



REVIEW ARTICLE

REVIEW ON NIDANA PANCHAKA OF UPADAMSHA

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ABSTRACT

Upadamsha is the disease affecting genitals, characterized by the lesions in the penis. The spectrum includes venereal disease mentioned in modern literature. *Upadamsha* has its own distinct causative factors and clinical features. *Upadamsha* as understood is transmitted by sexual contact with the affected person, but besides this other causative factors can be found in the classics. The external trauma to the genitals by teeth, nails and through improper sexual contact like having sexual contact with woman with too narrow vaginal opening or who has not been sexually active for long has been highlighted as causative factors. Hygiene of the genitals also play important role in upadamsha. Depending upon characteristics of the lesions upadamsha has been classified into five types. Thus an attempt is made to understand *nidana panchaka* of *upadamsha* with the information collected from *Sushruta Samhita*, *Madhava Nidana*, *Yogaratanakara*, *Bhavaprakasha* and *Sharangadhara Samhita* along with commentary for these classical Ayurveda texts.

Keywords: *Upadamsha*, Venereal disease, *Nidana panchaka*.

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INTRODUCTION

The word *Upadamsha* is defined as a disease affecting the genitals (*upastha roga bheda*). This shows that Ancient *Ayurveda acharyas* have observed sexually transmitted diseases caused in human with specific causative reasons and clinical features. *Upadamsha* is characterized by lesion in the penis. References regarding *upadamsha* is scattered in the classics. The detailed description of *upadamsha* can be traced in *Sushruta Samhita Nidana Sthana, Madhava Nidana, Yogaratnakara, Bhavaprakasha madhyamakhanda* and *Sharangadhara Samhita*. The *nidana panchaka* of *upadamsha* can be understood as follows:

Nidana (Etiological Factors)

Nidana of *upadamsha* in *Sushruta Samhita* can be traced as follows with understanding by commentary of *Dalhana* and *Gayadasa: atimaithuna* (due to indulgence in excessive sexual intercourse), *atibrahmacharya* (abiding by celibacy) *Dalhana* opines that *atibrahmcharini maithuna chirotsrsta* (intercourse with women abstaining from sexual intercourse or abandoned sex practices for long period, leading to *sankuchita* and *karkasha yoni mukha*), *rajaswala* (indulging in sexual act by man with menstruating female possessing *dusta artava*), *deerga, karkasha, sankeerna, niguda roma* (indulging with a women having long, rough, thick hairs and

who is having hairs inside vagina will result in *pidana* and *abhighata*; *Nyayachandrika* specifies it occurs in *sukumara* individuals and results in *shotha*), *alpa dwara* (indulging in women having narrow vaginal opening results in *pidana* and *abhighata*), *mahadwara* (indulging with a woman possessing large vaginal opening and a causative factor for *shophya* should be considered is opined by some *acharyas*). *Nyayachandrika* specifies that due to *vrana* (ulcer) causes *nishpeedana* and *abhighata* resulting in *upadamsha, apriya* (indulging with women who is not attractive leading to erectile dysfunction resulting in injury during forceful intercourse), *akama* (indulging with women who is not interested in sexual act, she will maintain contracted posture of thighs resulting in narrowing of vaginal opening), *achoksha-salila-prakshalitha yoni* (indulging with women who has washed the genitals with contaminated water which leaves residual *mala*), *aprakshalitha yoni* (indulging with a women, who has not washed *yonni*, Hence it will be contaminated with *sweda* (sweat) and *mala* (debris), *yonirogopasrushtam* (indulging with women having *yonni roga* caused by *vatadi doshas*. Indulging male partner will be transmitted with these diseases), *viyoni* (sexual practices in areas other than *yonni* like hands, thighs as these places are *karkasha* (rough) inflicts injury), *nareem athartham sevamanasya*

(excessive sexual indulgence with female), Injury to genitals particularly penis by *karaja* (injury inflicted by nails), *dasana* (injury by teeth), *visha shuka nipatat* (if *visha shuka* comes in contact or rubbed or tied or pressed on genitals. Here *shuka* is identified as an insect found in water containing *visha*), *chatushpada gamana* (sexual intercourse with quadrupeds like goat as these have *alpa* (small) and *aramya* (non pleasing or non suitable genitals for human sexual act), *achouksha-salila prakshalana* (washing the *medra* (penis) with contaminated dirty water after intercourse), *peedanat* (tightly holding the genitals pressed) *shukravegha dharana* (withholding the seminal ejaculation), *maithunante va-aprakshalana* (not washing the male genitals after sexual intercourse) [1].

