/Lipase, CT-Scan, MRI etc.

Treatment:

In the management of splenomegaly modern science promoted the conservative treatment as well as surgical methods for remedy and protecting the patient from complications of splenomegaly such as splenic rupture and abdominal trauma. When enlarged spleen causes severe complications and difficult to identify or treat than surgical removal (Splenectomy) can be the best suitable option for recovery.

CONCLUSION:-

Plihodara is mainly related to haemolytic disorder and some para-surgical methods are available in *Ayurveda* like *Agnikarma* and *Shiravedya*. *Ayurvedic* herbs, *yoga*, dietary plan and changes in life style is more effective treatment in *plihodara*, is well described in *Ayurvedic granthas*. In modern science medicines and Surgical method like splenectomy is used for management of *plihodara* (splenomegaly) but splenectomy is more painful for the patients and some complications occur after this surgery. *Ayurveda* classical approaches such as *Agnikarma* and *Shiravedya* are proved efficacious methods for treatment of *plihodara*. The measures described in our ancient *ayurvedic* texts are focused in this article that provides efficacious management of *plihodara* in natural way with no psychological and physical adverse effect. However, there is further need to discuss on this topic so that some advantageous conclusion can be drafted for the management of *plihodara* in near term.

REFERENCE:-

1. Kaviraja Ambika Dutt Shashtri, Sushruta Samhita, Reprint 2014, Chaukhambha Sanskrit Sansthan, Varanashi, Nidanasthana, Adhyaya 7, P.331
2. Kaviraja Ambika Dutt Shashtri, Sushruta Samhita, Reprint 2014, Chaukhambha Sanskrit Sansthan, Varanashi, Chikitsasthana, Adhyaya 14, P.85
3. Agnivesha. Charaka Samhita. Commentary by Chakrapani datta. Hindi commentary by kashinath shastri. Varanasi: Chaukhambha Bharati Akadami; Part-II, Reprint 2016. Chikitsasthana, 13th chapter, P.381.
4. Bailey and Love's, Short practice of surgery, 27th edition, edited by Norman S. Williams, P. Ronan O'Connell and Andrew W. Mccaskie, PRC Press, Chapter-66, P.1176
5. Sriram Bhatt M, SRB's Manual of Surgery, Fourth Edition, 2013, Jaypee Brothers Medical Publishers (P) Ltd. New Delhi, Chapter-13, P.716
6. B.D. Chaurasia, Human Anatomy, Vol. 2, Sixth Edition, CBS Publishers and Distributors Pvt. Ltd, New Delhi, Chapter-23, P.294
7. P. J. Mehta, Practical Medicine, Twentieth Edition, 2013, Published by Shilpa Pradip Mehta and distributed by The National Book Depot, Mumbai, Chapter-3, P.67
8. Kaviraj Kunjalal Bhishagratna, An English Translation of The Sushruta Samhita, Vol-II, Printed by M. Bhattacharyya at The Bhatar Mihir Press, Calcutta, Nidana Sthana, Chapter-7, P. 50
9. Kaviraj Kunjalal Bhishagratna, An English Translation of The Sushruta Samhita, Vol-II, Printed by M. Bhattacharyya at The Bhatar Mihir Press, Calcutta, Chikitsa Sthana, Chapter-14, P. 392