REVIEW ARTICLE

REVIEW ON NIDANA PANCHAKA OF UPADAMSHA
AJANTHA1 ARUN RAJ MN2 SANGITA MAHARJAN3 ANJANA4

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, Yogaratnakara, 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 atibrahmacharini moithuna 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 shopha should be considered is opined by some acharyas). Nyayachandrika specifies that due to vrana (ulcer) causes nishpeedana and abhighata resulting in upadamsha, apiya (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 yoni, Hence it will be contaminated with sweda (sweat) and mala (debris), yonirogopasrushtam (indulging with women having yoni roga caused by vatadi doshas. Indulging male partner will be transmitted with these diseases), viyoni (sexual practices in areas other than yoni like hands, thighs as these places are karkasha (rough) inflicts injury), nareem athyartham 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*, *Yogaratnakara* 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 *kamasutra* 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), *ratyaati-sevanat* (excessive indulgence in intercourse), *yoniprodoshat* (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*, *Yogaratnakara* and *Bhavaprakasha* have described five types of *Upadamsha* with each having specific characteristics: *Vataja Upadamsha*, *Pittaja Upadamsha*, *Kaphaja Upadamsha*, *Raktaja Upadamsha*, *Sannipataja Upadamsha*. *Sharangadharma 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 *Yogaratnakara* 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 _Yogaratnakara_ 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 _Yogaratnakara_ have described the lesions to be _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) \(^{19}, 20, 21\). _Yogaratnakara_ 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 (barley), 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 Dagha 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 Lakshananas (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), mushkavashosa (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 Rakta 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 \[^{40}\].

Yogaratnakara 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 athyartham sevamanasya yonirogopasrushtam achoksha-saliila-prakshalitha yoni, aprakshalitha yoni, achouksha-saliila prakshalana, maithunante va-aprakshalana*) of *upadamsha*.

The chancroid is more commonly seen in men than in women, particularly uncircumscribed 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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