The *nidanas* explained by *Madhava Nidana*, *Yogaratanakara* and *Bhavaprakasha* are:

Hastha abhighata (abrasion caused to genitals by hand, due to excessive masturbation), *nakha pata* (injury to the penis caused due to nails), *danta pata* (injury to the penis caused due to teeth), there are 2 causes explained for *nakha* and *danta pata* i.e one is *balavadanuraagodayad* (as mentioned in *kamasastra* injury inflicted to genitals during intense desired sexual act) and second is *kalahe tu dustastrikrito va mehena nakhadantaghata* (injury to penis by nails and teeth of women during fight), *adhavanata*

(not cleaning of genitals after coitus), *ratya-ati-sevanat* (excessive indulgence in intercourse), *yonipradoshat* (if one involves in sex with women possessing genital hairs, which are long and rough, insufficient or large aperture of the genitals or genitals vitiated by *doshas*) [2, 3, 4].

Roopa (Clinical features)

Depending on the involvement of *dosha* and *dushya*, *Sushruta Samhita*, *Madhava Nidana*, *Yogaratanakara* and *Bhavaprakasha* have described five types of *Upadamsha* with each having specific characteristics: *Vataja Upadamsha*, *Pittaja Upadamsha*, *Kaphaja Upadamsha*, *Raktaja Upadamsha*, *Sannipataja Upadamsha*. *Sharangadhara Samhita* has just listed the types of *Upadamsha* [5].

Vataja Upadamsha:

The *Vataja Upadamsha* is caused by *Vata dosha* [6] and is characterized by *parushya* (coarse skin), *twaka pariputana* (cracks in the skin of penis), *sthabdha medratha* (there is no movement of penis) and is associated with *vividha vata vedana* [7]. Whereas *Madhava Nidana*, *Bhavaprakasha* and *Yogaratanakara* have described the lesions are *krishna* (black) and is associated with *toda* (pricking sensation), *bheda* (cutting type of pain) and *sphurana* (pulsating sensation) in penis [8, 9, 10].

Pittaja Upadamsha

Pittaja Upadamsha is characterized by *swayathu* (swelling of penis) which resembles

like a ripe fruit of *udumbara*, *teevra-daha* (intense burning sensation), *kshipra paka* (suppurates quickly) and has different kinds of *pitta vedana* associated with *jwara* (fever)^[11]. *Madhava Nidana* and *Yogaratanakara* describes the lesions to be *peeta varna* (yellow in colour), associated with *daha* (burning sensation) and *bahu kleda* (more exudation)^[12,13]. *Bhavaprakasha* adds that the lesions will have hue like *mamsa*^[14].

Kaphaja Upadamsha

Kaphaja Upadamsha is characterized by *swayathu* (swelling in penis), *snigdha* (lesions are unctuous), *kathina* (hard), *kandu* (associated with itching) and *sleshma vedana*^[15]. *Madhava Nidana* and *Yogaratanakara* have described the lesions are *mahat* (big) and associated with *srava* (discharge)^[16, 17]. *Bhavaprakasha* have described the discharge will be *shukla* (whitish) and *ghana* (thick)^[18].

Raktaja Upadamsha

Raktaja Upadamsha is characterized by lesions that are *krishna* (black in colour), *asrika pravrutti* (exudates blood) and has features of *pittaja upadamsha* like *jwara* (fever), *daha* (burning sensation), *sosha* (emaciation)^[19, 20, 21]. *Yogaratanakara* has described that color of the lesions resembles *mamsa*. It is *yapya*^[22]. *Nyaya chandrika* states that due to intake of *katu* and *amla rasa*, there is vitiation of *kapha* and *rakta* which leads to development of *karnika*. Further as quoted by *Bhoja*, when

pitta prakruti person indulges in *pittala* attributes like *katu* and *amla* in excess, this leads to vitiation of *rakta*, this vitiated *rakta* is moved to penis by *vata* where it manifests *swayathu*. If this is neglected then it leads to formation of *rakta* and *kapha pradhana karnika* which is characterized by *kandu* and *vedana*^[23].

Sannipataja Upadamsha

Sannipataja Upadamsha is characterized by lesions in penis which exhibits the symptoms of all three *doshas*, formation of *krimi* and is incurable and fatal^[24]. The lesions have various kinds of pain and discharge and are considered *asadya*^[25, 26, 27].

Dalhana mentions that in other *tantras* it is described that some lesions are present at the *medra sandhi* while some spreads in whole body, the shape of some lesions resembles *kulatha* while some resemble *mudga*, the lesions have *ruja* (pain) and *daha* (burning sensation), associated with *trushna* (thirst) and *murcha* (fainting), some spreads quickly and some spreads slowly, This *upadamsha* is *daruna* and affects both male and females^[28]. *Gayadasa* mentions that, '*medrasandhau vranaah*' is not explained by *Sushruta* and is taken from other *tantras*, he also mentions that females getting afflicted with *upadamsha* are not common^[29].

Upashaya (Relieving Factors)

Shali (a variety of rice), *Yava* (barely), *Aamisham* (meat of wild animals and birds), *Mudgha Yoosha* (soup prepared from green gram), *Ghrita* (clarified butter), *Karavellaka* (bitter gourd), *Patola* (pointed gourd), *Bala moolaka* (young raddish), Fruit of *Sigru* (drum stick), *Madhu* (honey) and *Tila taila* (sesame oil) can be used [30]. *Bhavaprakasha* have recommended daily use of *yava* (barley) and *kaupa paaniya* (well water) as *pathya* and also indicated to follow treatment similar to *Arsha roga*, *Chinna* and *Dagdha vrana* [31].

Anupashaya (Aggravating Factors)

Diwaswpna (day sleep), *mutravegha dharana* (holding urge of urination), *guru ahara* (heavy food), *maithuna* (sexual intercourse), *ativyayama* (excessive exercise), *amla-rasayuktha ahara* (sour food items) and *takra* (butter milk) are considered as *anupasaya* in *upadamsha* [32].

Samprapti (Pathogenesis)

The *nidanas* leads to the *dosha dushti* in *medra* and causes swelling, with or without wound and thus results in *upadamsha* [33].

Asadhya Upadamsha Lakshanas (Features of incurable Upadamsha)

Madhava Nidana describes the lesions will be *visheerna mamsa / shishna* (necrosed), *krimiyukta* (infected with *krimi*), associated with *picchila* (slimy watery discharge), *mushkavashosha* (scrotal region is severely infected) and lesions may extend even upto

sandhisthita (joints) [34]. In a person suffering from *upadamsha* whose penis *mamsa* has started to decay on its own or by infestation of *krimi* and has only *vrishana* portion left, such patient should not be treated [35, 36]. When due to the negligence the patient become victim of swelling, infestation by *krimi*, burning sensation, suppuration and destruction of penis ultimately leads to death [37, 38, 39]. Among five types of *upadamsha*, *Tridoshaja* and *Raktaja Upadamsha* are to be considered as *pratyakheya* (difficult to treat). When such patients need to be treated, treatment should be given according to strength of *dosha* [40].

Yogaratanakara describes the features of *Daruna Upadamsha* as: some lesions are localized at some points of genitals whereas some are spread all over the genitals, some are having shape of *kulttaha* (horse gram) and some resemble like lotus leaf, it is associated with *ruja* (pain), *anaha* (abdominal distension), *trushna* (thirst) and *kleda* (discharge from wound). This type of *upadamsha* is found both in male and female [41].

DISCUSSION:

Upadamsha as the word suggests, is a disease affecting genitals which is characterized by the lesions in the genitals. In the present context a wide spectrum of diseases presenting with genital ulcers can be considered under *upadamsha*. Few of the venereal diseases include Chancroid, Herpes

Genitalis, Lymphogranuloma venereum, Donovanosis Granuloma inguinale, Candidal Balanoposthitis^[42].

Chancroid is a sexually transmitted genital ulcer disease caused by gram negative bacillus, *Haemophilus ducreyi*. Chancroid is characterized by the presence of painful ulcers and inflammatory inguinal adenopathy. The bacterium is more likely to invade the sexual organs at the point of pre existing injury^[43], such as small cut or scratch which could be the possible reason for highlighting the trauma to the penis by various causes like trauma by hands, nails, teeth, *deerga*, *karkasha*, *sankeerna*, *niguda roma*, sexual practice in parts other than genitals (*viyoni*) and also through sexual contact with women having narrow vaginal opening, as *nidana* for *upadamsha*. The likelihood of transmission of chancroid is greater if a person is very active sexually and does not follow personal hygiene^[44], which is also explained as the *nidanas* (*atimaithuna*, *nareem* *athartham* *sevamanasya yonirogopasrushtam achoksha-salila-prakshalitha yoni*, *aprakshalitha yoni*, *achouksha-salila prakshalana*, *maithunante va-aprakshalana*) of *upadamsha*.

The chancroid is more commonly seen in men than in women, particularly uncircumscised males. The ulcers can be very painful in men but women are often unaware of them. Females, either with active disease in

the form of genital ulcers or as asymptomatic carriers are an important reservoir for chancroid infection. The social circumstances, asymptomatic stage and less painful lesions in female could be the possible reason for uncommon diagnosis of *upadamsha* in female. Chancroid usually starts as a small papule that rapidly becomes pustular and eventually ulcerates. These ulcers can be quite different in size and are painful. The ulcer enlarges, develops ragged undermined borders, and is surrounded by a rim of erythema. The base of the ulcers is usually covered in a gray or yellow substance and bleeds easily. This presentation of chancroid is similar to *upadamsha*. In untreated cases, the chancroid bacteria infect the lymph glands in the groin. Within 5 to 10 days of the appearance of primary sores, the glands become enlarged, hard and painful. A rounded painful swelling result which may eventually rupture. This explanation resembles *Madhava Nidana's asadya upadamsha lakshana*.

Besides chancroid various other conditions for genital ulcer can be taken into consideration with respect to the mode of transmission, higher incidence in males and the characteristic lesions. Herpes Genitalis is a sexually transmitted disease; males are affected more than females. Initial lesions are clear fluid filled vesicles, later it dry and forms crust, may burst oozing out fluid, pus or blood.

Lymphogranuloma venereum is a condition caused by *Chlamydia trachomatis*. Incidence is high in males. It comprises the primary lesion as superficial ulcers and in the secondary stage involvement of inguinal lymph nodes. Donovanosis Granuloma inguinale is caused by *Calymmatobacterium granulomatis*. Incidence in males are high than in females. It involves skin and mucus membrane of the genitalia. Primary lesions are subcutaneous nodules, which erode through the skin to produce beefy red ulcers, with variable pain, discharge, tenderness and induration. Bleeding from granulation tissue is usual. Candidal Balanoposthitis affects uncircumcised male, the symptoms are pruritic, erythema, and white discharge over the glans and prepuce and radial fissures along the inner aspect of prepuce. Persistent infection leads to edema of the prepuce and phimosis.

CONCLUSION:

Upadamsha is a venereal disease characterized by development of lesions in penis. The trauma to penis appears to be the main cause for *upadamsha*. The causative factors of *Upadamsha* can broadly be classified under the headings- external trauma to the penis by *danta*, *nakha* and by the improper sexual contact. The hygiene of genital also plays role in development of *Upadamsha*. On the basis of predominance of dosha there are five types of *Upadamsha*,

each have characteristic features. *Raktaja* and *Sannipataja Upadamsha* are considered difficult to treat. The negligence of patient to treat *upadamsha* at its early onset can later be fatal.

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